CONTINUING APPROVAL SELF-STUDY REPORT
For Continued Approval of Nursing Program

(916) 322-3350

This report covers program review for the last five-year time period.

Program Name: Moorpark College	Date of Report
Check type(s) of program offered: ☐Entry Level Master ☐Baccalaureate ☒Associate	Options Available: ☐ Accelerated BSN
Date of Last Approval Visit: Full Visit Nov. 9 & 10, 2011	☐ Evening/Weekend Program
Date of Last Major Curriculum Change: NA Date of Last Minor Curriculum Change: 6/7/2013 Total Number of Students Currently Enrolled: 148 Enrollment Cycle Pattern (# of students/cycle, frequency): 44 students/Fall & Spring semesters	Academic System: ☒Semester 17.5 weeks/semester ☐Quarter _____ weeks/quarter

SECTION 1:

A. PROGRAM DIRECTOR AND ASSISTANT DIRECTOR INFORMATION [CCR 1424 (e); 1424(f); 1425]

Name of the Program Director and Title Carol Higashida, EdD, MN, RN, CNS		Name of the Assistant Director and Title Christina Lee, MSN, RN	
Date appointed to the position:	11/3/2008	Date appointed to the position:	1/6/2014
Percentage of release time:	100	Percentage of release time:	30
Additional program(s) managed by the Program Director	Radiologic Technology (includes Nuclear Medicine), Emergency Medical Technician (restarted in Fall 2016), Optical Technology Program (start in Fall 2017), Nutrition Science Associate Science Transfer Degree (Spring 2016), and health sciences courses (Appendix 1).		

Benchmark: There must be sufficient release time for the Director to administer the program. Indicate any changes in the Director's release time and describe how these changes impact the Director's ability to administer the prelicensure RN Program. [CCR 1424 (e);1424(f) ; 1425]

The Health Sciences Coordinator (ADN Director) is a full-time (eleven months, August through June) nursing faculty position, with 100% release time to fulfill the administrative responsibilities of the Health Sciences Department. The Health Sciences Department includes the Associate Science Degree Nursing Program, the Associate Science Degree Radiological Technology Program (with the Nuclear Medicine Certificate Program), the Emergency Medical Technician Proficiency Award Program (restarted in Fall 2016), the Nutrition Science Associate Science Transfer Degree (approved in Spring 2016), and Health Sciences courses. The Assistant Nursing Director and the Radiologic Technology Program Director are both tenured faculty members who currently have 30% release time. The Assistant Nursing Director's release time was reduced to 30% from 40% in 2012 during the recession. Additional cuts made at that time include elimination of the Associate Degree Health Information Management Program and Emergency Medical Technician (EMT) Program, while the Medical Coding Certificate Program was placed on hold. The Nursing Director has no teaching responsibilities and is supported by the Assistant Nursing Director and Radiologic Technology Program Director. This currently allows adequate time to conduct all duties related with the ADN director position. In Fall 2017, the Health Sciences Department will be expanding to include an Associate Degree Optical Technology Program. In anticipation of continued growth in the Health Sciences Department, the following requests have been made through the college program planning process: to increase the release time for both the Assistant Nursing Director and the Radiologic Technology Program Director to 40%, and to hire a full-time optical technology faculty member with 30% release time. These three individuals will assist the Health Sciences Coordinator with the allied health programs of EMT, nutrition, health sciences courses, radiologic technology, and optical technology. Additionally, an increase from eleven-month to twelve-month status has been requested for the Health Sciences Coordinator. The Health Sciences Coordinator will have sufficient time to manage the responsibilities of the Nursing Director only in the event that the requests in the college program planning process are fulfilled.

The job descriptions delineating the roles and responsibilities of the Health Sciences Coordinator/Director and Health Sciences Assistant Coordinator/Assistant Director are in Appendix 2A & 2B.

B. Program Summary Statement

Summarize the major program events, changes, and improvements that have occurred over the last five years. Discuss anticipated changes in the program, including changes in the curriculum. Attach this summary statement to the report.

Since 2006, the Moorpark College ADN Program has used a prerequisite system and an assessment/readiness test recommended by the California Chancellor's Office to determine program remediation and admission. Students who do not meet the minimum scores on either the Success Score or the overall Test of Essential Academic Skills (TEAS) are required to complete remediation courses with a grade of "C' or better prior to admission to the program. By Spring 2013, a decline in students identified as "at-risk" due to their Success Score or overall TEAS score was noted and yet student retention was below the desired benchmark of 80% (Systematic Plan for Program Evaluation, Spring 2013). Therefore, admission remediation was expanded to include students that passed the overall TEAS minimum score but had a Reading sub-score below 70% (Faculty Meeting Minutes, 1/14/2013). A Math sub-score below 60% was also included after data analysis and some adjustment (current percentages finalized Faculty Meeting Minutes 4/28/2014 and 11/30/2015). The percentages were determined utilizing the reported TEAS sub-score national averages. The purpose of the remediation revision was to expand the definition of the "at-risk" student and provide academic support prior to entering the nursing program. Since Spring 2014 (Faculty Meeting Minutes, 1/6/2014) remediation must be completed within one year of notification or prior to admission to the nursing program (whichever comes first). For applicants with a passing Success Score and a passing overall TEAS score but a low Reading, Math, and since Fall 2015, low Science sub-score (Faculty Meeting Minutes 1/6/2014 and 11/30/2015), the remediation deadline is within one year of notification or by the eighth week of NS M01, whichever comes first.

The Moorpark College ADN Program has also been utilizing a California Chancellor's Office-approved multicriteria selection process for admission, combined with a random selection process. The waitlist from the former admission

process was exhausted by Fall 2011, and starting in Spring 2012 the incoming class was composed approximately of 80% students who scored highly in multicriteria admission points and 20% who were admitted under random selection. Qualified applicants who were not admitted were assigned to the two-year random pool. If they are not admitted within two years of application, they are removed from the pool and are welcome to reapply.

Data analysis completed during the summer of 2015 shows that there has not been a disproportionate impact on disadvantaged applicant groups from the multicriteria process (Faculty Meeting Minutes 8/17/2015). In Spring 2016 (Faculty Retreat Minutes 5/18/2016), the multicriteria process was reviewed and refined based on this data analysis. The decision was made to include overall GPA in the multicriteria process, and refinements were made to two categories: "acceptable volunteer experiences" and "proficiency in a language other than English." Implementation of these changes is projected to be Spring 2018.

In Spring 2013 (Faculty Meeting Minutes 4/29/2013), recency requirements for core biology pre-requisites were lengthened from five years to seven years due to students' difficulty in completing the pre-requisites in a timely manner. This was the result of a reduction in course sections at Moorpark College and surrounding institutions.

Degree requirements have been adjusted to comply with AB 1295 and SB 1440. Required program units were reduced to 36 during Spring 2013 (Faculty Meeting Minutes 10/1/2012); these program changes were approved by the BRN. The basic nursing skills requirement of HS M16N - Basic Skills for the Nurse was eliminated after Fall 2012, and the skills were incorporated into NS M01L clinical beginning Fall 2013 (Fall 2013 NS M01 and M01L Workbook). Clinical hours were also adjusted based on the unit reduction. To further reduce degree units, in Fall 2013 biology was eliminated as a prerequisite and the Biology Department began allowing Anatomy to be taken concurrently with Physiology. Also, the Math prerequisite was set to 2 years of high school algebra with a minimum grade of "B" or college level Intermediate Algebra.

Revision to both clinical and course outcomes has occurred. In Spring 2013, objectives for each clinical level were revised using Bloom's Taxonomy language to differentiate the expected outcomes for each course (Faculty Meeting Minutes 11/28/2011) and Curriculum Meeting Minutes 9/10/2012). Changes to course outcomes were implemented in Fall 2013. The Course Outlines of Record (COR's) were updated to incorporate QSEN competencies and to reflect the five critical competencies of Safety/Technical Skills, Critical Thinking/Clinical Reasoning, Communication, Responsibility/Accountability, and Organization/Prioritization (NS M01, M01L, M02, M02L, M03, M03L, M04, M04L Course Outlines of Record). Program evaluation surveys were revised to reflect the five critical competencies (Curriculum Meeting Minutes 2/4/2013). Each lecture course was designated as Web Enhanced through the COR process, meaning all regular class meeting times are on campus. Web enhancement promotes communication and connection between instructor and students through the online course management system, through which the instructor may post materials or use online communication tools outside of regular class hours. Analysis of final exams was implemented starting Fall 2015 (with retroactive analysis to Fall 2014) to monitor students' achievement of course outcomes across the program's lecture courses (Faculty Meeting Minutes 11/24/2014, 1/12/2015, and 9/28/2015).

Health Sciences Department staffing has been labile as a result of the dynamic economic environment, but currently the nursing program is well supported by administrative, clerical, and skills lab technician positions. The part-time Clerical II position in the Health Sciences Department was eliminated during Summer 2012 due to college budget cuts and the expiration of grants that were funding the position. The part-time Clerical II position was placed with a part-time Office Assistant in Fall 2014 with grant funding. In Fall 2015 a part-time Instructional Laboratory Technician II/Nursing was added with grant funding, to support the operations of the skills lab and promote student success.

To comply with a potential draft of Title 16, CCR Sections 1418, 1423.1 (a)(1-3) and (b), 1424.(b)(3), 1426(d)(1) and 14430, a Military Challenge was developed (Faculty Retreat Minutes 5/18/2016, Faculty Meeting Minutes 8/22/16 & 10/17/2016). Military Challenge applicants, if successful in the Challenge, will be placed in to the second semester of the nursing program based on space available and the applicant meeting all other program requirements.

Improvements since last Report

The nursing program continues to fine tune, identify, and implement multiple strategies to foster student success within the program and to prepare students as entry level clinicians.

Since Fall 2010, simulations have been a part of the third and fourth semester clinical rotations. Improved audio-visual technologies have enhanced the debriefing process of the fourth semester experience. Formative simulations continue to be utilized in the first and second semesters.

Student Clinical Mentors have been utilized in the medical-surgical and fundamentals settings to promote time management, organization, and competence with electronic health record systems since before the most recent BRN site visit. Refinements to the Student Clinical Mentor program modified which students are eligible for the experience, as well as the purpose and function of the mentor in the specified clinical settings (Faculty Retreat Minutes 5/16/2012 and Faculty Meeting Minutes 2/24/2014).

An alumni Facebook group was created in Fall 2012 (Curriculum Meeting Minutes 11/19/2012) to facilitate completion of the alumni exit survey six months post-graduation. The group, in addition to other contact strategies implemented by the Health Sciences Department, has improved response rates to the survey. A faculty member manages the group page.

In Fall 2012 (developed Spring 2012, Curriculum Meeting Minutes 4/9/2012), Root Cause Analysis was incorporated into remediation for Unsafe Practice Acts in order to promote student-initiated remediation and guided reflection.

Based on BRN recommendations, in Fall 2013 the identified content experts in Obstetrics and Pediatrics were assigned to lecture on their own specialty (Faculty Retreat Minutes 5/16/2012, Schedule of Classes for Fall 2013). That same semester, also based on BRN recommendation, the Instructional Laboratory Technician II/Nursing job description was revised to reflect that the role is supportive and not evaluative, to clearly differentiate the role from that of faculty (Faculty Retreat Minutes 5/16/2012).

Beginning Spring 2014 (Faculty Meeting Minutes 3/14/2014, Schedule of Classes for Fall 2014), the gerontology clinical rotation included clinical hours with geriatric clients in the transitional or acute rehabilitation setting. This has provided a reliable source of exposure to caring for geriatric populations and allowed students a more in-depth analysis of functional status and the effects of aging on health and wellness than previous clinical settings. As of Fall 2016, the gerontology clinical rotation is piloting a transition to the acute gerontology floor of the designated clinical facility with the closure of the transitional care unit in Spring 2016 (Curriculum Meeting Minutes 9/19/2016). Based on the results of the pilot, the gerontology clinical may return to the acute rehabilitation setting.

In Spring 2015 (Faculty Meeting Minutes 3/2/2015, Student Handbook Fall 2016) the program's Physical and Mental Performance Standards were updated through collaboration with the college's Accessibility Coordination Center & Educational Support Services (ACCESS) department to utilize more inclusive language.

"Flipped classroom" strategies were implemented across the program starting in Fall 2015 (Faculty Meeting Minutes 8/17/2015), to assist students in focusing on key reading concepts and to provide practice in applying them in lecture. Data is being collected in an effort to evaluate the effectiveness of the strategy, but in Spring 2016 students reported to the two instructors that gave a survey that the strategy was satisfactory and should continue (Faculty Retreat Minutes 5/18/2016).

Anticipated Plans for Change in the Program and Curriculum
- Continue to collaborate with departments on campus to reduce the required number of degree units.
- Continue to request funding from the General Fund for the part-time ILT II/Nursing and part-time or full-time Office Assistant positions
- Collaborate with colleges, universities, and hospitals in Ventura County to implement residency programs and pathways to a bachelor's degree in nursing for new graduates.

SECTION 2: TOTAL PROGRAM EVALUATION [CCR 1424(b)(1)]

Benchmarks:
1. NCLEX Results: The program must achieve at least a 75% annual pass rate of first-time takers on NCLEX for the last two years.
2. There must be a persistent, substantive pattern of student satisfaction with the program based on periodic anonymous student surveys.
3. There must be a persistent substantive pattern of the performance of graduates meeting community need based on identified program evaluation plan elements. (For example, employer surveys or other methods used)
4. There must be evidence of action taken on the problems identified in the program's total evaluation plan.
   a. Provide explanation for attrition rate > 25%.

Describe how the program is implementing the evaluation plan and utilizing the evaluation data for program improvement. Attach a copy of the Total Program Evaluation Plan used by the program and a summary of data, analysis, and action plan made. Sample table is made available.

The Moorpark College ADN Program has adopted an annual systematic evaluation plan (Appendix 11), which encompasses the college program planning tool that evaluates student learning outcomes at the course, program, and institutional levels. Additionally, the plan includes not only the evaluation of the BRN criteria in CCR 1424(b)(1), but other major BRN criteria such as CCR 1425, as well as the Accreditation Commission for Education in Nursing (ACEN) six standards. Furthermore, student learning and program outcomes, along with the BRN criteria and ACEN standards, are continuously evaluated based on the program's five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills.

The Administrative Calendar guides all administrative activities including data collection (Exhibit XXV). The program evaluation survey tools are published in the Program Review Handbook (Exhibit XIX). They are also available online at http://www.moorparkcollege.edu/departments/administrative/presidents_office/HealthScienceSurveys.shtml and/or distributed as a hard copy. The data collected from the surveys are compiled by one of the college's Technical Data Specialists and the results are shared by the Health Sciences Coordinator/Nursing Director with the faculty, staff, students, and agencies through the department's meeting structure.

The Curriculum/Admissions Committee, composed of nursing faculty, health sciences counselor, staff, and student representatives is the body that initiates the majority of proposals for curriculum and/or policy and procedure revisions as a result of program review. All proposals are then forwarded to the Faculty Meeting for approval.

The nursing faculty and the Health Sciences Coordinator meet with each of the clinical agency managers, educators, and staff on an annual basis. The purpose of these Summation Meetings is to share the clinical educational experience of the past academic year, and stimulate dialogue and planning for the upcoming year. These meetings also serve as another venue for data collection and to discuss survey results with agency representatives (Exhibit VIII).

Every year, the program participates and/or hosts the Joint Moorpark College, Ventura College, and CSU Channel Islands Nursing Advisory Committee Meeting. Participants include nursing leaders and educators from clinical agencies, and deans, program directors, nursing faculty, staff, and students from the academic institutions. During this meeting, each program director reviews their program outcomes and the goals for the next academic year. The clinical agency representatives present clinical best practices, employment trends, and industry needs. The presentations are followed by discussion focusing on curriculum updates that respond to changes in current practice and identified industry trends and needs. The purpose of the advisory meeting is to create joint ventures between Industry and Academia (Exhibit IX).

The nursing program evaluation process is integral to the formal Program Plan, an annual plan that defines the direction of the program and addresses current and foreseeable challenges. This Program Plan identifies required resources, and reviews program learning outcomes such as student retention and employment of nursing graduates. Additionally, it examines the NCLEX-RN pass rates, with focused attention paid to the "Management of Care" section identified in the

NCSBN NCLEX-RN Program Reports by Mountain Measurement, Inc. This is one of several areas that we are tracking. Others are Safety and Infection and Pharmacological and Parenteral Therapies. The Program Plan is developed by the faculty under the direction of the Health Sciences Coordinator and approved by the Executive Vice President and Vice President of Business Services (Appendix 11).

Other modes of program evaluation include the use of data gathered in preparation for the California Board of Registered Nursing approval and ACEN accreditation. Additionally, the college accreditation process by the Western Association of Schools and Colleges, which includes the nursing program as part of the total college review, provides an opportunity for program evaluation.

At the conclusion of the academic year, the faculty and coordinator participate in an annual one-day meeting/retreat to focus on the effectiveness of the program and strategies to assist in student success according to the written plan for evaluation of the total program (Exhibit XVII).

By reviewing the minutes of the Curriculum/Admission Committee (Exhibit IV), the Faculty Meetings (Exhibit V), and the Annual Planning Retreat Meetings (Exhibit XVII) it is evident that the program and curriculum have undergone significant review and evaluation.

Sample of the Total Program Evaluation Plan

Areas Evaluated	Data and Data Analysis	Action Plan
Attrition Rate BRN requirement < 25%	Data is collected on course attrition rates every eight weeks. From Fall 2011 to Spring 2016, the course to course attrition rates ranged from 0% to 28%. The lowest attrition rate is commonly in psych/community health during the second half of the third semester, and the highest attrition rate is in fundamentals of nursing during the first half of the first semester (Appendix 10 Table A). Multi-criteria students were ranked and selected according to the factors identified in Assembly Bill 1559. The multi-criteria students consistently have the highest retention rate. In the academic years of 2011 to 2016, their retention rate ranged from 75% to 89%. Generic students who met the prerequisite validation requirements (as approved by the State Chancellor's Office) were admitted by random selection. The retention rate for these students was from 45% to 79%. Students classified as at-risk are those required to complete remediation for a low success score and/or low TEAS composite score. The retention rate of at-risk students ranged from 0% to 36% (Appendix 10 Table B, Graph A). Analysis: The retention rate data demonstrate that students with a stronger academic foundation are more likely to successfully complete the nursing program on schedule. Grant funding had allowed early admission of students with strong academic performance, thus removing stronger performing students from the waitlist. Over each passing year, this resulted in fewer academically strong students remaining on the waitlist (Appendix 10 Table B, Graph A). From 2011 to 2016, the reason for withdrawal from the nursing program has been tracked. Over this time period, a total of 144 students left the nursing program; the majority of these individuals (83, or 57.6%) were unsuccessful in theory. Of the remaining students, 26 (18.1%) failed clinical, while 35 (24.3%) withdrew with a passing grade in both theory and clinical. For these individuals, the two most common reasons given for leaving were acceptance to a BSN program, and health issues (Appendix 10, Graph D).	Fully implemented the State Chancellor's approved multi-criteria and random selection process when the waitlist was exhausted in Fall 2013. Encourage all students to take NS M16 Study Skills for Nursing Students prior to enrollment into the nursing program. Continue to identify students who are "at risk" through the use of the calculated Success Score and the TEAS assessment test score. Place these students on learning contracts and encourage them to meet with the faculty success coach and/or Skills Lab RN every one to two weeks, utilizing a case management approach. Continue the admission guideline initiated in Spring 2010 allowing students one deferral of up to one year for extenuating circumstances, excluding incompletion of required remediation courses. Continue to include seven year recency for anatomy, physiology, and microbiology as part of the admission requirements. Intermediate algebra is no longer a prerequisite for the nursing program, which is consistent with the 3CNAC prerequisite recommendations. Continue to offer peer tutoring and support to students on a weekly basis. Encourage students to begin their nursing program experience with the optional "Nursing Boot Camp," which is offered following the mandatory orientation. Encourage students to take advantage of the new success strategy that offers tutoring from content expert faculty tutors which reinforces theoretical content and its application to clinical practice.

| NCLEX Pass Rate
BRN requirement >75% | NCLEX pass rates are available on a quarterly basis from the BRN Report. The Moorpark College nursing program outcome benchmark states that > 90% of graduates will pass the NCLEX on the first attempt. NCLEX pass rates for graduates from the Moorpark College nursing program for the years 2011-2015, have ranged from 87.88 % to 100 % which meets the BRN standard (http://www.rn.ca.gov/education/passrates.shtml). The BRN published pass rates include graduates who have taken the exam off-schedule. The pass rates based on the graduating class by the semester, range from 85% to 100% (Appendix 10 Table C, Graph B).

Analysis: The NCLEX first attempt pass rate for graduates from Fall 2011 to Spring 2015 was highest for those admitted based on multi-criteria selection at 97% (114/118), followed by generic students admitted by random selection at 90% (93/103), and lowest for at-risk students at 86% (12/14). It is recommended that "at risk" students be identified early so that they may be provided additional support and resources in preparation for the NCLEX. | Continue with ATI online practice testing for all semesters, proctored medical-surgical online testing for third semester, and proctored comprehensive exam for fourth semester.

Continue to ensure completion of identified ATI remediation for each proctored test.

Continue to review and revise course exams so they align with the NCLEX format.

Continue to assist graduates with the NCLEX review course fee through the use of available grant funds.

Continue to review information from the National Council for State Boards of Nursing (NCSBN) and make curriculum and program improvements in identified weak subject areas. |
| Resources Survey | Data on educational resources available to students through the open skills lab and NS M11, 12, 13 and 14 are collected at the end of each semester (Appendix 9, Survey Code 3; Exhibit XIX). The scale for rating the quality of resources range from 4.0 "strongly agrees" to 1.0 "strongly disagrees." Results of this survey are shared with the Skills Lab RN(s) and reviewed in Faculty Meetings.

Analysis: From Fall 2011 to Spring 2016, the student ratings have ranged from 3.24 to 3.83 which fall into the Agree and Strongly Agree categories, respectively. In Fall 2011, the availability of the Skills Lab RN was rated at 2.96 which is an anomaly due to illness (Exhibit XIX) | Continue to conduct the Student Review of Skills Lab survey.

Continue to collect and analyze data from the survey to make appropriate changes as a support service to all students.

Continue collaboration between faculty and Skills Lab RN(s) on an ongoing basis to meet specific needs of individual students and improve existing simulations

Continue to utilize simulation as a remedial, enrichment, and assessment tool.

Continue to collaborate with the Writing Center and ACCESS.

Encourage students to utilize enhanced resources in the Health Science Center such as the recent addition of the content expert faculty tutors. |

Course Evaluations	Students complete theory and clinical course evaluations every eight weeks at the end of each component of the course (Appendix 9, Survey Code 2 & 4; Exhibit XIX). Data collected for theory includes instructor's knowledge and teaching methodology which is rated from 4.0 "strongly agree" to 1.0 "strongly disagree." Data collected for clinical instructors include instruction and evaluation of students which is rated from 3.0 "always" to 1.0 "never." Results are available to faculty. Analysis: From Fall 2011 to Spring 2016, the summary of student ratings for the theory course ranged from 3.22 to 3.67. The clinical instructor ratings ranged from 2.77 to 2.89. The rating ranges for theory and clinical instructors demonstrate student satisfaction with their instructors in didactic and clinical (Exhibit XIX).	Continue to conduct course and faculty evaluations. Continue to collect and analyze evaluations for program improvement and share with faculty through our meeting structure. Continue Professional Development of faculty Continue to require part-time faculty to utilize the resources on the online Faculty Orientation course, and to attend Team Meetings for mentoring, information sharing, and to ensure consistency of expectations. Maintain availability of course workbooks (syllabi) online as well as hard copies for purchase in the bookstore. Continue to present content in varied modalities to accommodate different learning styles, i.e., face-to-face lectures, online PowerPoint presentations with audio, podcasted lectures, and group activities. Refine and develop more case scenarios for clinical simulation to reinforce both theory and clinical content, and prepare students for low frequency and high risk diagnoses.
Employer Survey	Agency and Employer surveys are sent electronically or as a hard copy on an annual basis (Appendix 9, Survey Code 6 & 9; Exhibit XIX). The identified nursing program outcome is that 80% of surveyed employers will report satisfaction with graduate performance. Results are shared at Faculty Meetings and at yearly summation meetings (Exhibits V & XVII). Analysis: During 2011 - 2015, 100% of employers (range 4 to 17) reported satisfaction with our graduates. Comments made by other employers were: "Graduate demonstrates knowledge, competence in their skills and interest in learning." "Enthusiastic about learning and provides appropriate sensitive care to patients." "Respectful and caring" (Exhibit XIX).	Continue to survey agencies and employers. Continue to collect and analyze results, and adapt to employer needs. Renew and develop new partnerships with the agencies, such as transition and internship programs. Continue annual advisory and summation meetings, in order to gather additional input that may affect employment potential for program graduates.

Program/Graduate Survey	The Nursing Student Exit Survey is completed online the last day of the final course. Program satisfaction dated collected is rated from 4.0 "strongly agree" to 1.0 "strongly disagree." In Spring 2015, the scale was revised to include a "neutral" choice so it changed the scale range from 5.0 "strongly agree" to 1.0 "strongly disagree" (Appendix 9, Survey Code 7; Exhibit XIX) and the Alumni Survey is completed online six months after graduation (Appendix 9, Survey Code 8; Exhibit XIX). Results are used to review the overall program, taking into consideration the students' perception of their learning experience, preparation for employment, and plan to continue their education. Analysis: From Fall 2011 to Fall 2014, the student ratings for satisfaction of the program ranged from 3.40 to 3.81; then with the rating scale change in Spring 2015 to Spring 2016, the student ratings ranged from 4.38 to 4.74. These results indicate students are satisfied with the nursing program (Exhibit XIX). During 2011 - 2015, graduates reported 92% to 100% satisfaction with the nursing program (Exhibit XIX). Employment data at six months: during 2011-2015 > 70% employed, with the exception of 2012 - 2013. During this period, only 55% were employed, however 13% were unemployed by choice (Appendix 10 Graph C, Exhibit XIX). There is an increasing trend of graduates pursuing their BSN; in 2012 - 2013, 15% were enrolled in a BSN program. From 2013 - 2015, 45% were enrolled in a BSN program, with 27% - 36% additional graduates taking prerequisite courses for BSN programs. During this time period, an increasing number of hospitals began requiring that newly hired RNs hold a BSN or be enrolled in such a program. Students identified this as their primary incentive for pursuing a BSN (Exhibit XIX).	Continue to provide online survey for students and graduates. Continue to collect and analyze data for curricular changes. Report data for summation meetings at each clinical site. Collaborate with clinical sites to ensure the most positive experience for the student. Work with the colleges, universities, and agencies within the region to develop a residency/internship program for displaced new graduates. Counsel students to take general education course requirements that transfer to the CSU system to ensure seamless transition to a BSN program. Continue with the collaboration with CSUCI for the ADN to BSN Fast Track. Explore additional pathways leading to articulation with BSN programs within the CSU system, including CSUCI.

Clinical Facility Evaluation	Evaluation of the clinical facilities is done online by students every eight weeks (Appendix 9, Survey Code 4; Exhibit XIX) and by the clinical instructors annually (Appendix 9, Survey Code 5; Exhibit XIX). The scale ranges from 4.0 "strongly agree" to 1.0 "strongly disagree." Results are given to each clinical instructor and discussed at Faculty Meetings and Summation Meetings with the clinical facility (Exhibit XIX). Analysis: From Fall 2011 to Spring 2016, the clinical setting ratings by students ranged from 3.25 to 3.60, indicating that students found the clinical settings to be appropriate learning environments. From Fall 2011 to Spring 2016, the clinical instructors rated the clinical settings 3.44 to 3.96 which demonstrates that instructors view the facilities provide an appropriate setting for learning.	Continue to provide online survey for students. Continue to collect and analyze data for curricular changes. Continue to collaborate with clinical staff and Education Coordinators. Continue to provide feedback from surveys to the agencies at the annual summation meetings.

The total program evaluation is found in the Moorpark College ADN Program Systematic Plan for Program Evaluation (Appendix 11). It is a more comprehensive evaluation plan of the program than the sample above in this report.

SECTION 3: SUFFICIENCY OF RESOURCES [CCR 1424(d)]
Describe how program resources (faculty, support staff, library, physical space, equipment, skills/simulation, computer lab availability, student learning materials, etc.) have been updated and improved to achieve the program's objectives.

Benchmark: There must be sufficient resources to achieve the program's objectives.
1. Describe major changes in the organizational structure of the institution that impact the nursing program
2. Describe major changes in resources that impact the nursing program, i.e., financial, clinical sites, faculty, and other resources.

Faculty Resources: There are eight full-time faculty members who lead, coordinate, and teach both theory and clinical laboratory courses. One full time faculty member serves as the assistant coordinator with 0.30 FTE release time. There are eight part-time clinical faculty positions with varying teaching assignments, which do not exceed 67% of a full-time load, as mandated in the Collective Bargaining agreement (Appendix 4).

All full-time faculty members are master's prepared in nursing, with one currently pursuing a doctoral degree. The Health Sciences Coordinator has a doctoral degree in education and a master's degree in nursing. All part-time faculty hold a minimum of a BSN, with 86% holding a Master's degree in Nursing and one faculty member with a Doctorate in Nursing (Appendix 4).

Nursing Faculty Tutoring: Since Fall 2015, the nursing program has provided Faculty tutoring services to interested students. Two tutors are available to assist students with medical-surgical theory, and one tutor helps remediate students in obstetric nursing theory. Students meet with the tutors individually or in groups of two or three, and appointments last from 30 to 60 minutes. Students are encouraged to prepare for the tutoring session ahead of time by reading assigned material and identifying areas that are problematic for them. This allows the tutor to be as effective as possible in the allotted time (Exhibit V, Faculty Meeting Minutes 03/02/2015, 10/12/2015).

Support Staff: Support staff consists of one full-time Administrative Assistant and one part-time Office Assistant; their positions are provided for through the general fund and through grant funding, respectively. These individuals are responsible for the daily operation of the Health Sciences office, and provide support services to the department Coordinator, faculty, staff, and students. They maintain a high level of professionalism within the Health Sciences Office, and work collaboratively with many individuals in other departments throughout the college.

In addition, there are two individuals working in Instructional Laboratory Technician II/Nursing positions; these individuals are identified within the program as Skills Lab RNs. One position is 100%, ten-months (August through May) and is provided for by general funding. The second position is 60%, ten-months (August through May) and it is financed through grant funding. Both of the Skills Lab RN positions are currently filled by Registered Nurses who hold a MSN degree. These individuals have attended training in the areas of simulation, remediation, and the learning styles of adult students. They are responsible for maintaining the skills lab, preparation for learning activities including setting up supplies and equipment, and scheduling students who wish to utilize the skills lab on their own time. The Skills Lab RNs focus on maximizing the retention of at-risk students through workshops, simulation, and remediation for those students having difficulty in clinical and/or theory. They frequently meet with students to explain previously introduced concepts, principles, and terminology, and to provide direction during the performance of specific skills. The Skills Lab RNs also assist with remediation in the clinical setting as necessary, and have been instrumental in the development of clinical simulations. The simulations are used at all levels of the program, and assist students in the planning of care, medication calculation and administration, physical assessment, and critical thinking. The skills resources and the Skills Lab RNs have consistently been utilized and both have been significant contributors to student success in the Moorpark College Associate Degree Nursing Program (Exhibit XXIX: Skills Lab Appointment and Workshop data).

Physical Space, Equipment, and Supporting Infrastructure
   Communication Support. Wireless internet is available campus-wide, including in the classrooms. Students utilize an unsecured network, while faculty and staff have access to a secure network. Communication between students, faculty, and staff takes place through two primary vehicles. Each student has a college-based email address, which allows for communication between individuals and small groups. When faculty or staff wishes to reach a larger audience such as an entire class, they are able to post information on Desire 2 Learn (D2L), the online learning management system. In the Fall of 2017, Moorpark College will switch from D2L to the statewide system "CANVAS"; training for faculty and staff has begun, and will smooth the transition between the two systems.

The Health Sciences office provides faculty and staff with access to copy, scanning, fax, and printing capability, however, at times it is necessary for faculty members to print a large number of copies for their classes, which is beyond the capability of the office copy machine. When this occurs the Ricoh Copy Center, located in the Campus Center, provides assistance with the copying of course workbooks (syllabi), handbooks, exams, and class handouts.

   Physical Setting. The Fall 2011 semester saw the first classes held in the new Health Science Center (HSC). In addition to the nursing program, there are several other Health Sciences disciplines that utilize the ground floor portions of the building. These include the one semester Emergency Medical Technician Proficiency Award Program, the two-year Radiologic Technology program, the Nutrition Science Associate Science Transfer Degree, and various health sciences courses. Beginning in Fall 2017, Moorpark College will introduce a two-year Optical Technology Program, which will utilize space in both the HSC and the Life Science/Mathematics/Computer Studies (LMC) buildings. The HSC building provides adequate physical space to accommodate all of these classes and programs, and it incorporates technology that enhances and encourages the learning process. Distinct areas that are utilized by the nursing program include four classrooms on the ground floor, the skills lab, the department office, and private offices for the coordinator and each full-time faculty member.

Classrooms in the HSC building are equipped with "smart technology", having a built in overhead projector that is linked to a computer on the instructor's desk. The computer has wired internet service, and is connected to a DVD/VHS player and a document camera. Content from any of these sources can then be projected onto a built in, motorized screen using the overhead projector. Additionally, each lecture instructor has access to a set of interactive classroom system devices colloquially termed "clickers", which are manufactured by Turning Technologies, Inc. The four classrooms that are used by the nursing program are on the lower floor of the HSC building; two of these classrooms seat sixty students and the other two seat forty-eight. Two of the classrooms can be divided in half by an expanding wall if desired, which allows increased flexibility in class configuration. There are multiple cabinets in each of the classrooms, which are used to store supplies and equipment not currently in use. Two of the classrooms, HSC 101 and HSC 102, connect directly with the skills lab, allowing for flexible use.

The Skills Lab. The skills lab has a central study and learning area, a single bed lab, and a ten bed ward. The ten bed ward can be further divided into two smaller labs, one with four beds and the other with six. The single bed lab is equipped for clinical simulation experiences and utilizes SimMan, a high fidelity mannequin. High-fidelity simulation experiences can be recorded for debriefing purposes if desired. A simulated ambulance is located in the study/learning area and is used by Emergency Medical Technician classes.

The skills lab has a large storage room, a storage closet, and ample cabinetry. There is an additional storage room that connects to HSC 101, used primarily for the storage of EMT supplies and department documents. An onsite washer and dryer allow linens to be washed as needed in between the comprehensive lab cleaning that occurs each semester, promoting a clean learning environment.

Equipment and Supplies. The skills lab is well-equipped with a wide variety of equipment that is representative of what is currently in use at the clinical sites. This includes the basics such as standard hospital beds, nightstands, and overbed tables, track curtains between each patient care area, and headwalls with suction, compressed air, and mock oxygen at each bed. Current patient care equipment is available in the form of IV pumps, computerized medication carts, a feeding pump, and vital sign machines. Additional equipment includes scales (standing, chair, and lift), a wheelchair, and a linen cart with an ample supply of linens, a pediatric crib, three bassinets, and four specialized patient care carts. These carts include:

- Crash cart fully stocked with standard code equipment, a defibrillator, and simulated medications
- A wound and ostomy care cart stocked with a wide variety of supplies and treatments
- A central line cart that contains supplies for dressing changes and examples of different types of commonly encountered central lines.
- A tracheostomy cart holding supplies for trach care, suctioning, and oxygenation.

In addition to the above equipment, the skills lab has a total of fourteen adult Laerdal manikins. Eleven of these manikins are the mid-fidelity Laerdal VitalSims, while three are the high-fidelity SimMan (one of which is in storage). The high-fidelity manikins are used for the more complex simulations in which a more realistic "patient" is needed; the Vital Sim manikins are used by students at all levels. Two additional manikins are available for the pediatric/obstetric portion of the program: SimKid and SimBaby. Both of these manikins are mid-fidelity, having the capabilities of the VitalSim manikins.

Learning Resources. Resources in the form of books, DVDs, and CD-ROMs are kept in cabinets in the skills lab. These cover a wide range of subjects, and are available for use in the skills lab by all students. The books include texts that are currently being used for each of the classes, references, and texts from supporting disciplines such as pathophysiology, math, and pharmacology. DVDs cover a wide range of subjects, including skills, medications, assessment, and diseases. Some of the DVDs are required viewing for students; these are typically shown during a clinical class during the first semester. These resources are kept current, and the DVDs are reviewed periodically to ensure that they reflect current best practice.

Computers in the skills lab are available for student use. During non-class hours, these are used for online work and research. During clinical lab hours the computers are used for charting assessment findings in a mock electronic health record (EHR), and can also be set up with the Laerdal Virtual IV system. One computer is linked with a printer which students are allowed to use, provided they bring their own paper. In addition, there are several laptops in the skills lab. Some are for departmental use, while others are dedicated to special functions such as operating SimMan. Audiovisual equipment available in the skills lab includes video cameras, digital audio recorders, a smart desk with the same capabilities as those found in the classrooms and a large flat screen television with a VCR/DVD player.

Mock Electronic Health Record. Over the course of the past five years, the nursing program has purchased two different mock EHRs for use as a replacement of the handwritten daily journal. Both products were commercially offered programs that allowed students to chart patient assessments in a manner very similar to what might be encountered in a typical hospital. Unfortunately, the reality of using these products on a day-to-day basis was often challenging. The most frequent complaints from students centered on the multiple steps for logging on, abrupt loss of work when using the EHR, and the extra amount of time required for completion of assignments. The major roadblock with the commercial EHR

programs was the insufficient technological support for students. As a result contracts were not renewed with either company, and the students returned to utilizing the daily journal to record their patient assessments. Faculty members recognized the value of introducing students to an EHR early in the program, and continued to look for an acceptable product that was easy to use. Ultimately, a mock EHR was developed in-house; it is currently used during the fundamentals portion of NS1, as well as for remediation purposes at all levels (Exhibit XXVII: EHR). This mock EHR is not a program, but instead is a series of Word documents that are linked to each other. Text fields allow for narrative charting, while drop-downs introduce students to the limited list function that is typical of an EHR program. Check boxes are also utilized when a simple yes/no response is desired (Exhibit XXVII: EHR). The mock EHR allows for charting by system, and has a kardex, education assessment and record, and a page for interdisciplinary notes. If desired, the instructor or Skills Lab RN can populate the kardex with patient information, creating a customized document for a case study. Because this is a Word document that has been created in-house, changes can be made to it in response to faculty requests and student needs. This results in a versatile, cost-effective learning tool.

Career Technical Education (CTE) Funds and Budget Planning. CTE funds, nursing grant funds, donations, instructional equipment state funding, and the Moorpark College budget are currently adequate to keep the program well maintained and supplied with equipment. All faculty members participate in planning for the yearly budget and expenditures (Exhibit V). The faculty members are asked to submit suggestions and requests regarding equipment, supplies, space, services, etc., to the coordinator. Thus far, adequate equipment and supplies requested have been obtained to meet the students' needs.

Input on software choices and audio-visual products are also solicited from the faculty, as are recommendations for phase-out (Exhibit IV). A unique type of software available in the skills lab is titled "American Speech Sounds", which is geared toward individuals whose first language is not English. The purpose of this software is threefold: To assist students in accent reduction, increase their understanding of the English language, and increase their ability to correctly pronounce a wide variety of medical terms (Exhibit V: Faculty Meeting Minutes 10/11/10).

As new equipment and software is purchased, all faculty are provided with training in safe and proper use of each device or program. The training is done in a workshop format or one-on-one by the vendor or campus faculty/staff experts (Exhibit V: Faculty Meeting Minutes 8/17/15).

Student Support Services: There are a wide variety of support services available to the ADN student to facilitate his or her success in the program. A brief description of updates and improvements since the last BRN site visit include:

Library and Learning Resources
Library Resources. The Moorpark College Library is a centrally located learning resource center combining the functions of resource support and tutoring/instruction support for courses throughout the curriculum. The Library has a collection of over 80,664 print volumes, 29,367 eBooks (as of 9/9/2016), and 255 current periodical subscriptions. Also available are videos, compact discs, and microfilm reels. The library maintains on-campus and off-campus access to online books and resources. The Library houses open access computer labs with a total of more than 140 computer workstations (http://www.moorparkcollege.edu/services_for_students/library/index.shtm).

The library collection includes traditional research materials and has approximately 5,225 volumes of health, medical, and nursing related titles in the library catalog (3,305 of those are eBooks). The library currently subscribes to nine full-text periodical databases devoted to health topics and one eBook collection. The databases include full text articles to numerous nursing journals. Students can search the databases by subject, and print or email articles. The databases can also be accessed from off-campus locations.

The librarians have developed online research guides (LibGuides): Essentials of Food Safety, Nursing, Kinesiology and Nutrition; which provides 24/7 access to library instruction through the library homepage serving the needs of on-ground and online students. Full-time and adjunct librarians are available to assist students with research projects and provide instruction in the use of library resources. Library instruction is provided to new nursing students each semester through a Library Orientation.

Learning Resources: The Learning Center. Students experiencing academic difficulties can utilize the services of the Learning Center for assistance. The Learning Center is comprised of the Learning Center itself, the Writing Center, and the Math Center. The Writing Center and Math Center are each staffed with a full-time faculty member with student tutor support. The Learning Center faculty works closely with nursing faculty to develop tutoring and remediation to provide assistance to nursing students (Exhibit XV). The Learning Center faculty regularly holds workshops to provide additional assistance in mastering dosage calculation exams, and writing care plans and research papers. Instructional formats include individual and group tutoring both at the Learning Center and online, workshops, supervised and tutor facilitated Supplemental Instruction groups, learning software, and instructional videos and DVDs (http://www.moorparkcollege.edu/departments/student-services/the-teaching-and-learning-center).

Counseling and Guidance Services: Currently there is one full-time counselor providing academic advisement for pre-nursing, nursing, pre-radiologic technology, and radiologic technology students. This counselor also reviews all applications for fulfillment of academic admission requirements. An additional full-time counselor assists with the needs of the students in the Health Sciences Department. Additional help is provided by counseling assistants and adjunct counselors on an as-needed and availability basis.

Personal Counseling: Personal and confidential counseling is available to students through the Student Health Center (http://www.moorparkcollege.edu/departments/student-services/health-center). The counseling staff is comprised of a licensed Psychologist, a Marriage Family Therapist, and post-doctoral psychology fellows, all of whom are sensitive to the needs of students experiencing psychological distress. Students may meet with a counselor between one and six times per semester; if additional counseling is recommended, appropriate referrals will be provided. There are many wellness programs offered through the Student Health Center, as well as an online student health magazine that promotes physical and mental health. In 2016, Moorpark College adopted the SafeZone program, which provides support to LGBTQAI students on campus. In addition, the college opened the Veterans Resource Center and the Foster Youth Resource Center in 2016.

Peer Tutoring: Peer tutoring is encouraged in all classroom nursing science courses; student tutors have the opportunity to receive extra credit points from their theory instructor. Hours spent tutoring count toward the student's total number of volunteer hours as well. A student must have a grade of 85% or better in both clinical and didactic nursing classes, and be approved by the faculty member managing the Peer Tutoring program, in order to serve as a Peer Tutor.

Accessibility Coordination Center & Educational Support Services (ACCESS): Since the last BRN site visit, ACCESS moved to a larger location in the LMC building, enabling the service to accommodate more students at a time. ACCESS has added more computer stations for those students needing to test by computer or use adaptive technology. Through ACCESS, the College provides support services to all eligible students with special needs. Such needs include learning disabilities, attention deficit/hyperactive disorder, psychological disabilities, vision, health, or other documented disabilities.

Financial Support Services /Financial Aid Programs: The Financial Aid Office has moved to a larger, more accommodating location in Fountain Hall since the last BRN site visit. The location change is part of a planned centralization of student services. Information on scholarships and grants is routinely posted in the skills lab and on D2L, and students are encouraged to visit the Financial Aid Office for assistance in applying for these and other sources of financial aid. A department-based emergency fund for students is maintained with grant funds, and is available to students needing urgent financial assistance. This fund is typically used to assist with the purchase of learning resources, but can also support students experiencing a personal emergency.

Other Services: This listing is not intended to be all-inclusive, as there are many resources available to the student nurses. These include peer study groups, other instructors, administrators, the Associated Student Body, campus clubs, the Student Health Center, and the Child Development Center.

SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS:
Provide figures for the total number of faculty teaching in pre-licensure RN program in the school term at the time **this report** is written. Attach a list of teaching faculty, noting full-time and part-time status, faculty assignments, noting theory and clinical responsibilities, and BRN approved category.

Benchmark: There must be identified content experts for the five required content areas. Document how content expert role is implemented.

A. Program and Faculty Data [CCR 1424(h)]**:**

The list of all Moorpark College ADN Program faculty members with their teaching qualifications and assignments is found in the Faculty Profile (Appendix 4). A more detailed description of faculty qualifications and responsibilities is found on the EDP-P10 form for each faculty member (Appendix 5).

The teaching staff of the Moorpark College ADN Program is comprised of eight full-time faculty members who possess a MSN and eight part-time faculty members with degrees that range from a BSN to PhD in nursing. Each faculty member has a valid and active license issued by the BRN in California and has BRN approval to teach in their area of expertise (Appendix 4, Faculty Profile; Appendix 5, EDP-P-P10 form). All faculty members exceed the minimum California state licensure requirement of earning 30 continuing education units every two years (Appendix 5, BRN EDP-P-10/10a; Exhibit XVI, Faculty Flex Hours). They all maintain clinical competency by continuously having a clinical teaching assignment at the RN level (Exhibit XLV: Teaching Assignment). Additionally, 50% of full-time faculty and 75% of part-time faculty also maintain their area of expertise through clinical practice.

The full-time faculty members serve as lead faculty and teach both theory and clinical courses of the program. They work as a team leader and resource for the part-time faculty. In theory courses, the ratio of faculty to students is 1:33 (33 baseline enrollment) or 1:44 if additional students are admitted based on the availability of grant funding. In the clinical setting, the faculty to student ratio is 1:11. This ratio assures adequate supervision of students, individual student instruction, and maintenance of patient safety. This clinical ratio supports the program's philosophy and objectives, hospital protocol, and BRN criteria, while sustaining a reasonable cost effective budget structure and maximizing utilization of clinical facilities. The type and number of faculty members is adequate to develop and implement the program approved by the board.

Seven of the faculty members are content experts who serve as a resource to faculty and provide guidance in curricular development and refinement. The role and responsibilities of the program content expert are to:
    a. serve as a resource to faculty on an ongoing basis
    b. inform faculty of changes in nursing practice related to their area of expertise through the program's meeting structure
    c. provide information to initiate discussion and guide any curricular revisions during the Faculty Summation Meeting/End-of-Year Retreat
    d. develop a remediation plan and verify competency of faculty requiring remediation in their area of expertise
    e. review course workbooks/syllabi related to their area of expertise annually (prior to each academic year)
    f. review Course Outline of Record (COR) for nursing courses within their area of expertise every three to five years; last review was 2016
    g. teach theory content in the area of their expertise

Total number of Faculty	16	Total number of Full-Time Faculty	8	Total number of Part-Time Faculty	8
Number of Instructors	11	Number of Asst. Instructors	5	Number of Clinical Teaching Asst.	0

Content Experts:	Medical-Surgical	Obstetrics	Pediatrics	Mental Health/ Psych	Geriatrics
	Jamee Maxey, MSN Olga Myshina, MSN	Michele Wargo-Sugleris, PhD Nursing	Linda Loiselle, MSN	Dalila Sankaran, MSN	Argie Clifford, MSN Dalila Sankaran, MSN

Use of non-faculty [CCR 1424(i)]	List courses in which non-faculty are used, i.e., preceptors. NS M04L Part 2 Preceptorship

B. Planning, Implementation, and Evaluation of Curriculum and the Program. [CCR 1424(g); 1425.1(a)]

Benchmark: All faculty members must participate in curriculum development and implementation. Describe how faculty (full-time/part-time) in the program are involved in policy making, curriculum development and implementation, and evaluation of all aspects of the program.

All faculty members are responsible for continuous program development, which includes developing and refining curriculum and policies and procedures, as well as planning, implementing, and evaluating all aspects of the program. All full-time faculty are required by contract to perform at least five hours per week of service for instruction related activities: this includes program, department, division, and curriculum development meetings. Part-time faculty members are also required to participate in these activities directly related to program development. They are compensated up to six hours per eight weeks for committee participation and four hours for final clinical evaluation of students. All program meetings are scheduled on Mondays to facilitate attendance by all faculty members, as there are no clinical assignments on Mondays.

Faculty Meetings occur on a monthly basis, and are chaired by the coordinator, whose role is to facilitate dialogue and faculty decision making. All full-time and part-time faculty members teaching during the timeframe of scheduled meetings are expected to attend these Monday meetings from 3:15 – 4:30 pm. Curriculum and Admissions Committee meetings are held twice each semester, and are chaired by either the coordinator or assistant coordinator. The meetings are attended by the faculty as mentioned above along with student representatives from each semester. The objectives of both meetings are to:
- Provide continuity in the ADN curriculum through student and faculty evaluation.
- Ensure that the curriculum reflects current best practice in nursing.
- Obtain information and recommendations from faculty and students regarding the connection of theory to clinical practice.
- Review workbooks (syllabi) to make certain that essential content is covered and to examine overall curriculum for overlap and consistency from course to course with respect to departmental policies.
- Elicit student input for the decision-making process.
- Ensure that the curriculum meets graduation requirements for the Associate Science Degree in Nursing, the eligibility criteria for the Registered Nursing examination, the BRN requirements for continued approval and Accreditation Commission for Education in Nursing (ACEN) standards for continued accreditation.

- Receive suggestions from faculty and students regarding content revisions and new ideas for pattern and sequence of instruction.
- Disseminate information on content covered in the total curriculum (conceptual framework, course revisions, evaluation policy, math proficiency testing, etc.) to faculty and students.

The purpose of the Curriculum and Admissions Committee is also for faculty representatives to share college committee reports to ensure that program philosophy, policies and procedures are aligned with the college mission, values, goals, and processes. Additionally, it is a forum for students to provide suggestions to strengthen the program curriculum and processes. These meetings consider the input from faculty, staff, and students in formulating recommendations which are presented to the Faculty Meeting. The Faculty Meeting acts as the decision-making body. Minutes of these meetings are available for review (Exhibit IV).

Team Meetings occur twice a month and are chaired by lead instructors. They follow both the Faculty and Curriculum and Admissions Committee Meetings. The lead instructor is a faculty member who is responsible for the nursing science didactic content as identified in the nursing course workbook (syllabus). A detailed description of the lead instructor's responsibilities is available in (Appendix 2C). The goals of the meeting are to foster communication between team members, provide instructional consistency in teaching, determine teaching strategies, review student progress and need for remediation, and identify problems with corresponding solutions. Meeting minutes are available for review (Exhibit VI).

Clinical Agency Summation Meeting is held every year at the end of spring semester with the faculty liaison, clinical instructors and agency representatives. The purpose of the meeting is to review clinical objectives, evaluate students' effectiveness in meeting course objectives, discuss learning opportunities and the role and responsibility of hospital staff, coordinate facility use with other educational programs, share updates in agency and/or college policies and procedures, and enhance communication between the college and agency. Meeting minutes are available for review (Exhibit VIII).

The Nursing Program Advisory Committee Meeting is held jointly with Ventura College and CSU Channel Islands once a year. The Nursing Program Directors from the three campuses plan the meeting agenda and each Nursing Director rotates the responsibility of organizing the meeting. Membership includes the clinical agency Director of Nursing Service or designee, the Nursing Program Director from each campus (Moorpark, Ventura, and CSU Channel Islands), Dean of Student Learning, nursing student representatives, counselors, and faculty. The committee focuses on nursing program outcomes, current community needs related to nursing programs, curriculum revision, updates in clinical best practice, and alignment of the curriculum with current practice. Additionally, the Advisory Committee assists in exploring community financial resources, discusses future opportunities, and suggests areas of need for continuing education programs (Exhibit IX).

Regional Planning Committee Meetings are held twice a year and attended by the Health Sciences Coordinator/Nursing Program Director and the assistant to the Health Sciences Coordinator. Membership includes Ventura County healthcare agencies, College of the Canyons, Mount St. Mary's College, West Coast University, CSU Channel Islands, Career Care Institute (LVN Program), Ventura College, and Moorpark College. The committee coordinates the use of local healthcare facilities and agencies as clinical placement sites for the upcoming semester. Discussion includes the use of these facilities to meet learning outcomes, and the maximization of clinical availability and resources. All committee members work collaboratively to provide the most efficient and effective learning experience for students. Regional Planning Meeting scheduling and planning documents are available for review (Exhibit XXXI).

The Faculty Program Review Retreat is a one-day meeting held at the end of each academic year. Attendance is required for full-time faculty and optional for part-time faculty. The meeting focuses on feedback from students through course evaluations, from the community through Advisory Meetings, from clinical agencies through Summation Meetings, recommendations from the Board of Registered Nursing (BRN) and Accreditation Commission on Education in Nursing (ACEN) standards. Additionally, program outcomes such as attrition rate and NCLEX-RN pass rate statistics are reviewed along with feedback from the various stakeholders to initiate the appropriate revisions to the curriculum. The recommendations for curriculum revision are then submitted to the College Curriculum Committee, the BRN and the

ACEN for approval. Furthermore, there is identification of goals for the next academic year. Meeting minutes are available for review (Exhibit XVII).

SECTION 5: CURRICULUM
Benchmark: There must be continuous curricular review, evaluation, and revision as needed. Describe any major changes in the curriculum that impact the program.

A. Program Organization/Philosophy [CCR 1424(a)]
Briefly describe how the program philosophy, conceptual framework/unifying theme, and objectives have been implemented throughout the program. Attach a copy of the program philosophy, unifying theme/conceptual framework, and terminal program objectives/outcomes.

Program Philosophy
The Moorpark College Nursing Philosophy was developed, written and unanimously approved on November 6, 1995, to provide the basis for the curriculum structure. On October 22, 2001, the faculty agreed to add the Patricia Benner model of novice to proficient practitioner to the curricular competencies. This addition allows staff to evaluate proficiency in student development along a practice continuum. The philosophy is reviewed regularly. In March 2010, the Quality Safety Education in Nursing (QSEN) competencies were incorporated into the curriculum by unanimous vote. Initially QSEN competencies were incorporated in a pilot theory and clinical course. Since Fall 2012, the QSEN competencies are integrated into all course objectives/outcomes (Exhibits XI-XIV: Nursing Science 1-4 Workbooks).

The nursing education program philosophy recognizes that students have differences, including diverse learning styles, cultural and ethnic backgrounds, objectives, and support systems. The faculty concludes that learning is a growth process throughout the life cycle that occurs in the cognitive, affective and psychomotor domains, proceeding from simple to complex and enhanced by repetition and reinforcement. The faculty assumes the responsibility for individualizing the teaching/learning process by providing measurable learning objectives, a variety of learning experiences both on-ground and on-line, and facilitating problem-solving, critical-thinking, and caring practices.

The faculty further believes the individual is a bio-psycho-socio-cultural-spiritual being with dignity, to be viewed within the context of their environment. The faculty view nursing practice as a scientific, community-based dynamic profession, which values caring, integrity, ethical practice, diversity, education, service, and quality (Appendix 3A). In Fall 2015 Moorpark College created a faculty training program to provide a safe and nondiscriminatory environment on campus for members of the LGBTQAI community. The resources can be accessed from the college website at http://safezonemc.weebly.com/.

Two full-time nursing faculty members and the Health Sciences Coordinator have completed the training and are recognized "SafeZone" allies. Nursing program students and general education students of the LGBTQAI community can access these two faculty members and the coordinator for any needs specific to the LGBTQAI environment.

The Moorpark College general education course requirements enhance and enrich the specific subject area of nursing by providing knowledge in and experience with other disciplines. This enables nursing students to use their knowledge to better evaluate and appreciate the environment, the culture, and the society in which they live. In addition, they will have a better self-awareness and capacity to adapt to an ever-changing and global environment (Exhibit XXI: College Catalog pp. 59-60, 207). Appendix 3 Table A (Interrelatedness between Scope of Nursing and Required Curriculum) connects Scope of Practice and Curriculum requirements with the nursing program's philosophy, program/level objectives, and course objectives/content.

Conceptual Framework/Unifying Theme/Objectives
In the foundation course of Beginning Nursing Science, students are exposed to a nurturing environment that reflects the philosophy of developing the intellectual, social, and cultural potential of each student in the preparation of a beginning practitioner of nursing who functions safely across practice settings. Reflective journaling was instituted in 2005 to provide an opportunity for students to reflect on their clinical experiences while relating them to their personal values and program philosophy. Reflective journaling promotes the affective domain and critical thinking process.

Using Dorothea Orem's Theory of Self Care as the unifying framework, theory and clinical objectives reflect the focus of self-care, or where health deviation occurs, the focus of a self-care agent (Appendix 3B, Exhibit XI – XIV: Theory and Clinical Objectives).

Theoretical guidelines for student progression and evaluation are modeled after Patricia Benner's concepts of novice to expert practitioner. Faculty reason that the nursing student cannot progress to the "expert" practitioner level during their student nursing curriculum; therefore, expectations for student progression within the program are to become a proficient practitioner. QSEN competencies have been integrated into course learning outcomes in all theory and clinical courses.

During the first year of the nursing program, students are led in the practice of skills, are expected to further practice the learned skills in the lab, and then care for patients in the hospital setting. Students are expected to independently hone their skills through practice during the third and fourth semesters of the program. Starting in Nursing Science 1 Part 1, beginning students learn the systematic assessment process using subjective and objective data integrated into time spent in the skills lab on a weekly basis. Written competencies are used to guide student learning, and remediation is required when a student does not meet the expected outcomes. Nursing Science 1 Part 2 begins with a two-day intensive skills lab that includes instruction in medication administration. Simulation in the form of medication administration role play is integrated into this lab to reinforce the five basic and extended rights, correct patient identification according to National Patient Safety Goals, and documentation. In Fall 2014, the integration of computerized charting and medication administration on the electronic health record was implemented using the training software developed by the nursing program. All subsequent skills lab experiences occur at the beginning or within each 8-week section and are progressive in complexity, depending on the subject content and the level of semester. Simulation has been integrated into each semester with beginning to complex scenarios for pediatrics, obstetrics, psychiatric, and medical-surgical patients.

In the clinical setting, Level I and Level II objectives (Appendix 3C and Exhibit XXVI) frame the student's performance and expected outcomes. The objectives are progressive per semester in nature across the two levels. The five critical competencies include: Safety/Technical Skills, Critical Thinking and Clinical Reasoning (integrating Orem's self-care model and nursing systems), Communication as provider of care, Organization and Prioritization as the manager of care, and Responsibility and Accountability as a member within the discipline of Nursing. In Fall 2012 the process of the change of the second critical competency from Nursing Process to Critical Thinking and Clinical Reasoning was initiated with the Course Outline of Record (COR) revision, with implementation being allowed in Fall 2013. Faculty agreed that Critical Thinking and Clinical Reasoning reflected the actual practice with greater accuracy, while the nursing process is a tool used to enhance practice.

The Conceptual Framework was reviewed and in Fall 2013 the following changes were made; in the Manager of Care section, the term technology was changed to informatics to better adapt to the standard population term, and Evidence-Based Practice was added to the Provider of Care (Appendix 3B). Student surveys consistently report implementation of the program organizational framework in their experiences in the program (Exhibit XIX: Student Survey of Classroom Theory).

In the Clinical Portfolio, students self-evaluate their performance in all five competencies using Patricia Benner's novice to expert rating. As described earlier, students are not expected to achieve a rating higher than proficient. Each clinical week, clinical instructors determine whether the students' self-assessments of performance documented in the Clinical Portfolio are accurate and will change the rating accordingly (Exhibit III: Clinical Portfolio). Students who are not performing at the level of the objective are required to remediate in the skills lab or in the hospital setting with the instructor or Skills Lab RN. Further assessment of the clinical experience involves the writing of a Nursing Care Plan, which incorporates the nursing process using Orem's theory as the framework. There are midterm and final evaluations of the student's performance in all five competencies.

Appendix3 Table B (Competency and the Curriculum Unifying Theme and Design) describes how the program's unifying theme and curricular design, as described by the Nursing Student Handbook, aligns with the Standards of Competent Performance.

B. Curriculum Planning [CCR 1424(g)]

Summarize activities of the Curriculum Committee over the last five years. Describe specific changes/ improvements in the curriculum the program has made. Describe the role the Content Experts have in the overall curriculum planning.

Curriculum Committee Activities

Full-time and part-time faculty members, along with students, participate in curriculum development and implementation in an ongoing basis at the college, with external county and regional influences. Faculty have a shared responsibility for complete and ongoing program development, which is understood to include developing guidelines and procedures, and planning, organizing, implementing, and evaluating all aspects of the program.

All faculty members participate in the annual nursing program review process which reviews the budget, resource allocation, and student learning outcomes (Appendix 9).

Full-time faculty members participate in the college-wide Annual Strategic Planning Retreat where the work plans are formulated for the coming year and the priorities are framed for the next three years (Exhibit XLI: Annual Strategic Planning Retreat).

The Course Outline of Record (COR) for each course at the college has a review cycle of every five years. The CORs for the nursing courses were updated in September 2012 and are due for review in September 2017. Appendix 3 Table C (Required Curriculum Criteria) delineates the instructional outcomes highlighted in section 1426(d): patient-centered care, evidence-based practice, working as part of interdisciplinary teams, focusing on quality improvement, and using information technology.

Based on the recommendations of the last BRN approval, faculty delineated semester specific outcomes for the clinical areas (Exhibit II: Student Handbook, pp. 34-43).

Content Experts

Content experts are lead faculty identified at each level of the program. Their role is to make recommendations for implementation of curriculum changes for their areas of expertise based on current clinical trends, evidence-based best practice reported in the scientific literature, and data from student and agency evaluations. Each year during the annual faculty retreat, the entire curriculum is reviewed. Content topics are evaluated for relevancy and sequencing. Starting Spring 2013, selected content topics were moved from one semester to another to enhance the learning and clinical experiences and congruency between theory and clinical situations (Exhibit XVII: End of The Year 2012 Retreat Minutes).

QSEN competencies were integrated into the curriculum into all semesters starting fall semester 2012. Each semester has an integrated activity or skills lab simulation specific for the content at hand. All simulation scenarios were developed by individual content experts and reviewed by a peer (Appendix 3 Table D QSEN Integrated Simulation Scenarios).

C. Concurrent Theory and Clinical Practice [CCR 1426(d)]

Discuss how theory and clinical courses are organized and conducted to ensure concurrency and similar clinical learning experiences.

The Moorpark College nursing program has patterned its curriculum content to be concurrent with clinical rotations for content reinforcement. All nursing science theory and clinical courses are separate courses with separate grades, but are co-requisites (Exhibit XXI: Moorpark College Catalog, pages 208 – 211, Exhibit II: Nursing Student Handbook, p. 23). Co-requisite courses must be taken concurrently. Additionally, the course repetition states that if a student fails or withdraws from one of two concurrent classes (class or clinical laboratory), both courses must be repeated (Exhibit II: Nursing Student Handbook, p. 32). The College policy supports repeating a concurrent course that was passed with a course that has been failed, by stating in the College Catalog that "Students may repeat such course any number of times, even if they received a grade of C/P or better…required by statute or regulation" (Exhibit XXI: College Catalog, p. 308).

The program's scheduling pattern consists of one day of lecture per week, with one or two clinical days during the week.

Appendix 3 Table E (Congruency between Theory and Clinical Courses) illustrates the congruency between theory and clinical.

D. LVN Advanced Placement and 30 Unit Options [CCR 1429(a); 1429(b); 1429(c); 1430]
Describe advanced placement options available to LVNs, including the 30 unit option.

An LVN may apply for either the 30 unit option non-degree pathway or for advance placement for an Associate Degree. The prerequisites for both of these options are the same with the exception that the non-degree option does not require anatomy as a prerequisite (Exhibit II: Nursing Student Handbook, pages 16-17).

Objective counseling is offered to LVNs that choose either the degree or non-degree option. The LVN must meet with the Health Sciences Counselor and at that time will be presented with both the degree and non-degree options. Each student's application with transcripts is evaluated by the Health Sciences Counselor, Health Sciences Coordinator, and the Advance Placement Committee which consists of full-time nursing faculty. The written information is published in the Advance Placement Guidelines in the Nursing Student Handbook (Exhibit II: Nursing Student Handbook, pages 15-17).

The student who decides to pursue the LVN 30 unit option coursework for Registered Nurse licensure must have a current LVN license in the State of California, and must have successfully completed the following coursework with a minimum grade of C. The required courses are published in the College Catalog, Nursing Student Handbook and re-approved by the BRN in Spring 2011 (Appendix 3E, Required Curriculum: Content Required for Licensure EDP-P-06).

Course	Units
PHSO M01 Human Physiology	4 units
MICR M01 Microbiology	5 units
NS 3 and NS 3L	9.5 units
NS4 and NS 4L	8.5 units
Total	27 units

These classes are a portion of the required courses for licensure as a Registered Nurse and may be counted for the fulfillment of additional educational requirements.

The Nursing courses of NS3, NS3L, NS4, and NS4L are the second year courses in the Associated Degree Nursing Program. These intermediate and advanced courses offer content beyond the LVN Program.

NS3, NS3L and NS4, NS4L are concurrent theory and clinical classes that include the content of acute, supportive, rehabilitative, and teaching aspects of nursing. This curriculum includes intermediate and advanced medical/surgical nursing, psychiatric mental health, and geriatric nursing. Leadership skills are presented in NS4 and NS4L. Standards for competent performance in nursing diagnosis, nursing care plans, nursing skills, health teaching, delegation, evaluation, and client advocacy, as described in the BRN Regulation 1443.5 has been addressed in these advanced classes.

It is required that the candidate be a high school graduate or have successfully passed the GED Test. The LVN applicant is informed that a High School Diploma or GED Certificate is required for eligibility to take the California Licensure Exam. The LVN is also advised that admission to the 30 unit option does not lead to an Associate Degree.

E. Policies and Procedures:
1. Policy on Faculty: Student Ratio [CCR 1424(k)]
2. Policy on semester/quarter unit calculation of hours for course of instruction. [CCR 1426 (g)]
3. Policy on transfer units and challenge examination. [CCR 1429(a); 2786.6(a); 2786.6(b) ;1430]

The base enrollment each semester is thirty-three students. Additional students are admitted contingent upon grant funding. Students attend lecture classes as one large group and clinical lab classes in smaller groups with the average faculty to student ratio of 1:11. This allows for individual instruction of students consistent with the program's philosophy and objectives, hospital protocol, and BRN guidelines, while maintaining a reasonably cost effective budget structure and maximum utilization of clinical facilities.

The faculty determines the student ratio for all clinical assignments utilizing client safety and BRN protocol as guidelines. The plan for determining the clinically based student to teacher ratio is outlined in the Faculty to Student Ratio Determinates document (Appendix 6).

The curriculum includes split lab sections in which the clinical class is comprised of roughly equal numbers of students from two consecutive semesters. Examples of this are seen in the NS M01L/2L Part 2 and the NS M03L/4L Part 1 split lab clinical classes. This lab configuration provides excellent opportunities for the more advanced student to utilize his or her leadership skills during the clinical rotation. Additionally, the instructor is given the opportunity to have various assignments while keeping the students on one or two floors of a clinical facility (Exhibit XXIII: Clinical Rotation Schedules).

4. Policy on semester/quarter unit calculation of hours for course of instruction. [CCR 1426 (g)]

The course of instruction is presented in semester courses. The nursing course work is divided into two sections; "Part 1" is the first eight weeks of the semester and "Part 2" the second eight weeks. Instruction in theory contains four hours per week for NS1 and NS4 and five hours per week for NS2 and NS3. One hour of instruction in a theory class each week of the semester equals one unit. For the clinical laboratory classes, three clinical lab hours is equivalent to one unit. The hours and unit value for each course is identified in the Total Curriculum Plan EDP-P-05a (Appendix 3D).

5. Policy on transfer units and challenge examination. [CCR 1429(a); 2786.6(a); 2786.6(b) ;1430]

An applicant who is licensed in California as a vocational nurse is eligible to apply to the nursing program as an Advanced Placement student for an Associate Degree or the 30 unit option non-degree pathway. Vocational nurses may be granted a maximum of two (2) semesters or 18 units of required Nursing Science coursework, for credit only (Exhibit II: Student Handbook, page 16; Nursing Program website).

To comply with a potential January 2017 revision of Title 16, CCR Sections 1418, 1423.1 (a)(1-3) and (b), 1424.(b)(3), 1426(d)(1) and 14430, a Military Challenge was developed (Exhibit XVII: Faculty Retreat Minutes 5/18/2016; Exhibit V: Faculty Meeting Minutes 10/17/2016). When the legislation is enacted, applicants that successfully pass the Military Challenge will be placed in to the second semester of the nursing program based on space availability and the applicant meeting all other program requirements.

F. Attachments needed:
1. Course syllabi [CCR1426(e)]
2. Clinical Evaluation Tool used for each course [CCR 1426(f)]
3. Preceptor handbook, if used. [CCR1426.1]

SECTION 6: CLINICAL FACILITIES [CCR 1427 (a); 1427(b); 1427(c)]
- Discuss the type of clinical facilities used for student learning and discuss any problems related to clinical placement, lack of faculty, adequacy of clinical experiences, etc.
- Attach a list of clinical facilities used and provide the contract expiration dates.
- Attach a generic contract (sample contract) used by the program for clinical affiliation.

Approval for the placement of nursing students at clinical facilities and agencies is granted by the California Board of Registered Nursing. This approval was received by the Coordinator of the Associate Degree Nursing Program at Moorpark College prior to the placement of nursing students at any clinical site.

Contracts. A current contract is maintained for each clinical facility and agency that is affiliated with the Moorpark College Associate Degree Nursing Program (Appendix 8B: Generic Clinical Affiliation Agreement). The original contracts are kept at the Ventura County Community College District, with copies in the Health Sciences Department office (Exhibit XXII). The contracts between the Nursing Program and the clinical facilities and agencies ensure the ongoing availability and appropriateness of each clinical learning environment. Appropriateness of the clinical learning environment is evaluated based on the ability of each facility to meet the clinical objectives of the program, provide for orientation of faculty and students, and ensure an adequate number of staff and health care services to provide safe patient care (Exhibit XXII).

Each contractual agreement delineates separate and joint responsibilities of the college and facility or agency staff (Exhibit XXII). Responsibilities of the clinical faculty are addressed in the formal contractual agreement between the Ventura County Community College District and each clinical agency (Exhibit XXII). These contractual agreements include the following:
    A. Identity of students assigned to facility or agency for clinical rotation
    B. Clearance of physical examination, immunizations, background check, and drug screen
    C. Current CPR Certification from the American Heart Association
    D. Current Los Angeles City Fire Safety Card
    E. Student Uniform
    F. Schedules and assignments
    G. Instructor certification, licensure, and competence
    H. Instruction and clinical supervision
    I. Malpractice insurance (Exhibit XLIII).
    J. Job descriptions (Appendix 2C & 2D, Exhibit I).

With regard to staffing, the contract with each clinical facility and agency states, "[Hospital] shall provide qualified nursing personnel, adequate in number, in each area." It is important to note that the presence of students in a facility such as an acute care hospital has no effect on staffing; students are present to further their learning in an appropriate environment (Appendix 8B). All hospitals used as clinical sites by the Nursing Program at Moorpark College follow Title 22 guidelines for state staffing standards, which have been in place since 2004.

Selection/Evaluation of Clinical Sites. Clinical facilities and agencies are selected by the nursing faculty based upon the appropriateness of available learning experiences for students. Patient census, acuity, and range of learning experiences are taken into consideration during the selection process. Assessment of continuing appropriateness of the facility or agency as a clinical site is a responsibility of the faculty, and is done at least annually by online survey. Communication between clinical instructors at faculty and team meetings is an additional means of evaluating the appropriateness of the clinical sites in use.

    Moorpark College is one of several schools that hold clinical learning experiences at agencies in Ventura and Los Angeles counties. Avoiding scheduling conflicts between schools can be challenging; Moorpark College uses two different methods depending on the agency's location. Clinical agencies and schools in Ventura County participate in the Regional Planning Meeting for Clinical Placements. This meeting is held once each semester, and affects student placement for nursing programs, as well as Emergency Medical Technician (EMT), Radiologic Technology, and Nuclear Medicine programs. The collegial collaboration and cooperation that takes place at these meetings leads to a deeper understanding of the unique needs of each school and the teaching opportunities available at each clinical site. Most

importantly, students receive their clinical instruction at sites that are not overly impacted by other schools, and hospital staff is not overwhelmed by excessive numbers of students at any one time.

The placement of students in Los Angeles County hospitals is achieved through the Centralized Clinical Placement System (CCPS). This is an online service coordinated by HealthImpact that allows schools to select placement for their students at participating area hospitals. While not all hospitals in Los Angeles County utilize the services of CCPS, two that Moorpark College uses as clinical sites do. Beginning in Fall 2016, clinical placements at West Hills Hospital and Northridge Hospital are arranged using CCPS. Each semester, placements are requested by the Assistant to the Coordinator; the hospitals then approve those requests. This is an organized method for equitable sharing of limited clinical sites.

Clinical Objectives. Written clinical objectives for students are provided to each clinical facility and agency. The clinical objectives are communicated to the staff through two primary methods, the first of which is the annual summation meeting. Additionally, copies of the clinical objectives are provided to the staff at each unit or department to which students have been assigned. The clinical objectives are posted in a central location in each unit on days when the students are engaged in patient care. Finally, the course workbook (syllabus) is made available to each agency and facility upon request. Learning experiences for students are selected on the basis of course objectives and learning needs of the students. Additional influencing factors include patient census, topics being covered in theory, and individual patient diagnosis. When preceptors for nursing students are needed in the clinical setting, nursing faculty members collaborate with contracted agencies and facilities to identify those individuals who can best facilitate student learning (Exhibit II: Student Handbook; Exhibit XXXV: Nursing Student Assignment Sheet).

Orientation. Student orientation to the clinical facility is the responsibility of each full-time and part-time faculty member. Orientation is conducted at each clinical site according to the facility's protocol. Information and equipment demonstration may be presented by facility staff and/or faculty, and written clinical facility orientation material is provided to each student. Guidelines for orientation to the clinical facility can be found in the *Faculty Handbook* as well as the *Student Handbook.* Self-guided orientation to clinical facilities has been utilized by clinical faculty, as well as formal classroom-based orientation with the facilities' new hires (Exhibit XXXVI). To ensure that orientation is up to date, representatives from the clinical facilities are in communication with the lead instructors and facility liaisons, and provide the latest orientation information to their facilities. This allows the information to be disseminated to faculty and students in an accurate and timely manner.

Joint Commission. All facilities that function as clinical sites are Joint Commission accredited. Periodically, the Joint Commission conducts an on-site visit at a clinical facility. Depending on the facility's policy, students may be asked to leave immediately. During summation meetings faculty members have discussed with these facilities' managers and educators the importance of including students in the accreditation process. However, when students are not allowed to stay, the clinical hours have been met by re-scheduling the missed day if possible, or by a day of simulated clinical in the skills lab.

Summation Meeting. Annual summation and planning meetings are held with all contracted agencies and facilities (Exhibit VIII). These meetings are attended by faculty members that teach clinical at the facility, the Health Sciences Coordinator or designee, and representatives of the facility. This typically includes managers from the units to which students are assigned, a representative from the facility's education department, and selected staff nurses. Clinical objectives are reviewed at this time and it is determined whether students can meet their clinical objectives at each facility. Roles and responsibilities of clinical facilities, staff, and faculty are also reviewed at the summation meetings (Exhibit VIII; Exhibit XVII).

SECTION 7: STUDENT PARTICIPATION [CCR 1428]

- Give examples of student participation in each aspect of the program.

Nursing students are vital to the continuing improvement of the nursing program at Moorpark College. Their major contributions are in the areas of leadership, mentorship, volunteerism, and the development and improvement of curriculum. Students have the opportunity to learn and demonstrate their leadership abilities through their very active participation in the Moorpark College Student Nurses Association (MCSNA). The student conduct bylaws have been authored by the students themselves with guidance from the faculty advisors. Meetings of the MCSNA occur on the first Monday of each month, with the three faculty advisors present to facilitate the planning of a variety of activities. These activities include fundraising, volunteer opportunities, and educational and leadership development through workshops and conferences. As students are registered in the nursing program, they automatically become members of the MCSNA. The MCSNA bylaws also encourage each student to join the National Student Nurses Association, thus promoting their professional involvement and growth. Through the connection that MCSNA has with the campus organization the Intercollegiate Committee (ICC), the visibility of nursing students has been increased campus-wide (Exhibit XXXII).

Student involvement in mentorship is evident throughout the nursing program. This begins with the New Student Tea, during which time students from each of the classes are invited to attend. Here they interact with incoming students and share their experiences in the program and strategies for success. At the New Student Mandatory Orientation, the students reinforce information presented at the New Student Tea. Since Spring 2011, students in conjunction with faculty present an optional one day "Nursing Boot Camp." This is an orientation program for incoming students, with the goal of improving student performance and retention. During the Boot Camp, current students present information and advice on time management, study skills, and test-taking skills to the incoming students. A review of math skills is presented in the context of preparing for dosage calculations. Critical thinking in the context of eventual use with the nursing process is also discussed.

As students begin the nursing program, mentoring for both theory and clinical is available for the first, second, and third semester students. Second, third and fourth semester students that have maintained a theory and clinical grade of equal to or greater than 85% may serve as peer tutors. Under the direction of a faculty member, qualified students are oriented to the tutoring role, techniques, and guidelines prior to serving as peer tutors. In the clinical setting, students in the second, third, or fourth semester who have maintained a grade of 85% or higher in clinical and 80% or higher in theory may serve as student clinical mentors. In addition to meeting the minimum grade requirements, students who are interested in becoming clinical mentors must apply to the college as volunteers, be approved by the faculty, and undergo training with the faculty member responsible for the mentoring program. Student clinical mentors may only go to clinical facilities that they have been oriented to.

Once the approval process is complete, the student clinical mentors may begin assisting in the clinical setting. Matching qualified student clinical mentors to areas of need is facilitated by a faculty member. This ensures that the distribution of clinical mentors is both efficient and fair. Students in the second semester may serve as clinical mentors for students in the fundamentals clinical sections of the first semester. Students in the third and fourth semesters may function as clinical mentors for students in the first and second semester medical-surgical clinical sections. The student clinical mentors guide the first year students in organization and prioritization (Exhibit II: Student Handbook, Spring 2017, page 59: "Student Clinical Mentor"). They do not supervise or evaluate the students (Exhibit V: Faculty Meeting Minutes 02-24-2014. Student clinical mentors have been found to be a valuable asset because as a peer they are able to provide guidance and support without the burden of evaluation, which helps to reduce student anxiety.

Students participate in curriculum development and improvement throughout their time in the nursing program. Students provide feedback, report issues of concern for their classes, and make recommendations regarding the curriculum through multiple venues. These venues include the Curriculum & Admission Committee meetings, "Brown Bag" sessions with the Program Director, the program review process, and the Advisory Committee meetings. The Curriculum & Admission Committee meetings occur twice each semester, and student representatives from each class are invited to attend. During the meetings the students share issues and recommendations they have collected from members of their respective classes, as well as provide input on curricular issues and changes. Students are involved in all curriculum decisions and have advisory voting privileges regarding curriculum matters (Exhibit IV). "Brown Bag" sessions occur once per semester;

during this time the Health Sciences Coordinator visits each lecture class (Exhibit IV). Feedback and suggestions are collected from the class as a whole, and then shared with the faculty at the next Faculty meeting for discussion and consideration (Exhibit V).

As part of the program review process, students also participate in evaluation of each course, each faculty member and each clinical facility every eight weeks. These evaluations are collected anonymously through the online service Survey Monkey. Recommendations for improvement and change are reviewed first by the nursing program director, and once discussed by the faculty may be approved and instituted as appropriate. The college institutional research office compiles the data for review (Exhibit XIX).

A major emphasis is placed on student volunteerism in our program. What was once an independent volunteering body called Volunteers 4 You! has become part of the Moorpark College Student Nurse Association. Volunteer activities are often facilitated for the students by faculty members and/or the Skills Lab RN; however, students may submit individual activities for approval as well. Approved volunteer activities are those that meet the health care needs of the community at local, statewide, and national levels; these include flu clinics, senior health screening and assessment, patient education, and patient advocacy. Students also engage in activities that promote the presence of the nursing program on campus, such as assisting in the operations of the Moorpark College Multicultural Day event each spring semester. On-campus health events such as the Student Health Center Heart Health screening and the College Health Fair are also supported by nursing student volunteers. In addition, the nursing program has historically partnered with the American Red Cross to further expand the scope of volunteer services and student opportunities. Nursing students are required to participate in at least five hours of pre-approved volunteer activity during the two-year program. To encourage students to increase their volunteerism, a maximum of ten extra credit points is provided for volunteer service each semester, at a ratio of one point per one volunteer hour. These points are added to the theory grade at the end of the semester, provided that a passing grade has already been earned (Exhibit II: Student Handbook, Spring 2017, page 58).

- List the number and resolution of formal student grievances filed in the last five years.

The written, established procedure for resolution of student grievances is consistent with the policies established for all students at Moorpark College. The procedure is described in the Moorpark College catalog and the ADN Student Handbook (Exhibit XXI: College Catalog, pp. 287-290 & Exhibit II: Student Handbook, pp. 32-33, p. 68). There have been no formal grievances since our last report.

SECTION 8: CONCLUSION

Summarize major program strengths and plans to address areas needing improvement.

Graduates of the Moorpark College Associate Degree Nursing program are well prepared for practice as Registered Nurses. They are proficient, compassionate providers and managers of care, and active members of the nursing profession. Five critical competencies are incorporated throughout the nursing program; they are (a) safety and technical skills, (b) critical thinking and clinical reasoning, (c) communication, (d) responsibility and accountability, and (e) organization and prioritization. Students are evaluated on their performance in each of these competencies; upon graduation, each student has become a competent or proficient practitioner of the art and science of nursing.

The success of the nursing program at Moorpark College is due to multiple areas of strength. These include a supportive administration, dedicated faculty members, a current and rigorous curriculum, access to excellent clinical facilities, and the participation of engaged students. Each of these program strengths is discussed in greater detail below.

Administration

Support from Administration provides a solid foundation for the Nursing Program at Moorpark College. This begins with the College President and extends to the Executive Vice President and the Dean of Student Learning. Under the current college organization, the nursing program is included in the Health Sciences Department, which is a part of Division of Student Learning. Having the support of both the Vice President and the Dean who oversee this division is vital in maintaining a high quality nursing program. The program is led by the Health Sciences Coordinator, who has a doctoral degree in education and a master's degree in nursing. This individual is an experienced nurse and educator who provides the department with strong leadership and support.

The college administration has provided continued support for the nursing program by the addition of much-needed support staff. In Fall 2014 a part-time Office Assistant position was created; this replaced the part-time Clerical II position that had been eliminated during district-wide cutbacks in 2012. In Fall 2015, a part-time Instructional Laboratory Technician II/Nursing position was added to support the operation of the skills lab and promote student success; both of these positions are grant funded. In addition, the college continues to provide the nursing department with access to current digital records that contain key information. This allows for accurate data reporting, access to curriculum information, and improved communication between faculty, staff, and students.

Faculty

The nursing faculty at Moorpark College embodies great depth and variety of experience. This includes medical-surgical, obstetric, pediatric, critical care, psychiatric, geriatric, and ambulatory care nursing, as well as health care management and nursing leadership. Each faculty member is committed to their profession and to maintaining the excellence of the nursing program that they serve. Since the previous report, two full-time tenure track nursing faculty joined the program in Fall 2013, bringing the total number of full-time faculty members to eight. The entire full-time faculty members are master's prepared in nursing, with one currently pursuing doctoral study. Seven of the eight part-time faculty members have master's degrees in nursing, with one of them also possessing a doctorate degree in nursing, and one part-time faculty member has a baccalaureate degree in nursing.

Each member of the nursing faculty utilizes a variety of technological advances to enhance student learning. All courses continue to be web-enhanced with multiple online resources available to the students. These include archives of lecture PowerPoints, some with audio embedded, which are available through the online learning management system

Desire2Learn; instructor-led online chat discussions, and utilization of the program-specific electronic health record simulation in the Skills Lab.

Nursing faculty members are active contributors to the college community and the nursing profession. At Moorpark College they serve on the participatory governance committees and maintain a visible presence on campus. In addition, faculty members provide services that promote wellness in the community, serving on advisory boards and committees, maintaining membership in professional organizations, and volunteering their time in a wide variety of activities, both on and off campus. Many faculty members give back to the nursing education community, serving as highly sought after preceptors for the baccalaureate and masters nursing programs within and outside of the region.

The faculty strives to provide each student with a strong education in nursing. They teach by example through caring professional behavior and by maintaining positive relationships with administrators, other faculty members, and students. Most importantly, each faculty member consistently models knowledgeable and compassionate patient care.

Curriculum

The philosophy, organizing framework, program objectives, and curriculum content serve as a strong and comprehensive foundation to produce a proficient clinician with a clear understanding of the role and practice of the nurse. The curriculum is rigorous and current, and emphasizes the need for a partnership between nursing and service to lead the nursing profession. The new graduate is expected to effectively function in a multifaceted acute care environment. In response to this need, the medical-surgical clinical courses continue to combine two levels of students. This unique arrangement provides students with learning experiences in teamwork, prioritization, delegation, and management. In addition, students experience the many benefits of a collaborative atmosphere. The combined clinical is a major strength of the curriculum because it produces a graduate who has a management theory base and has already functioned effectively as a student leader in the healthcare setting.

In order to produce a graduate who is prepared to deliver high quality, patient-centered care as a member of an interdisciplinary team, the curriculum emphasizes evidence-based practice, quality improvement approaches, and informatics. In Fall 2013 the Institute of Medicine (IOM) Quality and Safety Education for Nurses (QSEN) competencies were integrated as a thread throughout the curriculum. In addition, clinical simulations are included in each semester, enriching the curriculum and providing an alternative learning experience for students. Faculty members utilize task trainers along with low and high fidelity manikins to assist with the simulation process. The simulations begin at a low level of complexity in the first and second semesters, utilizing task trainers and low fidelity manikins. By the third and fourth semesters, the simulations present complex clinical situations and high risk, low volume scenarios; the use of high fidelity manikins enable these simulations to achieve a higher level of credibility.

The Benner philosophy of Novice to Beginning Practitioner is the philosophical theory base for the nursing program at Moorpark College; as such it is a thread throughout the curriculum. Benner's theory also enhances and enriches the program's conceptual framework by encouraging faculty to use developmental processes in the education of the student. This developmental approach can be seen in the clinical portfolio with the grading system that follows the student throughout the program. This approach makes the student responsible for his or her learning through self-evaluation. Students are evaluated in each of the five critical competencies, and the clinical grade that the student receives is based upon measurable behaviors.

Since 1986, clinical preceptorship has been each student's final clinical experience while in the nursing program. During the last five weeks of the fourth semester, each student has the opportunity to transition into the role of the registered nurse under the supervision of a registered nurse preceptor. The preceptorship experience has been praised by employers

and students alike who state it provides the student with the opportunity to strengthen skills and knowledge while enhancing confidence and competence. Clinical preceptorship is considered to be an invaluable experience, and is a major strength of the nursing program at Moorpark College.

Clinical Facilities

The Moorpark College nursing program holds clinical classes at facilities in Ventura and Los Angeles Counties. Each has been selected by the faculty because the hospital or agency is able to consistently provide appropriate learning experiences for students. Through the efforts of the faculty and the program director, excellent relationships have been developed and maintained with these facilities, with each being assigned a faculty liaison. This individual is responsible for communicating the needs of the program to the facility management, and coordinating the clinical learning experience for students.

Hospitals comprise the largest portion of clinical facilities; students are typically assigned to medical-surgical floors, telemetry and step-down units, critical care, and the emergency department. Specialty units such as pediatrics, maternity, labor and delivery, surgery, and psychiatric are used by students as well. Hospice, home health agencies, skilled nursing, and acute rehabilitation facilities are a smaller, but no less important part of the clinical facilities used by students in the nursing program. Each provides nursing students with the opportunity to care for patients at an appropriate level, act as part of an interdisciplinary team, practice the many skills that they have learned, and develop their critical thinking abilities.

Many of the hospitals that host students from Moorpark College have done so for many years, and the relationship between the school and these hospitals is one of mutual respect. The students from Moorpark College are held to a high standard by their instructors. As a result, they are welcomed; first as students, and often as employees later on. The success of the nursing program at Moorpark College is dependent on the fact that the clinical facilities utilized are high quality, have appropriate patient populations, and are welcoming to students and faculty members alike.

Student Participation

The students who are enrolled in the nursing program at Moorpark College are a diverse group of individuals. However, they are unified in at least two areas; they are dedicated to the nursing profession and they are actively involved in their education. It is no coincidence that the nursing program reflects the commitment of the faculty to student empowerment. Students are encouraged to participate in the Moorpark College Student Nurse Association (MCSNA), Moorpark College Intercollegiate Committee (ICC), community service, and other college activities. Students are actively involved in peer tutoring, acting as student clinical mentors, and volunteering their time for activities on and off campus. In addition, students have the opportunity to serve on the nursing curriculum committee. This gives the nursing students a voice in the development of curriculum as well as policies and procedures that directly affect them.

The phenomenon known as "Boot Camp" is a unique example of student participation and engagement. This is a day-long introduction to the nursing program for incoming first semester and advanced placement students. It occurs just prior to the start of the semester, is led by the second, third, and fourth semester students, and is facilitated by faculty. This is a voluntary activity for new students; however, attendance is nearly 100% each semester. Participation by students from all three continuing semesters is enthusiastic as well; these students act as presenters in the workshops, assist with providing lunch for the attendees, and answer their many questions. Boot Camp consists of a series of workshops in which student presenters share tips for studying, mastering theory and clinical, time management, and juggling the demands of school, family, friends, and work. The students provide information on the Peer Tutoring program and other support systems available both within the nursing program and through the college. A workshop that reviews math concepts in relation to

dosage calculation is also led by the returning students, and tips for success are provided as well. Feedback from those attending is extremely positive, and the long term effects are seen in later semesters when they become the presenters for a new group of incoming students.

Plans to Address Areas Needing Improvement

The process of writing the self-study has provided an additional opportunity to isolate specific areas that would benefit from increased attention and focus. Retention and attrition rates, NCLEX pass rates, and transfer rates in pursuit of Baccalaureate and higher degrees in nursing are areas that are monitored each semester. While improvement has been noted in each of the categories, it is not sufficient to accept that as "good enough". Each number represents a student's success or failure, and the faculty and director of the nursing program at Moorpark College feel strongly that every student deserves the best possible chance for success.

Retention and Attrition Rates

Retention and attrition rates are tracked each semester for theory and clinical classes. For the past five academic years (2011-12 through 2015-16), the total number of students who withdrew from the program was 144. Of these, 83 (57.6%) withdrew due to a failing grade in theory and 26 (18.1%) failed clinical. An additional 35 students (24.3%) withdrew from the program with a passing grade in both theory and clinical; the two most frequently cited reasons were acceptance to a BSN program and, unfortunately, health issues.

The most frequently identified cause for attrition is academic difficulty associated with weak foundational knowledge. This is often compounded by anxiety. Other contributing factors are financial difficulties that require the student to work full time or nearly so while in the nursing program, and personal/family issues that the student is unable to resolve. Faculty members work together, with student input when appropriate, to develop strategies to improve student success at all levels of the nursing program.

Strategies to improve the retention are initiated even before students are accepted into the nursing program at Moorpark College. This begins with the State Chancellor-approved multi-criteria and random selection process, which was fully implemented when the waitlist was exhausted in Fall 2013. This has resulted in an academically stronger cohort of students being admitted into the program, which in turn has led to improved student retention. Two additional measurements are used to identify "at risk" students who are statistically less likely to be successful in the nursing program; these are the Success Score and the ATI TEAS assessment. Based on the Success Score and the ATI TEAS score and sub-scores, a semi-customized remediation plan is developed for each student.

Remediation for at risk students ranges from informal online self-paced programs such as PLATO to required classes. The remediation is tailored to each student's specific academic needs. Classes that may be required include NS M16, Study Skills for Nursing Students, which emphasizes the foundational skills of reading, writing, math, and study and test-taking strategies.

Retention strategies that have been implemented for students who are enrolled in the nursing program include one-on-one remediation sessions, workshops, referrals to the skills lab and the Learning Resource Center. Students who have been identified as being at risk are placed on learning contracts at the beginning of the first semester. These students are encouraged to meet with the learning contract faculty member on a weekly or every other weekly basis. They are also encouraged to attend the workshops offered through the skills lab, as these focus on subjects and concepts that cause many students difficulty.

All nursing students are encouraged to utilize the variety of support services that are available to them. These include the skills lab, faculty tutoring, and the numerous resources discussed in section 3. Of these resources, the most successful is the peer tutoring program. Students who provide this service must meet certain guidelines, and they receive specific training in the tutoring process. They are uniquely qualified to help struggling students, since they have been successful in the subject that they are tutoring. They meet with students individually and in groups, and provide students with insight into the subject being studied. In the classroom, the faculty has incorporated an array of teaching modalities to stimulate and enhance learning. Strategies include the "flipped classroom" that was initiated in Fall 2015, and the inclusion of case studies to enhance theory concepts; student response has been positive for both approaches.

NCLEX Pass Rate

The Moorpark College nursing program outcome states that greater than 90% of graduates will pass the NCLEX on the first attempt. For Moorpark College graduates from academic years 2010-2011 to 2014-2015 the overall first-time pass rate on the NCLEX has been at 90% or better. The one exception occurred during 2013-2014, during which time the pass rate was 88%. Looking at the subgroups within the graduating population, distinct differences are noted. The highest pass rate was found in those admitted based on multi-criteria selection at 97% (114/118), followed by generic students admitted by random selection at 90% (93/103), and lowest for at risk students at 86% (12/14). The pass rates for multicriteria and generic students meet or exceed the program outcome, and exceed the state and national averages for the same time frame. The pass rate for at risk students does not meet the program outcome; however, it does meet the state average and exceeds the national average for the same five year period.

The faculty and coordinator of the nursing program at Moorpark College have taken a multifaceted approach to improving NCLEX pass rates for graduating students. Throughout the program the faculty incorporates NCLEX-style questions in exams. In addition, exams are peer-reviewed to ensure accuracy and reliability. Information from the National Council for State Boards of Nursing (NCSBN) is reviewed by faculty, and is used to make curriculum and program improvements in identified areas of weakness. ATI is used as a resource by students for theory and clinical throughout the program.

In the fourth semester, students take the RN Comprehensive Predictor Exam. The individual results of this exam are compared to the national average; those who fall below this benchmark are at an increased risk of not passing the NCLEX. In order to improve their chance of success, an individualized remediation plan is developed for each of these students. Upon completion of their remediation the students retake the proctored comprehensive ATI exam. As students near graduation, the class attends presentations by vendors who provide NCLEX preparation programs. Once the class decides on a particular vendor, the nursing program supplements a portion, up to 100%, of the cost of NCLEX review course for each of the graduates.

Transfer Rate to Baccalaureate and Higher Degrees in Nursing

The Bachelor of Science in Nursing is becoming the preferred level of education for many employers in Ventura and Los Angeles Counties. As a result, even before students enter the program they are counseled to take general education course requirements that transfer to BSN programs within the CSU and UC systems. Once admitted to the nursing program, students are encouraged by their instructors to continue their education, and emphasis is placed on the importance of being a life-long learner.

Graduates of the nursing program at Moorpark College are encouraged to pursue higher degrees in nursing; the goal is that 30% of each graduating class will do so within one year of graduation. Over the past five academic years there has been significant variation in this particular statistic. The lowest measurement was 15% enrolled in 2012-2013, while in the past two years, 45% of each graduating class was enrolled in a BSN program or higher. Contributing at least in part to this

increase is the established collaboration between Moorpark College and California State University Channel Islands (CSUCI), which offers the ADN to BSN Fast Track as one of several options. Additionally, the increased availability of distance and on-line learning programs make returning to school a viable option for working new graduates. A major incentive of graduates to pursue their BSN is that many employers now require or prefer to hire BSNs. The Moorpark College ADN program will continue to explore additional pathways leading to articulation with BSN programs within the CSU system, including CSUCI.

Five Year Plan

It is always exciting to look to the future, and especially so in the field of nursing education. A five year plan has been developed for the nursing program at Moorpark College. It is based on the program outcomes, the evolving needs and opportunities of the healthcare industry, and the learning needs of the students. Very briefly, as a department and as individuals, we plan to:

- Continue curriculum innovation to provide leadership in nursing

- Continue to refine curriculum and resources in order to meet retention goals

- Increase the articulation process with advanced degree programs to ease the student's transfer into baccalaureate programs

- Continue to develop new and existing relationships with industry agencies for clinical placement and mentorship

The nursing program at Moorpark College is successful, and this is in part due to a commitment to meeting student needs. We will continue to do so through innovation, adaptation, and collaboration.

Required Documents and Attachments to the Continuing Approval Self-Study Report

Please submit the following documents and attachments with your Continuing Approval Report.
- **Current College/University Catalog (2 copies)**
- **Current Student Handbook (2 copies)**
- **Course Syllabi**   (Binder)
- **Class Schedule**

Section 1A: Program Director and Assistant Director
- Position Descriptions for Program Director and Assistant Director (Appendix 2A & 2B)
- Attach nursing program and college/university organizational chart(s) (Appendix 8C & Appendix 1)

Section 1B: Summary of major program events.

Section 2: Total Program Evaluation Plan
Summary statements on the implementation of the evaluation plan.
Include specific data and action plan taken or considered. (Appendix 11)

Section 3: Sufficiency of Resources – No required attachment.

Section 4: Program Administration and Faculty Qualification
- Attach a list of teaching faculty, noting full-time and part-time status, and BRN approved category. (Appendix 4)
- Attach a list of faculty assignments, noting theory and clinical responsibilities (Nursing Curriculum and Clinical Facilities, EDP-P-11). (Appendix 7)
- Attach Report on Faculty, EDP- P-10. (Appendix 5)

Section 5: Curriculum
- Attach the program philosophy, unifying theme/conceptual framework, and terminal program objectives/outcomes. (Appendix 3A, Appendix 3B, & Appendix 3C)
- Attach Signed/Approved BRN forms:
  - Total Curriculum Plan (EDP-P-05) (Appendix 3D)
  - Required Curriculum: Content Required for Licensure (EDP-P-06) (Appendix 3E)
- Clinical Evaluation Tools: Clinical Portfolio and Competency Checklist (Binder)
- Any matrices developed for content, outcomes, skills competency, etc.:
  Systematic Program Evaluation Plan (Appendix 11)
- Course syllabi (Binder)
- Preceptor Handbook (guideline) (Binder)

Section 6: Clinical Facilities
- Attach a list of clinical facilities used along with contract expiration dates. (Appendix 8A)
- Attach a generic contract used for clinical affiliation. (Appendix 8B)

Section 7: Student Participation – No required attachment.

Section 8: Conclusion – No required attachment.

Appendix

A1. **Organizational Chart**

A2. **Job Descriptions**
   A. ADN Director
   B. ADN Assistant Director
   C. Full-Time Nursing Faculty
   D. Part-Time Nursing Faculty

A3. **Curriculum**
   A. Program Philosophy
   B. Organizing Framework
   C. Terminal Program Objectives/Outcomes
   D. Total Curriculum Plan EDP-P-05a
   E. Required Curriculum: Content Required for Licensure EDP-P-06
      Table A: Interrelatedness between Scope of Nursing and Require Curriculum
      Table B: Competency and the Curriculum Unifying Theme and Design
      Table C: Required Curriculum Criteria
      Table D: QSEN Integrated Simulation Scenarios
      Table E: Congruency between Theory and Clinical Courses

A4. **Faculty Profile**

A5. **Report on Faculty EDP-P-10/10a**

A6. **Faculty to Student Ratio Determinates**

A7. **Fall 2011 Nursing Curriculum and Clinical Facilities EDP-P-11**

A8. **Clinical Facilities**
   A. Contract Tracking Sheet
   B. Generic Clinical Affiliation Contract
   C. Channels of Communication Chart
   D. Clinical Rotation Schedule Sample

A9. **Program Review Surveys**

A10. **Total Program Evaluation Data**
   Table A: Attrition Rate
   Table B: Retention Rate (On Schedule Completion)
   Graph A: Retention Rate (On Schedule Completion)
   Table C: NCLEX Pass Rate
   Graph B: NCLEX Pass Rate
   Graph C: Graduate Employment Rate (At Six Months)
   Graph D: Withdrawal from Program by Reason and Year (All Semesters)

A11. **Systematic Program Evaluation Plan**

Health Sciences Department Organizational Chart
Lines of Authority and Channels of Communication between the Institution and ADN Program

President
Luis Sanchez

Interim Executive Vice President
Dr. Julius Sokenu

Vice President of Business Services
Silvia Barajas

Dean of Student Learning
Dr. Norman Marten

Coordinator of Health Sciences
Nursing/EMT Program Director
Dr. Carol Higashida

Fiscal Agent for Nursing Grants
Sylvia Mojica

Department Office
Administrative Assistant Marcela Hernandez
Office Assistant Crystal Wirth

Assistant to the Coordinator Nursing
Christina Lee

Student Worker

EMT Clinical Coordinators
Dan Kost & Kristen Shorts

RADT Program
Director Bob Darwin

Instructional Lab Tech II (Nursing)
Carol Fox & Sarah Cornelsen

Nursing Faculty
Instructional Teams

EMT Faculty

Optical Technology
Faculty (Fall 2017)

RADT Faculty

Level I

Level II

Health
Sciences &
Nutrition
Faculty

Christina Lee
Jeny Joy
Semester 1

Linda Loiselle
Michelle Dieterich
Semester 2

Olga Myshina
Dalila Sankaran
Semester 3

Jamee Maxey
Argelia
Clifford

Bobby Briscoe	Autumn Muntz	Michelle Dieterich (FT)	Autumn Muntz
Shirley Collins	Olga Myshina (FT)	Jeny Joy (FT)	Sherry Nantroup
Argelia Clifford (FT)	Dalila Sankaran (FT)	Janet Latonio	Mae Roa
Valentina Ira	Michele Wargo-Sugleris	Linda Loiselle (FT)	
Jamee Maxey (FT)			

Moorpark College Associate Degree Nursing Director
Job Description

The Director of the Registered Nursing Program is full time equivalent FTE faculty with 100% release time for the supervision of the allied health programs and participants in all matters concerning instruction, curriculum, staff and students. The Nursing Director posses the qualifications specified by the Board of Registered Nurses (BRN) according to the California Code of Regulations Section 1424 & 1425. The Director of the program is directly responsible to the Dean of Student Learning. The Director is responsible for the areas listed below

ADMINISTRATION
- Develop and administers the budget
- Seeks additional funding sources, grant development, etc.
- Supervise ordering maintaining supplies and equipment
- Screen and participate in the recommending of candidates for faculty appointment
- Provide required reports for program accreditation and Moorpark College
- Coordinate the faculty efforts in maintaining program accreditation
     BRN approval/ visit preparation/ documentation
     ACEN affiliation/ approval visit/ documentation
- Initiate and maintain contractual agreements with service agencies used for student clinical placements
- Chair ADN faculty committee meetings which determine departmental policies and administers such policies
- Interpret program requirements and objectives to other College departments
- Liaison with Moorpark College services such as financial aid, tutoring, counseling and other programs and services for students
- Conduct research; participate in Moorpark College research
- Supervision of certified and classified personnel and student employees.
- Coordinate and analyze departmental surveys

CURRICULUM
- Maintain continual review of curriculum and faculty assignments
- Facilitate curriculum changes in keeping with societal, community, technological, demographic and Moorpark College changes
- Schedule classes
- Review and revise Moorpark College Catalog information relevant to programs
- Plan new course offerings based on community/student needs assessment
- Participate with faculty in the review and selection of textbooks
- Assure compliance with BRN rules and regulations
- Schedule and conduct curriculum committee meeting to coordinate activities for the achievement of departmental goals

FACULTY
- Schedule faculty assignments
- Oversee workload, to assure compliance with Education Code, Union contract, BRN rules and regulations
- Participate in the evaluation of teaching performance of faculty
- Promote and provide opportunities for staff development
- Oversee use of substitute faculty

COMMUNITY
- Liaison with clinical agencies
- Represent program an Moorpark College as a member of local and regional health committees and boards
- Chair or coordinate advisory committee meetings of community members
- Participates in professional organizations in health care and education
- Act as a resource to the community regarding nursing education and health related programs and issues

COLLEGE
- Advocate for the Nursing Program
- Represent health related issues to campus community
- Represent health sciences on various committees; i.e. Career Education Council (CEC), Curriculum

STUDENTS
- Serve as liaison between students, faculty and administration
- Overseen applications, admission packets and enrollment of new students
- Advertise program by assistance in preparation of application and brochures describing program
- Serve as counselor and advisor to students
- Assure faculty compliance with nursing program and Moorpark College policies affecting students
- Oversee the preparation of students for application to licensure examination
- Develop outcome studies with regard to follow- up data on graduates of program

PROGRAMS
- Oversee curriculum, staffing and operation of all programs under one's jurisdiction

COMMUNICATION
- Provide faculty with ongoing information related to college activities
- Facilitate communications between faculty, students and staff

Performs other duties as assigned

Moorpark College Associate Degree Nursing Assistant Director
Job Description

The position of the Assistant Director of the Registered Nursing Program is responsible held by an ADN Faculty member who possesses the qualification specified by the Board of Registered Nursing (BRN) California Code of Regulations Section 1424 and 1425. The Assistant Director works under the supervision of the Director of the program. The Assistant Director receives .30 FTE release time to accomplish the duties and responsibilities as the Assistant Director as outlined below.

Assistant to the Director of the Associate Degree Nursing Program in the following areas:

Administrative
- Assist in the development and administration of the budget
- Seek additional funding sources, grant development, etc.
- Screen and participate in the recommendation of candidates for faculty appointment
- Provide required reports for program accreditation and Moorpark College
    - BRN approval/visit preparation
    - ACEN affiliation/approval/visit/documentation
- Act as the Director of the program during his/her absence due to illness, attendance at meetings, etc.
- Represent the nursing department on various college committees or at college meetings
- Assume responsibilities for organization of ADN Advisory Committee meetings with Ventura College

Curriculum/Admissions
- Chair the Curriculum & Admissions Committee
- Chair the Advanced Placement Committee
- Assist with the review, revision and proofing of the Moorpark College Catalog and Schedule of Classes

Faculty
- Participate with appropriate faculty in orienting new full and part time faculty
- Maintain and update faculty and student handbooks
- Assist with faculty review and evaluation including assistance in development of professional development plans
- Participate with faculty in hospital annual and individual summation meetings
- Coordinate of on-line courses through Desire2Learn
- Promote and provide opportunities for staff development

Students
- Organize registration for clinical sites
- Serve as an advocate and advisor to students
- Conduct student orientation meetings
- Maintain and update student handbook

Community
- Assist with recruitment and community services activities
- Represent the program and Moorpark College as a member of the department and Moorpark College as a member of local and regional health committees and boards
- Participate in professional organization in health care and education
- Facilitates nursing student volunteerism and volunteer recognition as the MCSNA faculty volunteer liaison.

Moorpark College Associate Degree Nursing Full Time Faculty Role

The Faculty of the Registered Nursing Program is committed to student success and is responsible and accountable for instruction, evaluation, planning and implementing the nursing science curriculum in a caring environment.

The Nursing Science Faculty participates in the shared governance regulations of AB 1725, adheres to the College Faculty policies and procedures in the Moorpark College Faculty Handbook, and adheres to the AFT agreement between the Ventura County Community College District and Ventura County Federation of College Teachers, AFT Local 1828, AFL-CIO.

Students
- Serve as an advocate for students
- Review and revise the admission process as needed
- Serve as counselor and advisor to students
- Comply with policies affecting students
- Participate in student orientation meetings
- Support the Student Nurse Organization

Instruction
- Teach classroom and clinical laboratory assignments
- Serve as liaison with clinical facilities
- Participate in clinical site annual meetings
- Collaborate with colleagues
- Participate in program articulation activities
- Serve as a member or leader of the instructional team and attends or leads all meetings scheduled
- Integrate the philosophy, framework and classroom content into clinical setting
- Demonstrate clinical competence in the clinical area assigned
- Select and supervise learning activities that allow the student to implement and fulfill the course objectives
- Orient students to the clinical setting, provide personnel with clinical objectives and coordinate learning experiences with the administrative staff at the clinical site
- Evaluate the clinical performance and grade all assignments, and maintain records
- Lead or participate in clinical site annual meetings
- As part of the teaching team, plan, develop, coordinate, asses and evaluate educational objectives in the clinical setting
- Collaborate with colleagues

Curriculum
- Participate in research and evaluation of program outcomes and utilize in curriculum and program development
- Participate in the continual review, development and revision of curriculum
- Review, revise and develop policies, program philosophy, framework and methods of evaluation and grading
- Assist with the review and revision of the Moorpark College Catalog
- Participate in the review and selection of textbooks

Faculty Team Member
- Provide input in the development of the budget
- Maintain instructional equipment inventories and submit request for instructional equipment supplies as needed
- Serve on Department, and College Committees and Teaching Teams
- Participate in Program Accreditation activities
    - BRN approval/visit/preparation/document
    - ACEN affiliation/approval visit/documentation
- Participate in the review and development of department standards and policies regarding students preparation and success
- Interpret program requirements and objectives to other College departments and the Community
- Participates in orientating and mentoring new full-time and part-time faculty

Community
- Assist with recruitment, student volunteer and community services activities
- Represent program and Moorpark College in community service activities
- Participates in professional organizations in health care education
- Assist with promotion of the Nursing Program and the Health Sciences to the community
- Continue professional development

Moorpark College Associate Degree Nursing Part Time Faculty Role

The Part Time Faculty of the Registered Nursing Program is committed to student success and is responsible and accountable for instruction, planning and implementing the nursing science curriculum in a caring environment.

The Nursing Science Faculty participates in the shared governance regulations of AB 1725, adheres to the College Faculty policies and procedures in the Moorpark College Faculty Handbook, and adheres to the AFT agreement between the Ventura County Community College District and Ventura County Federation of College Teachers, AFT Local 1828, AFL-CIO.

Students
- Serve as an advocate for students
- Serve as counselor and advisor to students
- Comply with policies affecting students
- Support the Student Nurse Organization

Instruction
- Teach classroom and/or clinical laboratory assignments on hourly basis
- Serve as a member of the instructional team and attends all meetings scheduled during the eight (8) week course
- Integrate the philosophy, framework and classroom content into clinical setting
- Demonstrate clinical competence in the clinical area assigned
- Select and supervise learning activities that allow the student to implement and fulfill the course objectives
- Orient students to the clinical setting, provide personnel with clinical objectives and coordinate learning experiences with the administrative staff at the clinical site
- Evaluate the clinical performance and grade all assignments, and maintain records
- Participate in clinical site annual meetings
- As part of the teaching team, plan, develop, coordinate, asses and evaluate educational objectives in the clinical setting
- Collaborate with colleagues

Curriculum
- Serve as a member of the Curriculum Committee and attends all meeting during the eight (8) week course
- Participate in research and evaluation of program outcomes and utilize in curriculum and program development
- Participate in the continual review, development and revision of curriculum
- Participate in the review, revision and development of policies, program philosophy, framework and methods of evaluation and grading
- Participate in the review and selection of textbooks

Faculty Team Member
- Serve as a member of the Faculty Committee and attends all meetings scheduled during the eight (8) week course

- Participate in Program Accreditation activities
    - o BRN approval/visit/preparation/document
    - o ACEN affiliation/approval visit/documentation
- Participate in the review and development of department standards and policies regarding students preparation and success
- Interpret program requirements and objectives to the Community

Community
- Assist with promotion of the Nursing Program and the Health Sciences to the community
- Continue professional development activities

Moorpark College Mission

With a "students first" philosophy, Moorpark College empowers its diverse community of learners to complete their goals for academic transfer, basic skills, and career technical education. Moorpark College integrates instruction and student services, collaborates with industry and educational partners, and promotes a global perspective.

Nursing Program Mission

The mission of the Moorpark College Nursing Program is to prepare graduates to acquire the knowledge, skills, and attitudes essential to the function of Registered Nurses in common and emerging healthcare settings.

Nursing Philosophy

The philosophy, curriculum, and objectives of the program are designed to develop the intellectual, social, and cultural potential of each student in accordance with Moorpark College's stated beliefs and purposes. The purpose of the program is to provide a learning environment so students are able to complete the critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills that are essential to the function of registered nurses in the direct care of patients.

Nursing Practice

Nursing:
1. Is a scientific, community-based dynamic profession which is an integral part of health care services values caring, integrity, ethical practice, diversity, education, service and quality
2. Gives assistance to the individual unable to meet self-care requirements to maintain, attain and/or regain health or a peaceful death
3. Goals are: to empower individuals toward self-care and to increase the health, healing and well-being of individuals, families and communities
4. Utilizes the nursing process for knowledgeable decision making and judgment based on critical thinking, clinical competence, collaboration and accountability
5. Provides relationship-centered care characterized by caring and inclusive communications
6. Roles are: provider of care, manager of care and contributor to the nursing profession

The Individual is:
1. A bio-psycho-socio-cultural-spiritual being with dignity, unconditional worth and rational powers
2. Viewed within the context of their environment

Health is:
1. A changing state on the wellness-illness continuum
2. The structural and functional soundness and wholeness of the individual
3. Determined by the individual's values, beliefs and ability to meet self care requisites or health deviations

Caring for Self and Others is:
1. A basic way of being which is central to nursing
2. Enhanced through self-awareness and personal empowerment
3. A major theme in becoming a knowledgeable, compassionate individual able to respond to human needs
4. Learned by experiencing caring practices between: students and teachers, students and students, nurses and patients and health care team members

Nursing Process is:
A five step systematic method for giving patient-centered care; involving assessing, diagnosing, planning, implementing and evaluating
1. Assessment/nursing diagnosis; identification of patient's universal and development self-care demands and health deviations
2. Establishment of patient outcomes to prevent illness, meet the patient's self care demand, restore health, move the patient toward independent self-care or adaptation to self-care interruptions/decline, and transfer responsibility to family or significant others within the community setting
3. Identification and implementation or nursing measures: preventive (educative/supportive) or restorative (wholly/partially compensatory) and evaluation of outcomes

Nursing Education

Learning:
1. Is a continuous, lifelong, growth process
2. Occurs in the cognitive, affective, and psychomotor domains
3. Proceeds from the simple to the complex and from parts to whole, in which repetition and reinforcement are important aspects
4. Transfer from theory to practice is accomplished through: exercises that promote critical thinking, independent learning, clinical simulation, clinical experience and nursing care plan development

Students:
1. Have diverse learning styles and times, cultural and ethnic backgrounds, objectives and support systems
2. With the assistance of the faculty, assume the responsibility to fulfill the learning objectives utilizing resources and evaluating self realistically

Faculty:
1. Assume responsibility for individualizing approaches to the teaching/learning process by providing measurable learning objectives and a variety of learning experiences
2. Facilitate problem-solving, critical thinking and caring practices
3. Guide and maintain expertise in nursing practice
4. Promote faculty to faculty and faculty to student relationships that are egalitarian and characterized by cooperation and community building

Associate Degree Nursing Graduate

The *Associate Degree Nursing Graduate:* is prepared as a beginning level professional nurse able to provide safe, direct, relationship centered patient care, across the life span to a diverse population in a multitude of practice settings.

Program Threads:

The following concepts are integrated throughout the curriculum:
1. Caring
2. Critical Thinking and Clinical Reasoning
3. Nutrition
4. Patient Advocacy
5. Pharmacology
6. Legal/Ethical Considerations
7. Bio-psycho-socio-cultural-spiritual Patient Needs throughout the Life Cycle
8. Evidence-based Practice
9. Community-based Practice

*Dorothea Orem'*s self-care concept of nursing is consistent with the faculty's beliefs and serves as the unifying framework. Theoretical guidelines for student progression and evaluation are modeled after Benner's concepts of novice practitioner to expert. Faculty reason that the nursing student cannot progress to the "expert" practitioner level during their nursing curriculum; therefore, expectations for student progression within the program are to become a proficient practitioner.

Dorothea Orem's Theory of Self Care
- Theory of Self-Care
- Theory of Self-Care Deficit
- Theory of Nursing System (wholly compensatory, partially compensatory, supportive-educative)

Moorpark College Associate Degree Nursing

Organizing Framework

Member Within Nursing Discipline
- ❑ Values: Caring, Integrity, Ethical Practices, Diversity
- ❑ Education, Service, Quality
- ❑ Ethical/Legal Considerations
- ❑ Nursing Standards of Practice
- ❑ Self-Evaluation
- ❑ Professional Behavior
- ❑ Practice in Diverse Settings
- ❑ Teaching/Life-Long Learning

Manager of Care
- ❑ Delegation
- ❑ Collaboration
- ❑ Management/Leadership
- ❑ Collegiality
- ❑ Continuity of Care
- ❑ Informatics

Critical Competencies
- ❑ *Safety, Technical Skills*
- ❑ *Critical Thinking and Clinical Reasoning*
- ❑ *Communication*
- ❑ *Responsibility/Accountability*
- ❑ *Organization/Prioritization*

Beginner

Proficient Practitioner

Student

Provider of Care
- ❑ Caring
- ❑ Patient-Centered Care
- ❑ Evidence-Based Practice
- ❑ Critical Thinking/Clinical Reasoning
- ❑ Self-Care Concepts
- ❑ Patient Advocacy
- ❑ Preventive→Restorative Care
- ❑ Confidentiality
- ❑ Nutrition
- ❑ Pharmacology

MOORPARK COLLEGE ASSOCIATE DEGREE NURSING OUTCOMES

Educational Outcomes

The faculty support the competencies developed by the Council of Associate Degree Programs of the National League for Nursing and believe that the Associate Degree Nursing graduate of Moorpark College fulfills the roles of provider of care, manager of care and member within the nursing discipline. Additionally, graduates are prepared to practice within the California Nurse Practice Act parameters. The graduate demonstrates competencies in these five critical elements detailed in the terminal objectives of the program:

1. Safety and Technical Skills
2. Critical Thinking and Clinical Reasoning
3. Communication
4. Responsibility and Accountability
5. Organization and Prioritization

Program Outcomes

Upon completion of the program, the graduate will have acquired the following knowledge, skills, and attitudes:

1. The student will complete the program within four consecutive semesters and upon graduation be prepared to pass the NCLEX examination, resulting in licensure as a Registered Nurse.
2. The graduate will be prepared for employment as a competent entry-level Registered Nurse.
3. The graduate will demonstrate safety and perform technical skills that lead to safe, high quality patient-centered care.
4. The graduate will exhibit critical thinking and clinical reasoning skills that lead to safe, high quality patient-centered care.
5. The graduate will demonstrate effective communication skills that lead to safe, high quality patient-centered care.
6. The graduate will assume responsibility and accountability in providing safe, high quality patient-centered care.
7. The graduate will demonstrate proficient organization and prioritization skills to providing safe, high quality patient-centered care.
8. The graduate will embrace lifelong learning and pursue higher degrees in nursing.

Moorpark College Nursing Program Outcomes - Level I and II

Level I Nursing Science 1 Outcomes	Level I Nursing Science 2 Outcomes	Level II Nursing Science 3 Outcomes	Level II Nursing Science 4 Outcomes
A. Provider of Care. Demonstrate caring and implement the nursing process by providing competent nursing care to individuals across the life span and across a variety of clinical settings, who require assistance to maintain or restore their optimum states of health and self-care or support to die with dignity.	**A. Provider of Care.** Demonstrate caring and implement the nursing process by providing competent nursing care to individuals across the life span and across a variety of clinical settings, who require assistance to maintain or restore their optimum states of health and self-care or support to die with dignity.	**A. Provider of Care.** Demonstrate caring and implement the nursing process by providing competent nursing care to individuals across the life span and across a variety of clinical settings, who require assistance to maintain or restore their optimum states of health and self-care or support to die with dignity.	**A. Provider of Care.** Demonstrate caring and implement the nursing process by providing competent nursing care to individuals across the life span and across a variety of clinical settings, who require assistance to maintain or restore their optimum states of health and self-care or support to die with dignity.

Critical Competency #1: Safety/Technical Skills			
1.0 Nursing Science 1 students will provide caring, competent primary nursing care to 1-2 patients with common, acute and chronic health and self-care needs across the life span and practice settings, including preventive, acute, rehabilitation and ambulatory.	1.0 Nursing Science 2 students will provide caring, competent primary nursing care to 2 patients with common, acute and chronic health and self-care needs across the life span and practice settings, including preventive, acute, rehabilitation and ambulatory.	1.0 Nursing Science 3 students will provide caring, competent primary nursing care to 2-3 patients with common to complex, well-defined, acute and chronic health and self-care needs across the life span and practice settings including preventative acute, rehabilitation, and ambulatory.	1.0 Nursing Science 4 students will provide caring, competent nursing care to 3-6 patients (or according to state standards for nurse to patient ratios) with common to complex, well-defined, acute and chronic health and self-care needs across the life span and practice settings including preventative acute, rehabilitation, ambulatory and critical care.
1.1 Comprehend and demonstrate basic methods of maintaining patients' universal requisites, comfort and safety. Demonstrate effective use of technology and standardized practices, including the National Patient Safety Goals that support safety and quality (QSEN-Safety/Skills).	1.1 Examine and explain patients' universal requisites, comfort and safety. Examines how the safety, quality and cost-effectiveness of health care can be improved through the active involvement of patients and families (QSEN-Patient Centered Care/Knowledge).	1.1 Predict and relate patients' universal requisites, comfort and safety. Continue to examine how the safety, quality and cost-effectiveness of health care can be improved through the active involvement of patients and families (QSEN-Patient Centered Care/Knowledge).	1.1 Evaluate and critique patients' universal requisites, comfort and safety. Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self care management (QSEN-Patient Centered Care/Attitudes).
1.2 Correctly indicate and begin to apply principles of administration and monitoring of prescribed medical regimens and nursing procedures with direct supervision.	1.2 Apply principles to safely and correctly administer and monitor medical regimen and nursing procedures with direct supervision.	1.2 Apply analysis of multiple principles to safely and correctly administer and monitor medical regimen and nursing procedures with minimal supervision.	1.2 Continue to apply analysis of multiple principles to safely and correctly administer and monitor medical regimen and nursing procedures.
1.3 Recall and demonstrate accurate preparation and administration of meds (Oral, buccal, sublingual, enteral, rectal, vaginal, nasal, inhaled, topical, transdermal, intradermal, SQ, IM, otic, ophthalmic.) and monitor maintenance IV therapy with direct supervision, in a reasonable time frame, with accurate math skills, knowledge of patient, medications, and correct administration technique.	1.3 Examine and plan accurate preparation and administration of all medication identified in NS1 plus IVPB. Monitors IV therapy with direct supervision, in a reasonable time frame, with accurate math skills, knowledge of patient, medications, and correct administration technique.	1.3 Examine and plan accurate preparation and administration of all medication identified in NS1 and NS2. Monitors IV and IV nutrition therapy with direct supervision, in a reasonable time frame, with accurate math skills, knowledge of patient, medications, and correct administration technique.	1.3 Examine and plan accurate preparation and administration of all medication identified in NS1, NS2 and NS3. Monitors IV and IV nutrition therapy with direct supervision, in a reasonable time frame, with accurate math skills, knowledge of patient, medications, and correct administration technique.

1.4 Recognize inconsistencies in prescribed nursing and medical regimen and knows when to seek assistance.	1.4 Identify inconsistencies in prescribed nursing and medical regimen and knows when to seek assistance.	1.4 Identify inconsistencies in prescribed nursing and medical regimen and with assistance, intervenes appropriately.	1.4 Independently identify inconsistencies in prescribed nursing and medical regimen. Identify problem solving techniques and intervene appropriately.
1.5 Distinguish and begin to apply when to act as the patient advocate in incorporating the patient in decisions regarding plan of care.	1.5 Act as the patient advocate by designing the plan of care by incorporating the patient in decision-making. Recommend strategies to empower patients or families in all aspects of the health care process *(QSEN-Patient Centered Care/Knowledge).*	1.5 Act as the patient advocate by designing the plan of care by incorporating the patient in decision-making. Remove barriers to presence of families and other designated surrogates based on patient preferences *(QSEN-Patient Centered Care/Skills).*	1.5 Act as the patient advocate by designing the plan of care by incorporating the patient in decision-making. Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self care management *(QSEN-Patient Centered Care/Skills).*
Critical Competency #2: Critical Thinking and Clinical Reasoning			
2.0 Implement clinical decision making with assistance, utilizing the nursing process applied to diverse individuals and support systems.	2.0 Implement clinical decision making with assistance, utilizing the nursing process applied to diverse individuals and support systems.	2.0 Implement clinical decision making and judgment utilizing the nursing process applied to diverse individuals, support systems and communities	2.0 Implement clinical decision making and judgment utilizing the nursing process applied to diverse individuals, support systems and communities
2.1 Assessment			
2.1.1 Systematically collect data, eliciting patient's values, cultural preference, and needs *(QSEN-Patient Centered Care/Skills).*	2.1.1 Examine systematically collected data. Value the patient's expertise with own health and symptoms *(QSEN-Patient Centered Care/Attitudes).*	2.1.1 Examine and explain systematically collected data. Continue to value the patient's expertise with own health and symptoms *(QSEN-Patient Centered Care/Attitudes).*	2.1.1 Justify and support systematically collected data. Continue to value the patient's expertise with own health and symptoms *(QSEN-Patient Centered Care/Attitudes).*
2.1.2 Identify information to contribute to a data base.	2.1.2 Formulate pertinent contributions to the patient data base.	2.1.2 Contribute pertinent information to the data base	2.1.2 Analyze contributed data and identify changes.
2.1.3 Explain why information and technology skills are essential for safe patient care *(QSEN-Informatics/Knowledge).*			
2.1.4 Identify essential information that must be available in a common database to support patient care *(QSEN-Informatics/Knowledge).*	2.1.4 Contrast benefits and limitations of different communication technologies and their impact on safety and quality *(QSEN-Informatics/Knowledge).*	2.1.4 Continue to contrast benefits and limitations of different communication technologies and their impact on safety and quality *(QSEN-Informatics/Knowledge).*	2.1.4 Continue to contrast benefits and limitations of different communication technologies and their impact on safety and quality *(QSEN-Informatics/Knowledge).*

2.1.5 Navigate the electronic health record *(QSEN-Informatics/Skills).*	2.1.5 Continue to navigate the electronic health record *(QSEN-Informatics/Skills).*	2.1.5 Continue to navigate the electronic health record *(QSEN-Informatics/Skills).*	2.1.5 Continue to navigate the electronic health record *(QSEN-Informatics/Skills).*
2.1.6 Document and plan patient care in an electronic health record *(QSEN-Informatics/Skills).*	2.1.6 Continue to document and plan patient care in an electronic health record *(QSEN-Informatics/Skills).*	2.1.6 Continue to document and plan patient care in an electronic health record *(QSEN-Informatics/Skills).*	2.1.6 Continue to document and plan patient care in an electronic health record *(QSEN-Informatics/Skills).*
	2.1.6 Employ communication technologies to coordinate care for patients *(QSEN-Informatics/Skills).*	2.1.6 Continue to employ communication technologies to coordinate care for patients *(QSEN-Informatics/Skills).*	2.1.6 Continue to employ communication technologies to coordinate care for patients *(QSEN-Informatics/Skills).*
2.1.8 Protect confidentiality of protected health information in electronic health record			
2.2 Diagnosis			
2.2.1 Recognize actual or potential self care demands/deficits	2.2.1 Investigate actual or potential self-care demands/deficits	2.2.1 Identify actual or potential self care demands/deficits.	2.2.1 Identify actual or potential self care demands/deficits.
2.2.2 Comprehend patient data to select a Nursing Diagnosis on the basis of beginning analysis and interpretation of data.	2.2.2 Select a nursing diagnosis based on the examination and understanding of data.	2.2.2 Compose multiple nursing diagnoses on the basis of analysis and interpretation of data	2.2.2 Formulate a priority nursing diagnosis on the basis of analysis and interpretation of data
2.3 Planning			
2.3.1 Indicate patient centered goals. Describe the importance of active partnership with patients or designated surrogates in planning of care *(QSEN Patient Centered Care/Knowledge)*	2.3.1 Identify patient centered goals. Engage in active partnership with patients or designated surrogates in planning of care *(QSEN-Patient Centered Care/Skills).*	2.3.1 Develop patient centered goals. Continue to value active partnership with patients or designated surrogates in planning of care *(QSEN-Patient Centered Care/Attitudes).*	2.3.1 Compose patient centered goals. Continue to value active partnership with patients or designated surrogates in planning of care *(QSEN-Patient Centered Care/Attitudes).*
2.3.2 Use rudimentary application of assessment information to establish priorities	2.3.2 Establish priorities	2.3.2 Analyze priorities	2.3.2 Evaluate priorities
2.3.3 Explain and prepare an individualized care plan with interventions that follow established nursing protocols and criteria for evaluation.	2.3.3 Identify and write an individualized care plan with interventions that are designed to follow established nursing protocols and criteria for evaluation.	2.3.3 Utilize evidence reports related to clinical practice guidelines to construct an individualized care plan *(QSEN Evidenced Based Practice/Skills)*	2.3.3. Utilize evidence reports related to clinical practice guidelines to design an individualized care plan. Value the need to continuous improvement in clinical practice based on new knowledge. *(QSEN-Evidenced based practice/skills and Attitudes)*

		2.3.4 Collaborate with other health care workers, the patients, and significant others in constructing nursing interventions.	2.3.4 Collaborates with other health care workers, the patients, and significant others in constructing nursing interventions.
2.4 Implementation Wholly/Partially/Compensatory Nursing Actions			
2.4.1 Practice Standard Precautions	2.4.1 Identify and practice Standard Precautions	2.4.1 Identify and practice Standard Precautions	2.4.1 Evaluate and practice Standard Precautions
2.4.2 Select implementation of plan of care according to priority goals and begin to recognize the need to adjust priorities as changes occur.	2.4.2 Determine plan of care according to priority of goals and recognize the need to formulate new priorities as changes occur.	2.4. Describe how the strength and relevance of evidence influences the choice of interventions in patient centered care *(QSEN-Evidence Based Practice/Knowledge)*	2.4.2 Implement plan of care according to priority of goals. Anticipate need for changes in priority based on patient values, clinical expertise, and evidence *(QSEN-Evidence Based Practice/Knowledge).*
2.4.3 With moderate direction, initiate nursing interventions in response to patient's self-care needs and/or deficits to maintain physical and emotional comfort *(QSEN). Not sure where this is from.*	2.4.3 Formulate new nursing interventions in response to patient's self-care needs and or deficits. Elicit patient values, preferences and expressed needs during implementation of care *(QSEN-Patient Centered Care/Skills).*	2.4.3 Revise nursing interventions in response to patient's self-care needs and or deficits. Continue to elicit patient values, preferences and expressed needs during implementation of care *(QSEN-Patient Centered Care/Skills).*	2.4.3 Revise nursing interventions in response to patient's self-care needs and or deficits. Continue to elicit patient values, preferences and expressed needs during implementation of care *(QSEN-Patient Centered Care/Skills).*
2.4.4 Provide patient-centered care with sensitivity and respect for the diversity of human experience *(QSEN-Patient Centered Care/Skills).*	2.4.4 Continue to provide patient-centered care with sensitivity and respect for the diversity of human experience *(QSEN-Patient Centered Care/Skills).*	2.4.4 Continue to provide patient-centered care with sensitivity and respect for the diversity of human experience *(QSEN-Patient Centered Care/Skills).*	2.4.4 Continue to provide patient-centered care with sensitivity and respect for the diversity of human experience *(QSEN-Patient Centered Care/Skills).*
2.5 Use current technology to enhance patient care. Supportive/Educative Nursing Actions			
2.5.1 Determine for an environment conducive to restoration and maintenance of patient's ability to meet self-care requirements.	2.5.1 Identify for an environment conducive to restoration and maintenance of patient's ability to meet self-care requirements.	2.5.1 Assess for an environment conducive to restoration and maintenance of patient's ability to meet self-care requirements.	2.5.1 Assess and create an environment conducive to restoration and maintenance of patient's ability to meet self-care requirements.
2.5.2 Seek education about how informatics managed in care settings before providing care *(QSEN-Informatics/Skills).*	2.5.2 Continue to seek education about how informatics managed in care settings before providing care *(QSEN-Informatics/Skills).*	2.5.2 Continue to seek education about how informatics managed in care settings before providing care *(QSEN-Informatics/Skills).*	2.5.2 Continue to seek education about how informatics managed in care settings before providing care *(QSEN-Informatics/Skills).*

2.5.3 Teach health care to individuals and groups. a. Identify evident situations in which patients need information or support to maintain or regain health. b. Implement an appropriate teaching plan specific to the patient's level of development, knowledge, culture, and learning needs. c. Support/reinforce teaching of other health care professionals. d. Perform rudimentary evaluation of effectiveness of patient learning. e. Provide for continuing care and express how to support the patient's right to die with dignity.	2.5.3 Teach health care to individuals and groups: a. Identify evident situations in which patients are not aware of the need for information or support to maintain or regain health. b. Elicit patient values, preferences and expressed needs as part of the teaching plan *(QSEN-Patient Centered Care/Skills)*. c. Contribute to the teaching plan to support/reinforce the teaching of other healthcare professionals. d. Evaluate effectiveness of patient learning. e. Determine the continual plan of care including patient values, preferences and expressed needs to preserve the dignity and rights of the dying patient. *(QSEN-Patient Centered Care/Skills)*. f. Recognize personally held values and beliefs about the management of pain or suffering *(QSEN-Patient Centered Care/Attitudes))*.	2.5.3 Teach health care to individuals and groups: a. Identify situations in which patients need information or support to maintain or regain health. b. Implement an appropriate teaching plan specific to the patient's level of development, knowledge, culture, and learning needs. Continue to elicit patient values, preferences, and expressed needs as part of the teaching plan (QSEN-Patient Centered Care/Skills). c. Formulate the teaching plan to support/reinforce the teaching of other healthcare professionals. d. Evaluate effectiveness of patient learning. e. Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed *needs (QSEN-Patient Centered Care/Skills)*. f. Appreciate the role of the nurse in relief of all types and sources of pain or suffering *(QSEN-Patient Centered Care/Attitudes)*.	2.5.3 Teach health care to individuals and groups: a. Identify situations in which patients are not aware of the need for information or support to maintain or regain health. b. Implement an appropriate teaching plan specific to the patient's level of development, knowledge, culture, and learning needs. Continue to elicit patient values, preferences, and expressed needs as part of the teaching plan (QSEN-Patient Centered Care/Skills). c. Formulate and evaluate the teaching plan to support/reinforce the teaching of other healthcare professionals. d. Evaluate effectiveness of patient learning. e. Construct the continual plan of care including patient values, preferences and expressed needs to preserve the dignity and rights of the dying patient*, (QSEN-Patient Centered Care/Skills)*. f. Recognize that patient expectations influence outcomes in management of pain or suffering *(QSEN-Patient Centered Care/Attitudes)*.
2.5.4 Apply technology and information management tools to support safe processes of care *(QSEN-Informatics/Skills)*.	2.5.4 Continue to apply technology and information management tools to support safe processes of care *(QSEN-Informatics/Skills)*.	2.5.4 Continue to apply technology and information management tools to support safe processes of care *(QSEN-Informatics/Skills)*.	2.5.4 Continue to apply technology and information management tools to support safe processes of care *(QSEN-Informatics/Skills)*.

2.6 Evaluation			
2.6.1 Evaluation a. Recognize the effects of nursing interventions on the status of the patient. b. Participate with patient, significant others and team members in evaluating patient's progress toward goals with moderate supervision. c. Revise plan as needed with moderate guidance	2.6.1 Evaluation a. Examine the effects of nursing interventions on the status of the patient. b. Participate with patient, significant others, and team members in evaluating patient's progress toward goals. c. Assess, justify and revise patient plan of care as needed.	2.6.1 Evaluation a. Analyze how students and others interpret the effects of nursing interventions on the status of the patient. b. Participate with patient, significant others and team members in evaluating patient's progress toward goals. c. Assess, justify and revise patient plan of care as needed. d. Describe approaches for changing processes of care to improve outcomes *(QSEN-Quality Improvement/knowledge)*	2.6.1 Evaluation a. Predict and analyze the effects of nursing interventions on the status of the patient. b. Participate with patient, significant others, and team members in evaluating patient's progress toward goals. c. Assess, justify and revise patient plan of care as needed. d. Identify a small test of change in daily work [using an experiential learning method such as Plan-do-stud-act] *(QSEN-Quality Improvement/Knowledge)*
Critical Competency #3: Communications			
3.0 Provide relationships characterized by caring and inclusive communications.	3.0 Provide relationships characterized by caring and inclusive communications.	3.0 Provide relationships characterized by caring and inclusive communications.	3.0 Provide relationships characterized by caring and inclusive communications.
3.1 Maintain confidentiality	3.1 Maintain confidentiality. Value seeing health care situations "through patient's eyes" *(QSEN-Patient Centered Care/Attitudes).*	3.1 Maintain confidentiality. Respect and encourage individual expression of patient values, preferences, and expressed needs *(QSEN-Patient Centered Care/Attitudes).*	3.1 Maintain confidentiality. Value the patient's expertise with own health and symptoms *(QSEN-Patient Centered Care/Attitudes).*
3.1.2 Protect confidentiality of protected health information in electronic health record *(QSEN-Informatics/Attitudes).*	3.1.2 Protect confidentiality of protected health information in electronic health record *(QSEN-Informatics/Attitudes).*	3.1.2 Protect confidentiality of protected health information in electronic health record *(QSEN-Informatics/Attitudes).*	3.1.2 Protect confidentiality of protected health information in electronic health record *(QSEN-Informatics/Attitudes).*
3.2 Utilize principles of verbal/non-verbal communication to assess self, patient and support system with assistance.	3.2 Analyze verbal/non-verbal communication of self, patient, and support system.	3.2 Develop principles of verbal/non-verbal communication to assess self, patient and support system.	3.2 Interpret and evaluate verbal/non-verbal communication of self, patient, and support system.

3.3 Express appropriate communication skills to communicate with patients of all developmental ages, support systems, and interdisciplinary team members.	3.3 Identify appropriate communication skills with patients of all developmental ages, support systems, and interdisciplinary team members. Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds *(QSEN-Patient Centered Care-Attitudes).*	3.3 Develop appropriate communication skills to communicate with patients of all developmental ages, support systems, and interdisciplinary team members. Communicate care provided and needed at each transition in care *(QSEN-Patient Centered Care/Skills)*	3.3 Discriminate appropriate communication skills with patients of all developmental ages, support systems, and interdisciplinary team members. Value continuous improvement of own communication and conflict resolution skills *(QSEN-Patient Centered Care/Attitudes)*
3.4 Establish functional relationship and promote effective relationships. Recognize boundaries of therapeutic relationship, with clarifications of student's role and accountabilities under conditions of potential overlap in team member functioning *(QSEN-Patient Centered Care/Skills & Teamwork & Collaboration/Skills).*	3.4 Establish functional relationships and promote effective relationships. Recognize the boundaries of therapeutic relationships *(QSEN-Patient Centered Care/Skills).*	3.4 Establish functional relationship and promote effective relationships. Appreciate shared decision making with empowered patients and families, even when conflicts occur *(QSEN-Patient Centered Care/Attitudes)*	3.4 Establish functional relationships and promote effective relationships. Acknowledge the tension that may exist between patient right and the organizational responsibility for professional, ethical care *(QSEN-Patient Centered Care/Attitudes).*
3.4.1 Distinguish and demonstrate caring, nonjudgmental and sensitive behavior in providing care and interpersonal relationships with moderate assistance	3.4.1 Identify caring, nonjudgmental and sensitive behavior in providing care and interpersonal relationships with assistance.	3.4.1 Develop caring, nonjudgmental and sensitive behavior in providing care and interpersonal relationships.	3.4.1 Value caring, nonjudgmental and sensitive behavior in providing care and interpersonal relationships.
3.4.2 Promote psychological safety in interpersonal relationships with moderate assistance	3.4.2 Examine psychological safety in interpersonal relationships with assistance.	3.4.2 Synthesize psychological safety in interpersonal relationships.	3.4.2 Value psychological safety in interpersonal relationships.
3.4.3 Practice implementation of timely and effective conflict resolution with assistance.	3.4.3 Plan timely and effective conflict resolution with assistance.	3.4.3 Support implementation of timely and effective conflict resolution with minimal assistance. Initiate actions to resolve conflict *(QSEN-Teamwork & Collaboration/Skills).*	3.4.3 Support timely and effective conflict resolution. Contribute to resolution of conflict and disagreement *(QSEN-Teamwork & Collaboration/Attitudes).*
3.5 Appropriately communicate and document patient behaviors and response using knowledge and comprehension.	3.5 Examine appropriate communication and documentation of patient behavior and response.	3.5 Formulate appropriate communication and document patient behaviors and response.	3.5 Evaluate appropriate communication and documentation of patient behavior and response.

B. Member within the Discipline of Nursing Demonstrates ethical standards of nursing practice	**B. Member within the Discipline of Nursing** Identifies and implements ethical standards of nursing practice and verifies that patient care is within the ethical and legal framework of nursing	**B. Member within the Discipline of Nursing** Identifies and implements ethical standards of nursing practice and verifies that patient care is within the ethical and legal framework of nursing.	**B. Member within the Discipline of Nursing** Identifies and implements ethical standards of nursing practice and verifies that patient care is within the ethical and legal framework of nursing.
Critical Competency #4: Responsibility and Accountability			
4.0 Practice within the ethical and legal framework of nursing.	4.0 Practice within the ethical and legal framework of nursing.	4.0 Practice within the ethical and legal framework of nursing.	4.0 Practice within the ethical and legal framework of nursing.
4.1 Demonstrates caring, integrity, ethical practice, diversity, education, community service, and quality of care.	4.1 Identifies gaps in caring, integrity, ethical practice, diversity, education, community service, and quality care.	4.1 Examine gaps in caring, integrity, ethical practice, diversity, education, community service, and quality of care.	4.1 Justify gaps in caring, integrity, ethical practice, diversity, education, community service, and quality care.
4.1.1 Recall principle of ethics to begin to recognize, explore and seek assistance related to ethical dilemmas in practice.	4.1.1 Recognizes ethical dilemmas in practice and seeks assistances in problem solving and decision-making.	4.1.1 With assistance, construct a course of action when confronted with ethical dilemmas in practice	4.1.1 Construct and implement a course of action when confronted with ethical dilemmas in practice.
4.2 Foster advanced beginner standards of nursing practice.	4.2 Foster advanced beginner standards of nursing practice	4.2 Foster competent beginner standards of nursing practice.	4.2 Foster proficient standards of nursing practice
4.2.1 Participate in peer review and governance through observation and discussion.	4.2.1 Participate in peer review and governance through observation and governance.	4.2.1 Participate in peer review and governance through observation and governance.	4.2.1 Participate in peer review and governance through observation and governance.
		4.2.2 Demonstrate responsibility and accountability for actions, nursing practice, self-management, and self-evaluation. Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as root cause analysis and failure mode effect analysis) *(QSEN-Safety/Knowledge).*	4.2.2 Demonstrate responsibility and accountability for actions, nursing practice, self-management, self-evaluation, and continuing education. Continue to describe processes used in understanding causes of error and allocation of responsibility and accountability (such as root cause analysis and failure mode effect analysis) *(QSEN-Safety/Knowledge).*

		4.2.3 Identify own strengths and weaknesses and develops and implements plan for correction. Participate appropriately in analyzing errors and designing system improvements *(QSEN-Safety/Skills).*	4.2.3 Analyze own strength and weaknesses and development implements plan for correction with self evaluation. Engage in root-cause analysis rather than blaming when errors or near misses occur *(QSEN-Safety/Skills).*
		4.2.4 Seek assistance for colleague whose behavior indicates a potential impairment. Value vigilance and monitoring of all members of the health care *team (QSEN-Safety/Attitudes).*	4.2.4 Seek assistance for colleague whose behavior indicates a potential impairment. Continue to value vigilance and monitoring of all members of the health care team *(QSEN-Safety/Attitudes).*
4.3 Demonstrate professional behavior through appropriate attendance, appropriate grooming/uniform dress, and without alcohol or substance abuse.	4.3 Demonstrate professional behavior through appropriate attendance, appropriate grooming/uniform dress, and without alcohol or substance abuse.	4.3 Demonstrate professional behavior through appropriate attendance, appropriate grooming/uniform dress, and without alcohol or substance abuse.	4.3 Demonstrate professional behavior through appropriate attendance, appropriate grooming/uniform dress, and without alcohol or substance abuse.
			4.4 Appreciate the necessity for all health professional to seek lifelong, continuous learning of information technology skills *(QSEN-Informatics/Attitudes).*
C. Manager of Care Demonstrate advanced beginner skills in providing care for a group of patients with defined health deviations	**C. Manager of Care** Examine advanced beginner skills in providing care for a group of patients with defined health deviations and revise care accordingly. Seek learning opportunities with patients who represent all aspects of human diversity *(QSEN-Patient Centered Care/Attitudes).*	**C. Manager of Care** Demonstrate competent management and leadership skills, providing care for a group of patients with defined, complex health deviations and revise care accordingly. Provide patient-centered care with sensitivity and respect for the diversity of human experience *(QSEN-Patient Centered Care/Skills)*	**C. Manager of Care** Demonstrate proficient management and leadership skills, providing care for a group of patients with defined, complex health deviations and revise care accordingly. Willingly support patient-centered care for individuals and groups whose values differ from own *(QSEN-Patient Centered Care/Attitudes)*
Critical Competency #5: Organization and Prioritization			
5.1 Establish priorities for 1 – 2 patients' common, low to moderate acuity needs; adapts priorities to changing situations	5.1 Analyze priorities for 2 patients; revises priorities to changing situations.	5.1 Analyze and adapt priorities for 2-3 patients to changing situations.	5.1 Analyze and adapt priorities for up to 6 patients (according to state standards for nurse to patient ratios) to changing situations.

5.2 Organizes and effectively manages 1- 2 patients with common, low to moderate acuity needs in a timely manner	5.2 Organizes and designs the effective care of 2 patients in a timely manner.	5.2 Organize and effectively manage 2-3 patients with common to complex health deviations with moderate acuity needs in a timely manner	5.2 Organize and effectively manage up to 6 patients with common to critical health deviations with moderate to advanced acuity needs in a timely manner.
5.2.1 Value technologies that support clinical decision making, error preventions, and care coordination *(QSEN-Informatics/Attitudes).*	5.2.1 Continue to value technologies that support clinical decision making, error preventions, and care coordination *(QSEN-Informatics/Attitudes).*	5.2.1 Continue to value technologies that support clinical decision making, error preventions, and care coordination *(QSEN-Informatics/Attitudes).*	5.2.1 Continue to value technologies that support clinical decision making, error preventions, and care coordination *(QSEN-Informatics/Attitudes).*
		5.2.2 Begin to delegate aspect of nursing care to team members commensurate with their preparation, experience and job description.	5.2.2 Delegate aspect of nursing care to team members commensurate with their preparation, experience and job description.
		5.2.3 Demonstrate accountability for nursing care delegated other members of the health care team.	5.2.3 Demonstrate accountability for nursing care delegated other members of the health care team.
		5.2.4 Begin to assist other nursing personnel to develop skills in providing nursing care.	5.2.4 Assist other nursing personnel to develop skills in providing nursing care.
5.3 Interact with interdisciplinary health care team members in a collegial manner with assistance.	5.3 Collaborates with interdisciplinary health care team members in a collegial manner with some assistance.	5.3 Collaborates with interdisciplinary health care team members in a collegial manner with minimal assistance.	5.3 Collaborates with interdisciplinary health care team members in a collegial manner.
5.3.1 With assistance, interface appropriately with other resources to provide continuity of care.	5.3.1 Interface appropriately with other resources to examine continuity of care.	5.3.1 With minimal assistance, interface appropriately with other resources to examine continuity of care both within and outside the facility.	5.3.1 Interface appropriately with other resources to examine continuity of care, both within and outside the facility.
5.3.2 Identify channels of communication to begin to utilize them to accomplish goals related to care delivery.	5.3.2 Examines the channels of communication to ensure the accomplishment of goals related to care delivery.	5.3.2 Select channels of communication to begin to utilize them to accomplish goals related to care delivery, with minimal assistance.	5.3.2 Select the channels of communication to ensure the accomplishment of goals related to care delivery.
5.3.3 Collaborate with team members when situation encountered is beyond the student's knowledge and experience.	5.3.3 Examine situations encountered beyond the student's knowledge and experience and collaborates with appropriate team members.	5.3.3 Examine situations encountered beyond the student's knowledge and experience and collaborates with appropriate team members.	5.3.3 Examine situations encountered beyond the student's knowledge and experience and collaborates with appropriate team members.

TOTAL CURRICULUM PLAN

EDP-P-05a (Rev. 07/09)

(916) 322-3350

Submit in duplicate

Name of School: Moorpark College	Date Submitted: 5/30/2013

Type of Program: [ ] Entry Level Master   [ ] Baccalaureate   [✓] Associate Degree

Revision: [ ] Major [✓] Minor   Effective Date: | Fall 2013

For BRN Office Use Only

[✓] Approved [ ] Not Approved

By: _Shelly Ward, REC_

Date: _6-7-2013_

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

Check appropriate year:

[✓] 1   [ ] 2   [ ] 3   [ ] 4

Check: [✓] Semester [ ] Quarter *Wk:

Quarter/Semester Prerequisites	M	S	O	C	P	G	**Wk:	Total Units	Lecture Units	Lecture Hr/Wk	Lab Units	Lab Hr/Wk	Total Hours Lec	Total Hours Lab
ANAT M01							17.5	4	2	2	2	6	35	105
PHSO M01							17.5	4	3	3	1	3	52.5	52.5
MICR M01							17.5	5	3	3	2	6	52.5	105
ENGL M01A							17.5	4	4	4		0	70	0
MATH M03*							17.5	5	5	5		0	87.5	0
(waived if completed 2yrs high school algegra)														
CHEM M11*							17.5	5		4		3	70	52.5
(waived if completed high school chemistry)								27	17	21	5	18	367.5	315

Quarter/Semester 1	M	S	O	C	P	G	**Wk:						Total Hours	
NSM01/1LP1 Beg Nrsg Sci	✓	✓				✓	17.5	8.5	4	4	4.5	13.5	70	236.25
NSM01/1LP2 Beg Nrsg Sci	✓	✓					17.5							
COMM M01							17.5	3	3	3			52.5	0
PE							17.5	1		1			17.5	0
Total								12.5	7	8	4.5	13.5	140	236.25

Quarter/Semester 2	M	S	O	C	P	G	**Wk:						Total Hours	
NSM02/2LP1 Inter Nrsg Sci I			✓	✓			17.5	9.5	5	5	4.5	13.5	87.5	236.25
NSM02/2LP2 Inter Nrsg Sci I	✓	✓					17.5							
PSY M01							17.5	3	3	3		0	52.5	0
GE Math*							17.5	4-5	4-5	4-5			70-87.5	0
Total								16.5-17.5	16.5-17.5	12-13	4.5	13.5	210-227.5	236.25

* Number of weeks per semester / quarter

** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank

Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears   4.3a

TOTAL CURRICULUM PLAN

EDP-P-05a (Rev. 07/09)

(916) 322-3350

Submit in duplicate

Name of School: Moorpark College												Date Submitted: 5/30/2013	
Type of Program: ☐ Entry Level Master ☐ Baccalaureate ☑ Associate Degree												**For BRN Office Use Only**	
Revision: ☐ Major ☑ Minor4 ☐ ☐ ☐ ☐							Effective Date:					☒ Approved ☐ Not Approved	
List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.												By: Shelley Ward, NEC Date: 6-7-2013	

Check appropriate year: ☐ 1 ☑ 2 ☐ 3 ☐ 4								Check: ☑ Semester ☐ Quarter *Wk:					
Quarter/Semester 3								Total Units	Lecture		Lab		Total Hours
	M	S	O	C	P	G	**Wk:	Total Units	Units	Hr/Wk	Units	Hr/Wk	Lec / Lab
NSM03/3LP1 Inte Nrsg Sci II	☑	☑	☐	☐	☐	☐	17.5	9.5	5	5	4.5	13.5	87.5 / 236.25
NSM03/3LP2 Inte Nrsg Sci II	☐	☐	☐	☐	☑	☑							
SOC M01 or ANTH M02	☐	☐	☐	☐	☐	☐	17.5	3	3	3		0	52.5 / 0
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total								12.5	8	8	4.5	13.5	140 / 236.25

Quarter/Semester (Summer)												Total Hours	
	M	S	O	C	P	G	**Wk:						Lec / Lab
GE Physical Science*	☐	☐	☐	☐	☐	☐	17.5	3-5		4		3	70 / 52.5
GE Humanities	☐	☐	☐	☐	☐	☐	17.5	3		3		0	52.5 / 0
GE Fine Arts	☐	☐	☐	☐	☐	☐	17.5	3		3		0	52.5 / 0
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total								9-11	0	10	0	3	175 / 52.5

Quarter/Semester 4												Total Hours	
	M	S	O	C	P	G	**Wk:						Lec / Lab
NSM04/4LP1 Adv Nrsg Sci	☑	☑	☐	☐	☐	☐	17.5	8.5	4	4	4.5	13.5	70 / 236.25
NSM04/4LP2 Preceptorship	☐	☐	☐	☐	☐	☐							
GE History	☐	☐	☐	☐	☐	☐	17.5	3	3	3		0	52.5 / 0
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
	☐	☐	☐	☐	☐	☐							
Total								11.5	7	7	4.5	13.5	122.5 / 236.25

* Number of weeks per semester / quarter
** Type in number weeks for each course, replacing "1"; do not type over "1" if there are extra lines and course is blank
Fill in for each course: number for total units, lecture units, lab units / Do not type in where "0" appears

4.3a

REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE
EDP-P-06 (Rev. 08/09)

(916) 322-3350

Submit In DUPLICATE.

Program Name:	For Board Use Only
Moorpark College	
Type of Program:	Approved
☐Entry Level Master ☐Baccalaureate ☒Associate	by: _Shelley Ward_, NEC
Requesting new Curriculum Approval: ☐Major ☒Minor	Date: _6 - 7 - 2013_
Date of Implementation: Fall 2013	☒ BRN Copy ☒ Program Copy
Academic System: ☒Semester 17.5 weeks/semester	
☐Quarter _____ weeks/quarter	

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

	Semester Units	Quarter Units	Current BRN-Approved Curriculum	Proposed Curriculum Revision *Place asterisk next to proposed change
Nursing	36	54	37.5	*36
Theory	(18)	(27)	18	18
Clinical	(18)	(27)	19.5	*18
Communication Units	6	9	7	7
Science Units	16	24	19	19
TOTAL UNITS LICENSURE	58	87	63.5	*62
Other Degree Requirements *Math M03 (5 U) or Math M15 (4U) taken. Chem 11(5U) or other GE Physical Science (3U) taken.			23-25	*17-20
TOTAL UNITS FOR GRADUATION			86.5-88.5	*79-82

List the course number(s) and titles(s) in which content may be found for the following required content areas:

REQUIRED CONTENT	Course Number	Course Titles
Alcohol & chemical Dependency	NS M03 & M03L	Intermediate Nursing Science II
Personal Hygiene	NS M01 & M01L	Beginning Nursing Science
Human Sexuality	NS M02 & M02L	Intermediate Nursing Science I
Client Abuse	NS M02 & M03, M02L & M03L	Intermediate Nursing Science I, Intermediate Nursing Science II
Cultural Diversity	Integrated	
Nutrition	Integrated	
Pharmacology	Integrated	
Legal Aspects	NS M01 & M04	Beginning Nursing Science, Advanced Nursing Science
Social/Ethical Aspects	Integrated	
Management/Leadership	NS M04 & M04L	Advanced Nursing Science

Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

4.4.1

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Medical-Surgical	NS M01/M01L, NS M02/M02L, NS M03/M03L, NS M04/M04L	Beginning Nursing Science I, Intermediate Nursing Science I & II, Advanced Nursing Science & Labs	4/4.5, 5/4.5, 5/4.5, 4/4.5
Obstetrical	NS M02/M02L	Intermediate Nursing Science I & Intermediate Nursing Science I Lab	(5/4.5)
Pediatric	NS M02/M02L	Intermediate Nursing Science I & Intermediate Nursing Science I Lab	(5/4.5)
Psych/Mental Health	NS M03/M03L	Intermediate Nursing Science II & Intermediate Nursing Science II Lab	(5/4.5)
Geriatrics	NS M01/M01L, NS M03/M03L	Beginning Nursing Science I & Intermediate Nursing Science II	(4/4.5, 5/4.5)
BASIC SCIENCES			
Anatomy	ANAT M01	Human Anatomy	4
Physiology	PHSO M01	Human Physiology	4
Microbiology	MICR M01	General Microbiology	5
Societal/Cultural Pattern	SOC M01 or ANTH M02	Introduction to Sociology or Cultural Anthropology	3
Psychology	PSY M01	Introduction to Psychology	3
COMMUNICATION			
Group	COMM M01	Introduction to Speech	3
Verbal	ENGL M01A	English Composition	4
Written	ENGL M01A	English Composition	
		* TOTAL UNITS	62

* The "TOTAL UNITS" should match "TOTAL UNITS FOR LICENSURE" on page 1.

LVN 30 UNIT OPTION

REQUIRED CONTENT	Course Number	Course Title	Units
NURSING			
Advanced Medical-Surg	NS M04 & M04L	Advanced Nursing Science and Lab	4/4.5
Psych/Mental Health	NS M03 & M03L	Intermediate Nursing Science II and Lab	5/4.5
Geriatrics	NS M03 & M03L	Intermediate Nursing Science II and Lab	(5/4.5)
Management/Leadership	NS M04 & M04L	Advanced Nursing Science and Lab	(4/4.5)
BASIC SCIENCES			
Physiology	PHSO M01	Human Physiology	4
Microbiology	MICR M01	General Microbiology	5
		TOTAL UNITS	27

Signature Program Director/Designee:	Date:
Cuthtyshch	5/15/13

4.4.2

APPENDIX 3E

APPENDIX 3, TABLE A: Inter-relatedness between the Scope of Nursing and the Required Curriculum

Scope Of Regulation Section 2725 California Nursing Practice Act	Curriculum Section 1426	Philosophy and Practice (P)/ Framework (F)/Mission (M)	Program/Level Outcomes	Course/Program Evidence
Nursing is a dynamic field, evolving (a)		(P) Nursing Practice: Nursing is a….dynamic profession (Exhibit II, Student Handbook, pg. 5) (F) Member Within Nursing Discipline…Life-long learning (Appendix 3B)	(4.0) Practices within the legal and ethical framework of nursing (Exhibit II, Student Handbook, pg. 41)	Introduced in the 1st semester, reinforced each semester with exam in NS 4. (Exhibit XI, NS1 Workbook, and Exhibit XIV, NS4 Workbook)
Collaboration (a)	Collegial relations with health care providers from other disciplines (e.4) Communication skills (e.5)	(P) Nursing Practice: Utilizes nursing process for…decision-making based on …collaboration (Exhibit II, Student Handbook, pg. 5) (F) Manager of Care…Collaboration (Appendix 3B)	(2.3.4) Collaborate with other health care workers……(Exhibit II, Student Handbook, pg. 37) (5.3) Collaborates with interdisciplinary team members…(Exhibit II, Student Handbook, pg. 43)	Communication is introduced in 1st semester within interviewing assignments. (Exhibit XI, NS 2 Workbook). Communication is a continuous thread in assignments throughout the program. NS1L and 2L (second eight weeks) are combined clinical labs to encourage collaboration. (Exhibit XI, NS 1 workbook, and XII, NS2 Workbook). NS 3 and NS 4 focus on care management and collaboration with health team members. (Exhibit XIII, NS 3 workbook, and XIV, NS 4 Workbook). NS 4 preceptorship experience (Exhibit XXXIII, Preceptorship Workbook)
Health Care System: Health facilities, Clinics, Home Health Agencies, Physician's Offices, Public/Community Health (a)	Theory and Clinical practices will be in Geriatrics, Medical/Surgical, Mental Health/Psychiatric, Obstetrics/Pediatrics (d)	(M) The mission…prepare graduates…to function…in command and emerging healthcare settings (Exhibit II, Student Handbook, pg. 5)	(A) Demonstrate caring, implement the nursing process… across a variety of clinical settings (Exhibit II, Student Handbook, pg. 34)	Clinical focus: NS1: Extended-care and Medical/Surgical. NS2: Obstetrical, Pediatrics, and Medical/Surgical NS 3: Medical/Surgical, Psych/Mental Health, and Geriatrics. NS4: Medical/Surgical (Exhibit XXX, Total Curriculum Plan)

APPENDIX 3, TABLE A: Inter-relatedness between the Scope of Nursing and the Required Curriculum

Scope Of Regulation Section 2725 California Nursing Practice Act	Curriculum Section 1426	Philosophy and Practice (P)/ Framework (F)/Mission (M)	Program/Level Outcomes	Course/Program Evidence
		(F) Member within Nursing Discipline…Practice in Diverse Settings (Appendix 3B)		
Nursing Practice: Basic health care (b)	Minimal competency standards of a Registered Nurse (b) Basic intervention skills (e.2)	(P) Nursing Practice: Goals are to empower individuals toward self-care and to increase health, healing and well-being of individuals, families, and communities. (Exhibit II, Student Handbook, pg. 5) (F) Provider of Care…Self-Care Concept (Appendix 3B)	(A) … restore their optimal states of health and self-care… (Exhibit II, Student Handbook, pg. 34)	Basic health care/intervention skills are introduced in NS 1 and reinforced in all clinical assignments throughout the program (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Help people cope with difficulties of daily living (b)		(P) Nursing Practice: Gives assistance to meet self-care requirements to maintain, attain and/or regain health (Exhibit II, Student Handbook, Pg. 5)	(1.1) …promote health, safety, and well-being and self-care management. (Exhibit II, Student Handbook, pg. 34)	All levels focus on problems of daily living (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Actual or potential health or illness problems (b)	Nursing Process (e.1) Related behavioral and social sciences… relevant to health-illness (e.7)	(P) Nursing Practice: Identification and implementation or nursing measures…establishment of patient outcomes to prevent illness…restore health (Exhibit II, Student Handbook, pg. 6) (F) Provider of Care…Preventative/Restorative Care (Appendix 3B)	(1.1) Evaluate and critique patient's universal requisites, comfort and safety. (Exhibit II, Student Handbook, pg. 34) (2.2.1) Identify actual or potential self-care demands/deficits. (Exhibit II, Student Handbook, pg. 36)	All courses include the assessment of actual and potential health problems documented in the daily journal and nursing care studies (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).

APPENDIX 3, TABLE A: Inter-relatedness between the Scope of Nursing and the Required Curriculum

Scope Of Regulation Section 2725 California Nursing Practice Act	Curriculum Section 1426	Philosophy and Practice (P)/ Framework (F)/Mission (M)	Program/Level Outcomes	Course/Program Evidence
Nursing Practice: Based on scientific knowledge or technical skill (b)	Related natural sciences (c.3) Natural Science including human anatomy, physiology, and microbiology (e.6)	(P) Nursing Practice: Nursing is a scientific… profession (Exhibit II, Student Handbook, pg. 5)	(2.1.1) Justify and support systematically collected data… (Exhibit II, Student Handbook, pg. 35)	Courses require that interventions be based on scientific rationales from concepts of pathophysiology, nursing process, and the biological sciences (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Direct and Indirect patient care (b.1)	Theory and Clinical practices will be in Geriatrics, Medical/Surgical, Mental Health/Psychiatric Obstetrics/ Pediatrics (d)	(P) Nursing Practice: Roles are provider of care, manager of care… (Exhibit II, Student Handbook, pg. 5) (F) Provider of Care (Appendix 3B)	(A)…implement the nursing process by providing competent nursing care… (Exhibit II, Student Handbook, pg. 34)	All clinical courses provide direct and indirect client-centered care experiences (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
	Nursing leadership/manag ement (d)	(F) Manager of Care (Appendix 3B)	(B) Identifies and implements ethical standards of nursing practice... (Exhibit II, Student Handbook, pg. 41)	NS 4 provides experiences in managing client-centered plans of care and team-leading involving student peers. NS 4 culminates with a120 hour preceptorship experience (Exhibit XIV, NS4 Workbook, Exhibit XXXIII, Preceptor Handbook).
Nursing Practice: Safety/comfort (b.1)	Instructional content shall include...patient protection and safety (d)	(P) Nursing Philosophy:…students …to complete the critical competencies of safety/technical skills. (Exhibit II: Student Handbook, pg. 5) (F) Critical Competencies…Safety /Technical Skills (Appendix 3B)	(1.0-1.5) …provide caring, competent nursing care…evaluate and critique…principles to safely administer and monitor…examine and plan…identify inconsistencies…act as patient advocate. (Exhibit II, Student Handbook, pgs. 34-35)	All clinical courses objectives require maintaining safety and comfort for the patient (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks). Specific safety assignments are found in NS 1 P2 (Alarm Safety and Pain Assignment) and NS 4 P1 (QSEN Daily Assessment) (Exhibits XI, & XIV, NS1 and NS4 Workbooks).
Nursing Practice: Personal hygiene (b.1)	Instructional content shall include….. personal hygiene (d)	(P) Nursing Practice: Establishment of patient outcomes…to… meet the patient's self-care demand (Exhibit II, Student Handbook, pg. 6)	(1.1) Evaluate and critique patient's universal requisites… (Exhibit II, Student Handbook, pg. 34)	All clinical courses integrate patient hygiene skills in all clinical assignments. (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).

APPENDIX 3, TABLE A: Inter-relatedness between the Scope of Nursing and the Required Curriculum

Scope Of Regulation Section 2725 California Nursing Practice Act	Curriculum Section 1426	Philosophy and Practice (P)/ Framework (F)/Mission (M)	Program/Level Outcomes	Course/Program Evidence
Nursing Practice: Protection of patents (b.1)	Instructional content shall include...patient protection.......client abuse (d)	(P) Nursing Practice: Gives assistance to the individual unable to meet self-care requirements (Exhibit II, Student Handbook, pg. 5) (F) Provider of Care (Appendix 3B)	(1.1) Evaluate and critique universal requisites…safety. (Exhibit II, Student Handbook, pg. 34) (1.5) Act as a patient advocate…(Exhibit II, Student Handbook, pg. 35)	Theory incorporates patient protection in the following semesters: NS 1 Patient Bill of Rights and Elder Abuse NS 2 Child Abuse NS 3 Client and Elder Abuse NS 4 Code of Ethics for Nurses (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Disease prevention (b.1)	Basic intervention skills in preventative….nursing (e.2)	(P) Nursing Practice: Establishment of patient outcomes to prevent illness… nursing measures: preventive…(Exhibit II, Student Handbook, pg. 6) (F) Provider of Care…Preventative (Appendix 3B)	(2.5.3) Teach health care to individuals and groups…support to maintain or regain health. (Exhibit II, Student Handbook, pg. 38)	All courses include disease prevention. Clinical courses include health teaching plans and projects. (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Restorative measures (b.1)	Basic intervention skills in rehabilitative nursing (e.2)	(P) Nursing Practice: Establishment of patient outcomes to… restore health… nursing measures: restorative…(Exhibit II, Student Handbook, pg. 16) (F) Provider of Care…Restorative Care (Appendix 3B)	(A) …restore their optimal states of health and self-care… (Exhibit II, Student Handbook, pg. 34) (2.4.3) Revise nursing interventions in response to patient's self-care needs and or deficits. (Exhibit II, Student Handbook, pg. 37)	NS 1L Clinical experience starts in the extended care setting (Exhibit XI, NS 1 Workbook). All clinical levels focus on meeting patient's ability to fulfill self-care requirements (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Medication./Therapeutic Agents Administration (b.2)	Instructional content shall include…..Pharmacology (d)	(P) Nursing Practice: Establishment of patient outcomes to…restore health (Exhibit II, Student Handbook, pg. 6) (F) Critical Competencies…Technical Skills (Appendix 3B)	(1.2)…safely and correctly administer and monitor medical regimen and nursing procedures. (Exhibit II, Student Handbook, pg. 34) (1.3)…accurate preparation and administration of all medication… (Exhibit II, Student Handbook, pg. 35)	NS 1L, 2L, 3L, 4L include clinical objectives for medication administration (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).

APPENDIX 3, TABLE A: Inter-relatedness between the Scope of Nursing and the Required Curriculum

Scope Of Regulation Section 2725 California Nursing Practice Act	Curriculum Section 1426	Philosophy and Practice (P)/ Framework (F)/Mission (M)	Program/Level Outcomes	Course/Program Evidence
Nursing Practice: Performance of skin tests, immunizations, blood withdrawal (b.3)	Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing (e.2)	(P) Nursing Practice: Establishment of patient outcomes to prevent illness...restore health (Exhibit II, Student Handbook, pg. 6) (F) Critical Competencies…Technical Skills. Provider of Care…Preventative(Appendix 3B)	(1.2)…safely and correctly administer and monitor medical regimen and nursing procedures. (Exhibit II, Student Handbook, pg. 34)	NS 1 P2: Performance of skin tests, and capillary blood glucose monitoring NS 2 P1: Immunizations NS 4 P2: Blood withdrawal from central venous catheters. (Exhibits XI, XII, & XIV, NS 1, 2, & 4 Workbooks).
Nursing Practice: Observations: signs/symptoms illness, reactions, behavior, physical condition (b.4)	Nursing Process (e.1) Physical, behavioral, and social aspects of human development… (e.3)	(P) Nursing Practice: Nursing Process is a five step systematic method… (Exhibit II, Student Handbook, pg. 6) (F) Provider of Care…Critical Thinking/Clinical Reasoning (Appendix 3B)	(2.1.1) Justify and support systematically collected data. (Exhibit II, Student Handbook, pg. 35) (2.1.2) Analyze contributed data and identify changes. (Exhibit II, Student Handbook, pgs. 35-36)	All courses include implementation of client assessment as the basis of the nursing process (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Determination of abnormal characteristics (b.4A)	Nursing Process (e.1)	(P) Nursing Practice: Nursing Process… assessment/nursing diagnosis (Exhibit II, Student Handbook, pg. 6) (F) Provider of Care…Critical Thinking/Clinical Reasoning (Appendix 3B)	(2.1.1) Justify and support systematically collected data. (Exhibit II, Student Handbook, pg. 35) (2.1.2) Analyze contributed data and identify changes. (Exhibit II, Student Handbook, pgs. 35-36)	All courses include implementation of client assessment utilizing knowledge of the pathophysiology of disease processes. (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Implementation based on observation (b.4B)	Nursing Process (e.1)	(P) Nursing Practice: Nursing process...identification and implementation... (Exhibit II, Student Handbook, pg. 6) (F) Provider of Care…Critical Thinking/Clinical Reasoning (Appendix 3B)	(2.4.2) Implement plan of care according to priority of goals. Anticipate need for changes…(Exhibit II, Student Handbook, pg. 37) (2.4.3) Revise nursing interventions in response to patient's self-care needs and or deficits. …(Exhibit II, Student Handbook, pg. 37)	All courses include implementation of interventions based on systematic gathering of assessment data (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).

APPENDIX 3, TABLE A: Inter-relatedness between the Scope of Nursing and the Required Curriculum

Scope Of Regulation Section 2725 California Nursing Practice Act	Curriculum Section 1426	Philosophy and Practice (P)/ Framework (F)/Mission (M)	Program/Level Outcomes	Course/Program Evidence
Nursing Practice: Appropriate reporting/referral (b.4B)	Nursing Process (e.1)	(P) Nursing practice: …utilizing nursing process…critical thinking…collaboration and accountability. (Exhibit II, Student Handbook, pg. 5) (F) Manager of Care…Collaboration and Continuity of Care (Appendix 3B)	(3.5) Evaluation appropriate communication and documentation of patient behavior and response. (Exhibit II, Student Handbook, pg. 40) (5.3.1) Interface appropriately with other resources to examine continuity of care both within and outside the facility. (Exhibit II, Student Handbook, pg. 43)	All clinical courses teach documentation of clinical assessment and changes, conduct shift report, and provide continuing care through referral. Official shift reporting evaluations begin in NS 2 P2, and are carried through Preceptorship (Exhibits XI, XII, XIII, & XIV, NS 1-4 Workbooks).
Nursing Practice: Emergency procedures (b.4B)	Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing (e.2)	(P) Nursing Practice: Utilized the nursing process for knowledgeable decision-making and judgment based on critical thinking (Exhibit II, Student Handbook, pg. 5) (F) Provider of Care…Critical Thinking/Clinical Reasoning	(2.0) Implement clinical decision making and judgment utilizing the nursing process…….(Exhibit II, Student Handbook, pg. 35) (2.1.2) Analyze contributed data and identify changes. (Exhibit II, Student Handbook, pg. 35-36) (2.4.3) Revise nursing interventions……(Exhibit II, Student Handbook, pg. 37)	All students enter the program with certification in basic life support skills (Exhibit II, Student Handbook, pg 44). Students must maintain certification throughout the program. Certification status is validated by instructors every 8 weeks. NS 3 P1: Clinical experience rotation includes an Emergency Room day (minimal clinical performance requirements must be met). (Exhibit XIII, NS 3 Workbook). NS 4 P1: Provides an experience of participating in a simulated code. (Exhibit XIV, NS4 Workbook).

APPENDIX 3, Table B: Competency and the Curriculum Unifying Theme and Design

1443.5 Standards of Competent Performance	Unifying Theme/Curriculum Design
Nursing Diagnosis (1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.	**Nursing diagnosis** is included in the second critical competency, Critical Thinking and Clinical Reasoning: "Identify actual or potential self-care demands/deficits. Formulate a priority nursing diagnosis on the basis of analysis and interpretation of data" (Exhibit II, Student Handbook, p. 36).
Care Plan (2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.	**Care Plan** is included in the second critical competency, Critical Thinking and Clinical Reasoning, which entails "composing patient centered goals…. evaluation of priorities…. and design of an individualized care plan" (Exhibit II, Student Handbook, pp. 36-37).
Nursing Skills/Health Teaching (3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.	**Nursing Skills** are included in the first critical competency, Safety and Technical Skills; "interventions include preventive (educative and supportive), or restorative [which includes] technical skills" (Exhibit II, Student Handbook, p. 6). **Health Teaching** is incorporated into Student Outcomes, which include: "implement an appropriate teaching care plan specific to the client's level of development, knowledge, culture, and learning needs" (Exhibit II, Student Handbook, p. 38).
Delegation (4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.	**Delegation** is incorporated into the fourth and fifth critical competencies, Responsibility and Accountability, and Organization and Prioritization, respectively. These competencies incorporate the following: "monitoring of all members of the health care team…. delegation of aspects of nursing care to team members according to their preparation, experience and job description…. accountability for nursing care delegated" (Exhibit II, Student Handbook, pp. 42-43).

APPENDIX 3, Table B: Competency and the Curriculum Unifying Theme and Design

Evaluations (5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.	**Evaluation** is emphasized in two critical competencies. Critical Thinking and Clinical Reasoning incorporates steps such as: "predict and analyze the effects of nursing interventions on the status of the patient…. assess, justify, and revise patient plan of care as needed". Communication competency entails discriminating appropriate communication skills with patients of all developmental ages, support systems, and interdisciplinary team members. *(Exhibit II, Student Handbook, pages 40-41)*
Client Advocacy (6) Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.	**Client advocacy** is clearly delineated in the framework as part of the Provider of Care role and is included in the in the *safety and technical skills* #1 critical competency. *Act as a patient advocate by designing the plan of care by incorporating the patient in decision-making. (Exhibit II, Student Handbook, pages 8 & 35)*

APPENDIX 3, Table C: Required Curriculum Criteria

Required Curriculum Criteria Outcomes 1426 (d)	Program Outcomes	Evidence Examples
Delivery of patient-centered care	**A. Provider of Care** • Demonstrate caring and implement the nursing process by providing competent nursing care to individuals across the life span and across a variety of clinical settings, who require assistance to maintain or restore their optimum states of health and self-care or support to die with dignity (Exhibit II, Nursing Student Handbook, p. 34).	• All-level Clinical objectives (Appendix 3C)

Practice evidence-based practice	**Critical Competency #4:**
	Responsibility and Accountability
	    • Foster proficient standards of nursing practice
	    • Demonstrate responsibility and accountability for actions, nursing practice, self-management, self-evaluation and continuing education (Exhibit II, Nursing Student Handbook, p.41).
		• Requirement for including a professional journal article as a reference for Nursing Care Plan assignments (Exhibit XI-XIV Course Workbooks, Nursing Care Plan Guidelines)
		• Required readings and lecture material from websites and studies pertaining to evidence-based practice. (Exhibit XI-XIV Course Workbooks)
		• NS4 part 2 Research paper Exhibit XIV

Work as part of interdisciplinary teams	**Critical Competency #5:** **Organization and Prioritization** • Collaborate with interdisciplinary health care team members in a collegial manner (Exhibit II, Nursing Student Handbook, p. 43).	• NS1 through NS4 clinical guidelines (Appendix 3C, Exhibit XI-XIV)
Focus on quality improvement	**Critical Competency #2:** **Critical Thinking and Clinical Reasoning** • Utilize evidence reports related to clinical practice guidelines to design individualized care plan • Value the need to continuous improvement in clinical practice based on new knowledge (Exhibit II, Nursing Student Handbook, p. 37).	• NS1 part 2 Alarm Safety group project (Exhibit XI) • NS4 part 1QSEN clinical assessments (Exhibit XIV) • NS4 part 2 Research paper (Exhibit XIV) • NS4 part 2 legal case debate mock trial (Exhibit XIV)
Using information technology	**Critical Competency #2** • **Critical Thinking and Clinical Reasoning** • Continue to apply technology and information management tools to support safe processes of care (Exhibit II, Nursing Student Handbook, pp. 38-39).	• Implementation of electronic health record program developed by the nursing program • Use of databases and online searches for nursing journal articles for Nursing Care Plan assignments (Nursing Care Plan Guidelines)

APPENDIX 3, Table D: QSEN Integrated Simulation Scenarios

QSEN Integrated Simulation Scenarios					
Semester	**Course**	**Section**	**Simulation**	**Author**	**Peer Reviewer**
1	NS M01L	P1 (Fundamental NS)	• CPR (BLS)	Christina Lee, MSN, RN	Argie Clifford, MSN, RN
1	NS M01L	P2 (Beginning NS)	• Basic Medication Administration	Jamee Maxey, MSN, RN	Christina Lee, MSN, RN
2	NS M02L	P1 (Intermediate NS)	• Pediatric Respiratory Distress	Linda Loiselle, MSN, RN	Peer review in process
2	NS M02L	P2 (Intermediate NS)	• Asthma • Orthopedics	Jamee Maxey, MSN, RN	Michelle Dieterich, MSN, RN
3	NS M03L	P1 (Intermediate NS)	• Hepatic • Renal	Christina Lee, MSN, RN	Olga Myshina, MSN, RN
3	NS M03L	P2 (Intermediate NS)	• Medication Administration with Effective Communication	Dalila Sankaran, MSN, RN	Carol Fox, MSN, RN
4	NS M04L	P1 (Advanced NS)	• Mock Code (ACLS)	Carol Higashida, EdD, MSN, RN	Jamee Maxey, MSN, RN

APPENDIX 3, Table E: Congruency between Theory and Clinical Courses

Congruency between Theory and Clinical Courses				
Semester	**Course**	**Section**	**Theory Content/Description**	**Clinical Lab Experience**
1	NS M01/NS M01L	P1 (Fundamental NS)	Fundamental Nursing Science	• Fundamentals Skills Lab • In-patient extended care services (Adult/Geriatrics)
1	NS M01/NS M01L	P2 (Beginning NS)	Beginning Medical/Surgical Nursing Adults	• Inpatient acute care. Medical/Surgical services (Adult)
2	NS M02/NS M02L	P1 (Intermediate NS)	Maternity and Pediatrics	• Inpatient acute care. Maternity and Pediatric Services
2	NS M02/NS M02L	P2 (Intermediate NS)	Intermediate Medical/Surgical Nursing Adults (Part 1)	• Inpatient acute care. Medical/Surgical services (Adult).
3	NS M03/NS M03L	P1 (Intermediate NS)	Intermediate Medical/Surgical Nursing Adults (Part 2)	• In patient acute care and common/emerging health care settings. Medical/Surgical services (Adult)
3	NS M03/NS M03L	P2 (Intermediate NS)	Psychiatric (Pediatric and Adult) and Geriatric Nursing Services	• Inpatient acute care and common/emerging health care settings. Psychiatric/Medical/Surgical Services (Pediatric/Adult/Gerontology).
4	NS M04/NS M04L	P1 (Advanced NS)	Common to Complex Nursing Services Adults	• Inpatient acute care and common/emerging health care settings. Common to complex Medical/Surgical services (Adult).
4	NS M04/NS M04L	P2 (Advanced NS)	Nursing Leadership and Management	• Precepted inpatient, acute care environment

Faculty Profile

Name	Hire Date	Bachelor Degree	Institution Granting	Graduate Degree	Institution Granting	BRN Approval Date	BRN Approval Category	Academic Teaching	Other Areas of Responsibility
Full-Time Faculty									
Clifford, Argelia	1/4/07 FT 8/16/03 PT	BSN ADN	CSULA	MSN, MHA	UPhoenix ULaVerne	Instructor 1/18/11 Assistant 8/1/03	MS, G	Theory: NS4P2 Clinical: 3L4LP1/ 4LP2	MCSNA Faculty Advisor
Dieterich, Michelle	8/16/13	BSN ADN	CSUDH	MSN	CSUDH	Instructor 11/17/17 Assistant 7/2/13	MS, G	Theory: NS2P2 Clinical: NS1L2LP2 /3L4LP1/3LP2/ 1LP1	
Joy, Jeny	8/11/15	BSN	PunjabU India	MSN Enroll PhD	UPhoenix	Instructor 7/15/15	MS, G	Theory: NS1P2 Clinical: NS1L2LP2 /3L4LP1/3LP2/ 1LP1	
Lee, Christina	8/16/10	BSN	SonomaSU	MSN	MSMarys	Assist Dir Instructor 7/15/09 CTA 8/20/03	MS	Theory: NS1P1 Clinical: NS1LP1/ 1L2LP2/NS11-14/ NS16	Assistant to the HS Coordinator
Loiselle, Linda	3/2/81	BSN	U Illinois	MSN	CSULA	Instructor 9/1/83 Asst Dir 9/3/85	MS, O, C, G	Theory: NS2P1Peds Clinical: NS2LP1/ 3LP2/4LP2	MCSNA Faculty Advisor
Maxey, Jamee	1/4/07 FT 10/20/97PT	BS Business ADN	SoUtahU	MSN	MSMarys	Instructor 2/4/11 Assistant 9/24/01	MS, G	Theory: NS4P1 Clinical: NS3L4LP1 /4LP2/1L2LP2	
Myshina, Olga	8/15/11	BSN ADN	CSUN	MSN	UCLA	Instructor 6/12/12 Assistant 6/29/11	MS, G	Theory: NS3P1 Clinical: NS3L4LP1 /3LP2/1L2LP2	MCSNA Faculty Advisor
Sankaran, Dalila	8/10/04 FT 10/21/96PT	BSN ADN	CSUDH	MSN	CSUDH	Assist Dir 8/22/08 Instructor 2/24/04 Assistant 6/24/94	MS, P/MH, G	Theory: NS3P2 Clinical: NS3LP2/ 1LP1	
Part-Time Faculty									
Briscoe, Robert	8/12/14	BSN	Azusa Pac U			Assistant 5/9/14	C	Clinical: NS2LP1Peds	
Collins, Shirley	1/8/02	ADN	Moorpark	MSN	GrandCanU	Assistant 1/11/02	MS	Clinical: NS1L/2LP2	
Ira, Valentina	8/18/14	BSN ADN	WestGovU	MSN	WestGovU	Assistant 8/13,25/14	MS, G	Clinical: NS1L2LP2/3L4LP1	

Name	Hire Date	Bachelor Degree	Institution Granting	Graduate Degree	Institution Granting	BRN Approval Date	BRN Approval Category	Academic Teaching	Other Areas of Responsibility
Part-Time Faculty									
Latonio, Janet	4/17/13	BSN	FranciscanU	MSN	CSUDH	Assistant 4/17/13	P/MH, G	Clinical: NS3LP2	
Muntz, Autumn	8/9/05	BSN	USC	MSN	UCLA	Instructor 12/8/15 Assistant 8/9/05	MS	Clinical: NS1L/2LP2	
Nantroup, Sherry	1/1/11	BSN ADN	CSUDH	MSN	CSUDH	Instructor 6/15/16 Assistant 9/30/99	MS, C, G	Clinical: NS3L/4LP1	
Roa, Mae	1/6/14	BA math ADN	USanto Tomas	MSN	UPhoenix	Assistant 11/6/13	MS	Clinical: NS3L/4LP1	
Wargo-Sugleris, Michele	1/6/14	BSN ADN	CSUH	MSN PhD	UCLA	Instructor 12/8/15 Assistant 12/6/13	O	Theory: NS2P1 OB Clinical: NS2LP1 OB	

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the * (916) 322-3350 symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Robert (Bobby) Briscoe** Title: **RN, BSN** California RN license number **757431** and expiration date: **10/31/16** BRN approved as: Classification (I, **AI**, CTA): Clinical area(s) (M/S, O, **C**, PMH, G) (from form EDP-P-02):	Date of Appointment to Current Position: Indicate full-time or part-time status: Indicate if a Content Expert (CCR 1425 (f)	Education preparation from initial degree/diploma through highest earned degree: (List degree and year received)	Professional experience and continuing education activities for the past 5 Years: (List year(s), course title, and number of units/contact hours earned) (List employment other than as faculty) Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.	Teaching assignment(s) (List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both) If designated content expert, please indicate for which clinical area(s):
5/9/2014 Assistant Instructor	8/15/2014 Part-Time Clinical Instructor	BSN 2009 Azusa Pacific U	2009 - Present: Pediatric nursing, Children's Hospital LA	**Fall 2014** NS M02L Part 1 Pediatrics Clinical
			2011- PALS Recertification, 4.6 hours, CEP 183	**Spring 2015** NS M02L Part 1 Pediatrics Clinical
			2012-current Certified Pediatric Nurse from the Pediatric Nursing Certification Board	**Fall 2015** NS M02L Part 1 Pediatrics Clinical
			2012- Greater Los Angeles Chapter Society of Pediatric Nurses 2012 Annual Conference, 7.5 CE Units, CE Provider number 15723	**Spring 2016** NS M02L Part 1 Pediatrics Clinical
			2012- Becoming a Bedside Scientist, 25.2 hours, CEP 183	
			2012- American Nurses Credentialing Center 2012 ANCC National Magnet Conference, 14.5 CEU credits, CEP 6178	
			2012- Childrens Hospital Los Angeles, Preceptor Workshop, 8 CEU, CEP 183	

APPENDIX 5

			2015- The Society of Pediatric Nurses, Celebrating the Past, Embracing the Future: 2015-SPN 25th Annual Conference, 14.25 contact hours, CEP16532	
			2015- PALS Recertification, 4.6 hours, CEP 183	
			2015- Ventura College, Excellence in Partnerships, 3 unit/hours, CEP 01293	
			2016- The Painted Turtle: A Serious Fun Camp, 1 hour, CEP 183	
			2016- Ethics of Caring Conference, UCLA health, 8 hours, CEP 12511	
			2016-OnCourse Learning, What Health Professional Need to Know About Aspartame, 1 hour, CEP 16588	
			2016- Effects of Hospitalization on the Developing Newborn and Young Infant, 1 hour, CEP 183	
			2016-Trauma Grand Rounds, 1 hour, CEP 183	
			2016- Optimizing Pediatric Feeding Outcomes: An Intensive Multi-disciplinary Approach, 1 hour, CEP 183	

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Argelia Morales-Clifford**
 	
Title: **RN, MSN, MHA**
 	
California RN license number **225640** and expiration date: **10/31/17**
 	
BRN approved as:
  Classification (**I**, AI, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, **G**)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

8/1/2003 Assistant Instructor	8/16/2003 Part-Time Clinical Instructor	ADN 1972 LA City College	Professional Experience: Livingston Home Health 2003- 2015 Visiting Nurse/Case manager	**Fall 2011** NS M04 Advanced Nursing Science Part 2 theory
1/18/2011 Instructor	1/4/2007 Full-Time Instructor	BSN 1975 California State University	Kaplan: NCLEX review instructor 2010-Present	NS M01L Part 1 Fundamentals Clinical
	Geriatrics Content Expert	MHA 1993 University of La Verne	Reviewer for *Gerontological Nursing, 7TH Edition, Wolter Kluwer/Lippincott William & Wilkins*- *2010*	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
		MSN 2005 University of Phoenix	` VCMC Public Health Dept. Summer 2013	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			Maxim Staffing, Nursing Registry working with teenagers at Oxnard Military base for 3 months. 2014	NS M04L Part 2 Preceptorship
			4/14/11-Best Practices Related to Diabetes Management 3 CEUs	**Spring 2012** NS M04 Advanced Nursing Science Part 2 theory
			8/26/11-CSU Channel Islands QSEN Workshop 7 CEUS 5/16/2012-Curriculum Revision Retreat 3 CEUs	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			10/19-10/21/12-California Student Nurses Association Convention - 7 CEUs	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

			1/2-1/5/2013- Elsevier Faculty Development Conference Las Vegas, Nevada 16.25 CEUs	NS M04L Part 2 Preceptorship
			2/26/14-First on Scene Training, 1 CEU	**Fall 2012** NS M04 Advanced Nursing Science Part 2 theory
			5/15/14-5/16/14- Men in Nursing 2014 Conference	NS M01L Part 1 Fundamentals Clinical
			8/14/14-QPR Gatekeeper certificate, Suicide Prevention Gatekeeper Program	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			10/17-10/19, 2014 -"to Infinity and Beyond: Limitless Opportunities in Nursing" Annual State Convention 7.0 CEU	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2/9/2015- Master the Disaster 3 CEU	NS M04L Part 2 Preceptorship
			4/10/15-Excellence in Partnerships 3 CEU	**Spring 2013** NS M04 Advanced Nursing Science Part 2 theory
			11/14-11/15/2015-Men in Nursing Conference 8.5 Units	NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			`	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship
				Fall 2013 NS M04 Advanced Nursing Science Part 2 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

				NS M04L Part 2 Preceptorship
				Spring 2014 NS M04 Advanced Nursing Science Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship
				Fall 2014 NS M04 Advanced Nursing Science Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship
				Spring 2015 NS M04 Advanced Nursing Science Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship

				Fall 2015 NS M04 Advanced Nursing Science Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship
				Spring 2016 NS M04 Advanced Nursing Science Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship
				Fall 2016 NS M04 Advanced Nursing Science Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics). Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350 symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Shirley Collins**
 	
Title: **RN, MSN**
 	
California RN license number **541080** and expiration date: **10/31/17**
 	
BRN approved as:
  Classification (I, **AI**, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, G)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

1/22/2002 Assistant Instructor	01/08/2002 Part-Time Instructor	BS 1985 CSUN	1997 - Present: Medical-Surgical, ED Simi Valley Hospital	**Fall 2011** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
		ADN 1997 Moorpark College	2014 - Present: Ventura County Mobile Intensive Care Nurse (MICN)	**Spring 2012** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
		MSN 2015 Grand Canyon U	2011- Adult Oncology – 10 contact hours Nurses Role in Preventing Antimicrobial Resistance – 10 contact hours Wound Care- 10 contact hours	**Fall 2012** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2012- Hemispheres Stroke Competency Series NIH Stroke Scale Training and Certification- 3.0 contact hours	**Spring 2013** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2013- Professional Dynamics- 3 units Health Assessment- 3 units Applied Statistics for Health Care Professionals – 3 units	**Spring 2016** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

			2014- Introduction to Nursing Research-3unit Pathophysiology and Nursing Management of Clients' Health-3 units Theoretical Foundations for Nursing Roles and Practice-4 units Health Care Research Analysis and Utilization -4 units Ethics, Policy, and Finance in the Health Care System-4 units Advanced Pathophys and Pharm for Nurse educators- 4 units Advanced Health Assessment for Health Educators- 4 units	
			2015- Nursing Education Seminar I- 4 units Nursing Education Seminar II- 4 units Evidence-Based Practice Project-4units Nursing Education Practicum-4units	
			2016- ACLS Course- 4.0 contact hours PALS Course- 4.0 contact hours Basic MCI- 2.0 contact hours Emergency Nursing- 16.0 contact hours	

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Michelle Dieterich**
 	
Title: **RN, MSN**
 	
California RN license number **661923** and expiration date: **7/31/17**
 	
BRN approved as:
  Classification (I, **AI**, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, **G**) (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

7/2/2013 Assistant Instructor	8/15/2014 Full-Time Instructor	ADN 2005 Moorpark College	2007 - 2013: telemetry and ICU nursing, Ventura County Medical Center	**Fall 2013** NS M02 Intermediate Nursing Science I Part 2 theory
		BSN 2010 CSU Dominguez Hills	Since 2011 – certified Public Health Nurse	NS M01L Part 1 Fundamentals Clinical
		MSN 2013 CSU Dominguez Hills	2011-Pressure Ulcer Workshop, 4 CEUs Insulin Drips- Every Drop Counts, 1 CEU PALS Provider Renewal Course, 6 CEUs ACLS Provider Renewal Course, 8 CEUs Sepsis Education, 2.5 CEUs	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2012-Sepsis- Shocking New Developments, 1.5 CEUs	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2013- "To Clot or Not to Clot: Bleeding, Anticoagulation, Anticoagulation Reversal & Thrombolysis", 1.5 CEUs ACLS Renewal, 5 CEUs	**Spring 2014** NS M02 Intermediate Nursing Science I Part 2 theory
			2014- Disease Processes for Med-Surg Patients, 1.25 CEUs Spreadsheets- Excel (Saddleback College), 3 College Units Business Presentations- PowerPoint (Saddleback College), 3 College Units	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

			2015- Ethnic Studies- Multicultural Experiences in the United States (Saddleback College), 3 College Units Basic ECG Interpretation 2.0 (AACN), 6.5 CEUs Anticoagulant, Antiplatelet, and Thrombolytic Medications (Western Schools), 4 CEUs Cardiovascular Pharmacology, 2nd Ed. (Western Schools), 10 CEUs Peripheral IV Therapy: Best Practices for Safe Outcomes (Western Schools), 2 CEUs Respiratory Care Pharmacology (Western Schools), 5 CEUs Respiratory Care Pharmacology (Western Schools), 5 CEUs ACLS/BLS Renewal, 6 CEUs	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2016- Nursing Advisory Meeting, 2 CEUs Calming the Overactive Brain (IBP), 6 CEUs CNE Prep Course (Nurse Tim), 6 CEUs Item Analysis Made Easy (Nurse Tim), 1.5 CEUs NLN Certification- Certified Nurse Educator, achieved July 2016 Home Health RN (Assisted Home Health Care), since June 2016 PICC Line & Port Care, 1 CEU Assessment & Documentation of Wounds, 1 CEU	**Spring 2015** NS M02 Intermediate Nursing Science I Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				Fall 2015 NS M02 Intermediate Nursing Science I Part 2 theory
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M03L Part 2 Gerontology Clinical
				Spring 2016 NS M02 Intermediate Nursing Science I Part 2 theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Valentina Ira** Title: **RN, MSN** California RN license number **759164** and expiration date: **10/31/16** BRN approved as: 　Classification (I, **AI**, CTA): 　Clinical area(s) (**M/S**, O, C, PMH, **G**) 　(from form EDP-P-02):	Date of Appointment to Current Position: Indicate full-time or part-time status: Indicate if a Content Expert (CCR 1425 (f)	Education preparation from initial degree/diploma through highest earned degree: (List degree and year received)	Professional experience and continuing education activities for the past 5 Years: (List year(s), course title, and number of units/contact hours earned) (List employment other than as faculty) Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.	Teaching assignment(s) (List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both) If designated content expert, please indicate for which clinical area(s):
8/13, 25/2014 Assistant Instructor	8/15/2014 Part-Time Clinical Instructor	ADN 2009 Moorpark College	2009 - Present: Medical-surgical nursing, West Hills Hospital	**Fall 2014** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
		BSN 2013 Western Governors U	2011 – ONS Chemotherapy & Biotherapy Course, 13.5 CE hours	**Spring 2015** NS M01L Part 1 Fundamentals Clinical
		MSN 2015 Western Governors University	2011 – Medical-surgical Nursing Skills, 3 CE hours	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2011 – ACLS, 8 CE hours	**Fall 2015** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2012 – BSN program, 20 units	**Spring 2016** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2013 – BSN program, 4 units	
			2013 – Medical-Surgical Nursing Skills, 5 CE hours	
			2013 – Bariatric Nursing Training, 2 CE hours	

			2013 – ACLS Retraining, 6 CE hours	
			2014 – MSN program, 13 units	
			2015 – MSN program, 23 units	
			2016 - Leadership and Management for Every Nurse, 30 CE hours	

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Jeny Joy**
 	
Title: **RN, MSN**
 	
California RN license number **728805** and expiration date: 4**/30/18**
 	
BRN approved as:
  Classification (**I**, AI, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, **G**) (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

7/15/2015 Instructor	8/11/2015 Full-Time Instructor	BSN Punjab University India	10/2009-6/2014: medical-surgical, hospice, rehab, and geriatric nursing Providence St. Joseph Hospital	**Fall 2015** NS M01 Beginning Nursing Science Part 2 theory
		MSN 2013 University of Phoenix	2013- Communication Strategies = 15 Hrs. 2013- Professional Nursing Leadership = 45 Hrs.	NS M01L Part 1 Fundamentals Clinical
			2014- Philosophy of Nursing Science = 45 Hrs. 2014- Theories of Nursing Education = 45 Hrs. 2014- Theory Construction and Concept Analysis = 45 Hrs. 2014- Globalization of Healthcare = 45 Hrs. 2014- Quantitative Methods and Statistical Analysis = 45 Hrs. 2014- Qualitative Research Methods = 45 Hrs.	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2016- American Diabetes Association = 3.25 Hrs. 2016- CDC, Stop the clot = 2.4 Hrs. 2016- CDC: CAUTI = 1.5 Hrs. 2016 CDC: Central Line Associated Blood Stream Infection = 1.2 Hrs.	**Spring 2016** NS M01 Beginning Nursing Science Part 2 theory

				2016- Statistics = 45 Hrs. 2016- Measurement and Evaluation = 45 Hrs. 2016- Evaluation of Healthcare Programs = 45 Hrs.	NS M01L Part 1 Fundamentals Clinical
					NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
					NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
					NS M03L Part 2 Gerontology Clinical
					Fall 2016 NS M01 Beginning Nursing Science Part 2 theory
					NS M01L Part 1 Fundamentals Clinical
					NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
					NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
					NS M03L Part 2 Gerontology Clinical

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Janet Latonio**
 	
Title: **RN, MSN**
 	
California RN license number **473328** and expiration date: **5/31/17**
 	
BRN approved as:
  Classification (I, **AI**, CTA):
  Clinical area(s) (M/S, O, C, **PMH**, **G**) (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

4/17/2013 Assistant Instructor	4/23/2013 Part-Time Clinical Instructor	BSN 1989 Franciscan University of Steubenville	2007 - Present: Psychiatric nursing, Vista Del Mar Psychiatric Hospital	**Spring 2013** NS M03L Part 2 Psych/Mental Health Clinical
		MSN 2011 CSU Dominguez Hills	10/22/2014-Teaching Tomorrow's Nurses	**Fall 2013** NS M03L Part 2 Psych/Mental Health Clinical
			11/10/2014-Davis Drug Guide Medication	**Spring 2014** NS M03L Part 2 Psych/Mental Health Clinical
			1/12/2015- Davis Drug Guide Medication	**Fall 2015** NS M03L Part 2 Psych/Mental Health Clinical
			6/22/2015-ACLS Certified	**Spring 2016** NS M03L Part 2 Psych/Mental Health Clinical

			5/11/2016- Treatment of Heart Failure	
			5/12/2016- Ischemic Stroke	
			5/22/2016-Diabetes and Renal Disease 5/22/2016	
			5/22/2016- Diabetes, Sexual Dysfunction 5/22/2016	
			5/22/2016- Diabetes and Hypoglycemia	
			5/22/2016- Renal Disease and Failure	
			6/23/2016-PALS Certified	
			7/6/2016-Bipolar Disorder 7/6/2016	
			7/9/2016-Substance Abuse	

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Christina Lee**
 	
Title: **RN, MSN**
 	
California RN license number **601904** and expiration date: **6/30/16**
 	
BRN approved as:
  Classification (**I**, AI, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, **G**)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

8/20/2003 CTA, AI	08/10/10 Full-Time Instructor	BSN 2002 Sonoma State U.	08/26/2011- QSEN Workshop (7.5h)	**Fall 2011** NS M01 Part 2 Beginning Nursing Science Theory
7/15/2009 Instructor 11/10/2011 Instructor Reclassification		MSN 2008 Mt. St. Mary's College (Mount Saint Mary's University)	02/10/2012- TB or not TB (1h CE), Balancing Act: Managing Fluid Intake and Output in the Surgical Patient (1h CE)	NS M01L Part 1 Fundamentals Clinical
5/9/2014 Assistant Director			04/05/2012- The IOM Future of Nursing Report (3.5h CE)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			07/11/2012- Debriefing Approaches and Methods that Lead to Success in Practice (1h)	NS M11 Nursing Skills Laboratory
			06/18-07/26/2012- SOC 105, Multiculturalism in the U.S. (COC, 3 semester units)	NS M16 Study Skills for Nursing Students
			07/31/2012- Hypertension: Review of Guidelines and Drug Therapy Management (1h CE), Up-to-date on Asthma in Adults: The Newest Guidelines (1h CE)	**Spring 2012** NS M01 Part 2 Beginning Nursing Science Theory
			11/16/2012- Delmar Cengage Nursing Forum: Bridging the Gap from Theory to Practice (4.5h CE)	NS M01L Part 1 Fundamentals Clinical
			01/11/2013- Compartment Syndrome; An Orthopedic Emergency (1h CE), Alternative Therapies in Osteoporosis (1h CE)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			06/2013-07/2013- NRS 348 Healthy Aging (CSUCI, 3 semester units)	NS M11 Nursing Skills Laboratory
			06/13/2014- Alarm Fatigue can Endanger Patients (1h CE)	NS M16 Study Skills for Nursing Students
			02/26/14-02/28/14- COADN Conference: Adapting to the Future of Nursing (8h)	**Fall 2012** NS M01 Part 2 Beginning Nursing Science Theory

			10/01 – 10/03/2014- COADN/CACN Conference (9.5h CE)	NS M01L Part 1 Fundamentals Clinical
			03/05-03/06/2015- COADN Conference: Leading us into the future of nursing (7.75h CE)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			02/06/2015-Welcome Home: Veterans on Campus [mental health] (4h CE)	NS M11 Nursing Skills Laboratory
			07/01/15-Caring for Women Experiencing Hysterectomy (1h CE), Reducing the Risk of Surgical Site Infections with the SCIP (1h CE)	NS M16 Study Skills for Nursing Students
			11/2-5/15-COADN/CACN conference (8.25h CE)	**Spring 2013** NS M01L Part 1 Fundamentals Clinical
			1/8/16-Regional Diversity Summit (6.5h)	NS M11 Nursing Skills Laboratory
			3/3-4/16-COADN conference "Be Calm and Lead On" (9.5h CE)	**Fall 2013** NS M01 Part 1 Beginning Nursing Science Theory
			4/15/16-Excellence in Partnerships: Promoting Quality Education and Patient Outcomes	NS M01L Part 1 Fundamentals Clinical
			4/18/16 -"Debriefing in Nursing & Allied Health Care Simulation" (4.5h CE)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M11 Nursing Skills Laboratory
				NS M16 Study Skills for Nursing Students
				Spring 2014 NS M01 Part 1 Beginning Nursing Science Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M11 Nursing Skills Laboratory
				Fall 2014 NS M01 Part 1 Beginning Nursing Science Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

				NS M11 Nursing Skills Laboratory
				Spring 2015 NS M01 Part 1 Beginning Nursing Science Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M11 Nursing Skills Laboratory
				Fall 2015 NS M01 Part 1 Beginning Nursing Science Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M11 Nursing Skills Laboratory
				Spring 2016 NS M01 Part 1 Beginning Nursing Science Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M11 Nursing Skills Laboratory
				Fall 2016 NS M01 Part 1 Beginning Nursing Science Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M11 Nursing Skills Laboratory

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Linda Loiselle**
 	
Title: **FNP**, **RN, MSN**
 	
California RN license number **267298** and expiration date: **8/30/16**
 	
BRN approved as:
  Classification (**I**, AI, CTA):
  Clinical area(s) (**M/S**, **O**, **C**, PMH, **G**)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

9/1/1983 Instructor	03/2/1981 Full-Time Instructor	BSN 1975 U Illinois	1991- Present: RN ICU Float Pool, Children's Hospital LA	**Fall 2011** NS M02 Part 1 Maternal Child Theory
9/3/1985 Assistant Director	Pediatrics Content Expert	MSN 1980 CSULA	Certified Pediatric Nurse	NS M02L Part 1 Pediatrics/OB Clinical
		Post Masters FNP 1995 <u>University of Southern California</u>	08/02/2011-Cell Phone Use Not Associated With Brain Tumors in Children	NS3 M03L Part 2 Gerontology Clinical
			08/09/2011-A Puzzling Facial Rash on a 17-Year-Old Boy	NS4 M04L Part 2 Preceptorship
			08/15/2011-Nutrition 101 in Children: What You Did Not Learn in School	**Spring 2012** NS M02 Part 1 Maternal Child Theory
			09/28/2011-Challenges in Clinician-Parent Communication: Pediatric BMI	NS M02L Part 1 Pediatrics/OB Clinical
			09/28/2011-AAP, CDC Update Whooping Cough Vaccine Recommendations	NS3 M03L Part 2 Gerontology Clinical
			12/28/2011-Community CME: Lipid Screening for Children	NS4 M04L Part 2 Preceptorship
			12/28/2011-Meningococcal Vaccine/Booster Dose Guidelines Updated: AAP	**Fall 2012** NS M02 Part 1 Maternal Child Theory
			12/28/2011-No Benefit of Additional Foods, Fluids in Breast-Fed Infants	NS M02L Part 1 Pediatrics/OB Clinical
			10/22/2012-Safety of Human Papillomavirus Vaccine	NS3 M03L Part 2 Gerontology Clinical
			10/25/2012-Probiotics as Prophylaxis in Preterm Infants	NS4 M04L Part 2 Preceptorship
			12/27/2012-Antidiabetic Drug for Treatment of Childhood Obesity	**Spring 2013** NS M02 Part 1 Maternal Child Theory

			11/07/2013-Can Adolescent Vaccination Reduce Infant Pertussis?	NS M02L Part 1 Pediatrics/OB Clinical
			11/07/2013-Timing Is Everything in First Dose of Measles-Containing Vaccines	NS3 M03L Part 2 Gerontology Clinical
			11/13/2013-Culprits Behind VRE Outbreak in a Neonatal Intensive Care Unit	NS4 M04L Part 2 Preceptorship
			03/31/2014-Is the IUD Appropriate for Teens?	**Fall 2013** NS M02 Part 1 Maternal Child Theory
			07/01/2014-Do Electronic Cigarettes Really Help Teens Quit Smoking?	NS M02L Part 1 Pediatrics/OB Clinical
			08/24/2014-Gender Differences in Response to Caffeine Emerge After Puberty	NS3 M03L Part 2 Gerontology Clinical
			09/17/2014-Guidelines Address Screening for Nonviral STIs in Teens	NS4 M04L Part 2 Preceptorship
			10/13/2014-ADHD and Substance Use Disorders Strongly Linked, Says AAP	HS M25 Pathophysiology
			10/13/2014-Sports-Related Concussion: Legal and Ethical Recommendations	**Spring 2014** NS M02 Part 1 Pediatrics Theory
			11/20/2014-Fetal Alcohol Spectrum Disorders More Common Than Estimated	NS M02L Part 1 Pediatrics/OB Clinical
			12/01/2014-Do Infant Feeding Practices Predict Food Allergy in Children?	NS3 M03L Part 2 Gerontology Clinical
			12/13/2014-Cow's Milk Alternatives Linked With Low Vitamin D in Children	NS4 M04L Part 2 Preceptorship
			12/13/2014-NSAID as Effective as Opioid for Pediatric Fracture Pain	**Fall 2014** NS M02 Part 1 Pediatrics Theory
			12/13/2014-Evacuation of a NICU During Hurricane Sandy: Lessons Learned	NS M02L Part 1 Pediatrics/OB Clinical
			12/30/2014-Tailoring Hemophilia Prophylaxis Therapy	NS3 M03L Part 2 Gerontology Clinical
			01/27/2015-Treatment of First-Episode Schizophrenia Needs to Be Reexamined	NS4 M04L Part 2 Preceptorship
			01/27/2015-Apnea Testing for Brain Death Fraught With Limitations	**Spring 2015** NS M02 Part 1 Pediatrics Theory
			02/16/2015-Do Automobile Emissions Increase Autism Risk?	NS M02L Part 1 Pediatrics/OB Clinical
			04/28/2015-Prenatal Antidepressant Use Not Linked With Asthma	NS3 M03L Part 2 Gerontology Clinical
			04/28/2015-Increased Psychiatric Risk in Children With Type 1 Diabetes	NS4 M04L Part 2 Preceptorship

			05/25/2015-Misuse of Stimulant Medication Prevalent in College Students	**Fall 2015** NS M02 Part 1 Pediatrics Theory
			08/10/2015-Prophylaxis Considerations in Infants and Young Children With Hemophilia	NS M02L Part 1 Pediatrics/OB Clinical
			08/11/2015-New Horizons in Cystic Fibrosis: Clinical Developments From Fall 2014	NS3 M03L Part 2 Gerontology Clinical
			08/11/2015-The Changing Landscape of Cystic Fibrosis: Clinical Updates From the 2015 European Cystic Fibrosis Society Meeting in Brussels	NS4 M04L Part 2 Preceptorship
			09/28/2015-Teen Marijuana Use Not Linked With Physical or Mental Issues	**Spring 2016** NS M02 Part 1 Pediatrics Theory
			09/28/2015-E-Cigarette Use Linked to Tobacco Smoking in Teens	NS M02L Part 1 Pediatrics/OB Clinical
			09/28/2015-Chronic Head Trauma in Athletes: The Debate Continues	NS3 M03L Part 2 Gerontology Clinical
			10/26/2015-Can Family Intervention Promote Weight Reduction in Children?	NS4 M04L Part 2 Preceptorship
			10/26/2015-Updated ACOG Recommendations for Human Papillomavirus Vaccine	
			11/08/2015-Clinician Texts Improve Vaccination Outcomes in Adolescents	
			11/08/2015-Coadministration of Tdap and Flu Vaccines Safe in Pregnancy	
			01/07/2016-Are Maternity Services Compromised on the Weekends?	
			01/17/2016-Antibiotics in Third Trimester Linked With Childhood Wheeze	
			01/21/2016-Childhood Bullying Yields Long-term, Harmful Effects	
			02/22/2016-Gradually Reducing Sugar in Soft Drinks Can Cut Diabetes Risk	
			02/22/2016-Do Gaps Exist in Transitional Care of Diabetic Youth?	
			04/18/2016-Vaccine Refusals Linked to Outbreaks of Preventable Diseases	
			04/25/2016-Overcoming Challenges to Adolescent Immunization	
			04/25/2016-Meningococcal B Disease: Implementing the ACIP Category B Vaccine Recommendation	

			04/25/2016-Evaluating Effects of CFTR Modulation in Cystic Fibrosis	
			04/28/2016-Recognition and Treatment of Organic Acidemias	
			05/16/2016-Patent Ductus Arteriosus: Optimizing Outcomes by Appropriate Treatment Selection	
			05/20/2016-Antibiotic Use May Lead to Juvenile Idiopathic Arthritis	
			05/27/2016-Noninsulin Therapies in Type 1 Diabetes: Rationale for Consideration	
			05/27/2016-A Team Approach to Collaborative Care in Multiple Sclerosis	
			05/29/2016-Can Maternal Antidepressant Use Raise the Risk for Autism?	
			05/29/2016-HPV Prevention in Boys and Men	
			05/29/2016-Antihistamine Adverse Reactions in Children Are Quite Common	
			05/29/2016-The Management of Hemophilia: A Primer	
			06/09/2016-CDC Recommends Urine, not Blood, for Zika Virus Testing	
			06/12/2016-Medical Error Slated as Third Leading Cause of Death in US	
			06/19/2016-Rates of Antibiotic Prophylaxis Vary in Pediatric Surgery	
			06/23/2016-New Superbug Resistant to Last-Resort Antibiotics	
			06/26/2016-Zika Infection at Third Trimester Yields No Birth Defects	

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Jamee Maxey**
 	
Title: **RN, MSN**
 	
California RN license number **497379** and expiration date: **10/31/11**
 	
BRN approved as:
  Classification (I, AI, CTA):
  Clinical area(s) (M/S, O, C, PMH, G)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

9/24/2001 Assistant Instructor	10/20/1997 Part-Time Clinical Instructor	ADN 1990 Weber State University	1998 - Present: Simi Valley Hospital and Health care services Positions: 　　　Staff RN: ICU, Med/Surg, Pediatrics, Rehab, Transitional Care, and Surgical Services 　　　Adminstration: House Supervisor, Clinical Education Specialist, Manager of Medical/Surgical Services 400+ Hours per year	**Fall 2011** NS M04 Advanced Nursing Science Part 1 theory
2/4/2011 Instructor	01/4/2007 Full-Time Instructor	BS 1993 Southern Utah University	Advanced Cardiac Life Support: 2011 (5 CEU's) 2013 (5 CEU's) 2015 (5 CEU's)	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
	Medical-Surgical Content Expert	MSN 2007 Mount St. Mary's College	Pediatric Advanced Life Support: 2011 (5 CEU's) 2013 (5 CEU's) 2015 (5 CEU's)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			QSEN: Quality and Safety Education in Nursing: Enhancing Faculty Capacity: 2011 (15 CEU's)	**Spring 2012** NS M04 Advanced Nursing Science Part 1 theory
			Excellence in Partnerships: 2011 (2 CEU's) 2012 (2 CEU's) 2013 (2 CEU's) 2014 (2 CEU's) 2015 (2 CEU's) 2016 (2 CEU's)	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical

...

APPENDIX 5

				Curriculum Revision Retreat: 2012 (3 CEU's)	NS1 M02 Part 2 Intermediate Nursing Science I Theory
				Nova Stat Strip Glucometer: 2013 (1 CEU)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				Cardiac Strip Assessment in the Critical Care: 2012 (1 CEU) 2013 (1 CEU) 2014 (1 CEU) 2015 (1 CEU) 2016 (1 CEU)	**Fall 2012** NS M04 Advanced Nursing Science Part 1 theory
				Safe use of Patient Restraints: 2012 (1 CEU)	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				Blood Transfusions Guidelines: 2012 (1 CEU) 2014 (1 CEU)	NS M01L Part 1 Fundamentals Clinical
				Delivering Culturally Competent Care: 2013 (1 CEU)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				Elsevier Faculty Development Conference: 2013 (27.5 CEU's)	**Spring 2013** NS M04 Advanced Nursing Science Part 1 theory
				Managing Malignant Hyperthermia: 2014 (1 CEU)	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				HIPAA Privacy Overview: 2014 (1 CEU)	NS M01L Part 1 Fundamentals Clinical
				Moderate Sedation and RASS Assessment: 2014 (1 CEU)	NS1 M01 Part 2 Beginning Nursing Science I Theory
				Tough Decisions Made Easier: Clinical Management of Treatment-Experienced HIV Patients 2015 (6 CEU's)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				Critical Care Updates: 2015 (12 CEU's)	**Fall 2013** NS M04 Advanced Nursing Science Part 1 theory
				Interpretation of ABG's: A Four Step Method 2015 (4 CEU's)	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				EKG Strip Identification and Evaluation 2015 (5 CEU's)	NS M01L Part 1 Fundamentals Clinical

...

APPENDIX 5

				Tobacco Dependence Treatment in Special Populations: What's the same and what's the difference? 2015 (1.25 CEU's)	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				From Lesson Plans to Test Item Writing: 2016 (3.5 CEU's)	NS M04L Part 2 Preceptorship
					Spring 2014 NS M04 Advanced Nursing Science Part 1 theory
					NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
					NS M01L Part 1 Fundamentals Clinical
					NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
					NS M04L Part 2 Preceptorship
					Fall 2014 NS M04 Advanced Nursing Science Part 1 theory
					NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
					NS M01L Part 1 Fundamentals Clinical
					NS1 M01 Part 2 Beginning Nursing Science I Theory
					NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
					NS M04L Part 2 Preceptorship
					Spring 2015 NS M04 Advanced Nursing Science Part 1 theory
					NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
					NS1 M01 Part 2 Beginning Nursing Science I Theory
					NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

				NS M04L Part 2 Preceptorship
				Fall 2015 NS M04 Advanced Nursing Science Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship
				Spring 2016 NS M04 Advanced Nursing Science Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M04L Part 2 Preceptorship

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Autumn Muntz**
 	
Title: **RN, MSN, FNP**
 	
California RN license number **582886** and expiration date: **12/31/16**
 	
BRN approved as:
  Classification (**I**, AI, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, G)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

8/9/2005 Assistant Instructor	Part-Time Instructor	BSN 2001 USC	Fall 2015-Professional Expert, Med-Surg Tutoring, Moorpark College	**Fall 2011** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
12/8/2015 Instructor		MSN 2004 UCLA	2011-Managing Acute and Chronic Pain: A Multimodal Approach, 6.0 CEUs	**Fall 2013** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2012-A Review of Infertility, 10.0Autoimmune Diseases, 15.0 CEUs C.Diff, Superbug, 5.0 CEUs	**Spring 2014** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2014-Head, Neck, and Oral Cancer Update, 2.1 CEUs Breast Cancer: Treatments and Long Term Sequelae, 3.1 Get hip to hip replacement, 2.0	**Fall 2014** NS M02 Intermediate Nursing Science I Part 2 theory
			2014-Preventing DVT in Perioperative Patients, 2.0 Mastering Lab Interpretations and the Implications for Patient Care, 6.3 CEUs	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2014-Understanding the New Emerging Oral Anticoagulants for the Venous Thromboembolism Prophylaxis, 3.0 CEUs	**Spring 2015** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

APPENDIX 5

			2014-Men's Awareness and Knowledge of Men's Breast Cancer, 2.6 CEUS The Nurse's Role in Educating Post-ctomy Breast Cancer Patients, 2.5 CEUs What you Need to Know about Total Knee Arthroplasty, 2.3 CEUs Clinical Reasoning for Nursing and Allied Health, 6.0 CEUs	**Fall 2015** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2015-Strategies to Inspire Healthy Workplaces, 6.5 CEUs 2016-From Lesson Plans to Test Item Writing, 3.5 CEUs Pathophysiology: The Cardiovascular System, 15.0 CEUs Acute Pain Management for Inpatients with Opioid Use Disorder, 2.5 CEUs Principles of Infection Control, 2.5 CEUs Implementation and Outcomes of a Rapid Response Team, 2.0 CEUs	**Spring 2016** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical **Fall 2016** NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical

State of California   APPENDIX 5   Department of Consumer Affairs
                                                                                                                          Board of Registered Nursing

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the **   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Olga Myshina**
 	
Title: **RN, MSN**
 	
California RN license number **622765** and expiration date: 1**/31/17**
 	
BRN approved as:
  Classification (☐I, AI, CTA):
  Clinical area(s) (☐M/S, O, C, PMH, ☐G) (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

6/29/2011 Assistant Instructor	8/16/2011 Full-Time Instructor	ADN 2004 LA Pierce College	2003 - Present: Medical-surgical, telemetry, geriatric nursing, Kaiser Permanente Woodland Hills *	**Fall 2011** NS M03 Intermediate Nursing Science II Part 1 theory
6/12/2012 Instructor	Medical-Surgical area content expert	BSN 2008 CSU Northridge	2008 - Certified Public Health Nurse 2016 – Certified Nurse Educator *	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
		MSN 2010 UCLA	2011 – Magic in Teaching, 13 CEU * 2011 – Clinical Faculty Academy, 14.4 CEU * 2011 – Caring at The End of Life Symposium, 7.5 CEU *	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2012- Curriculum Revision Retreat 3 CEU * 2012-Acute Confusion State, 1 CEU *	**Spring 2012** NS M03 Intermediate Nursing Science II Part 1 theory
			2013 – CSUCI, MC, & VC Annual Advisory Meeting," Excellence in Partnership," 2 CEU 2013 – Sepsis – 1 CEU 2013 – ACLS course part 1 -9.75 CEU * 2013 – CSUCI, MC, & VC Annual Advisory Meeting 2 CEU * 2013 – ECG course, 6.5 CEU * 2013 – Elsevier Faculty Development Conference 19.5 CEU *	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical

			2014 – Vascular Disease: Translating Research into Bedside Practice, 8 CEU * 2014 – Understanding the Development of the NCLEX Detailed Test Plan, 1.5 CEU * 2014 – RN Update, 6.5 CEU * 2014 – Sepsis: Nursing Role in Patients Survival, 7 CEU * 2014 –Annual Nursing Faculty Retreat, 4 CEU * 2014 – Men in Nursing Conference, 9 CEU *	NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
			2015 – AHA ACLS renewal course, 5.25 CEU *	**Fall 2012** NS M03 Intermediate Nursing Science II Part 1 theory
			2016 – Academia/Service annual Nursing Advisory Committee Meeting, 2 CEU * 2016 – Debriefing Concepts in Nursing and Allied Health Simulation, 2 CEU * 2016 – Saving Neurons – How Can Nurses Improve Stroke Outcomes, 7.5 CEU* 2016 – HeartCode BLS Online Portion, 1.75 CEU*	NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				Spring 2013 NS M03 Intermediate Nursing Science II Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				Fall 2013 NS M03 Intermediate Nursing Science II Part 1 theory

				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M03L Part 2 Gerontology Clinical
				Spring 2014 NS M03 Intermediate Nursing Science II Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				Fall 2014 NS M03 Intermediate Nursing Science II Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M03L Part 2 Gerontology Clinical
				NS M13 Skills Laboratory
				Spring 2015 NS M03 Intermediate Nursing Science II Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M03L Part 2 Gerontology Clinical

				NS M13 Skills Laboratory
				Fall 2015 NS M03 Intermediate Nursing Science II Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M03L Part 2 Gerontology Clinical
				NS M13 Skills Laboratory
				Spring 2016 NS M03 Intermediate Nursing Science II Part 1 theory
				NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
				NS M01L/2L Part 2 Beginning/Intermediate 1 Medical-Surgical Clinical
				NS M03L Part 2 Gerontology Clinical
				NS M13 Skills Laboratory

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Sherry Nantroup**
 	
Title: **RN, MSN**
 	
California RN license number **444930** and expiration date: **4/30/17**
 	
BRN approved as:
  Classification (I, **AI**, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, G)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

9/30/1999 Assistant Instructor	12/1998 Part-Time Clinical instructor	ADN 1989 Moorpark College	5/22/11-The Anger Toolbox, Dr. Joann Peterson Haven University CEU 3.5 8/26/11-CSU Channel Islands QSEN Workshop CEU 7	
		BSN 1994 CSUDH	2/6/12- National Organization for Associate Degree Nursing: SELF STUDY CEU# 00132 CEU 12 4/16/12- QSEN Introduction CEU 2	**Spring 2012** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
		MSN 2000 CSUDH	8/24/12- Pierce Professional Development Day. "Using Moodle and the Web to Enhance Your Course"& " Developing an Outstanding Course Outline of Record" CEU 6.5 8/26/12- QSEN Workshop CEU # 13953 CEU 7 10/1/12-Managing the Complexity of Nursing Work: Cognitive Stacking CEU 3 10/29/12- Mindfulness: Implications for Safety, Self-Care and Empathy in Nursing Education CEU 3	**Fall 2012** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical

			03/25/13- Informatics CEU 3 6/7/13 -ACLS CEU 8	**Spring 2013** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			07/29/14 -Autoimmune Diseases CEU 15	**Fall 2013** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			9/18/14- Ethical Decision Making CEU 15	**Spring 2014** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			3/30/15- Nursing in Africa CEU 2	**Fall 2014** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			7/27/15-The Future of Outcomes/eLumen at Pierce & Classroom Safety: Seizures, Melt Downs, and Other Calamities in the Classroom. CEU 6.5	**Spring 2015** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			1/16/16-Asthma Management and Education CEU 6	**Fall 2015** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			1/18/16-Multiple Myeloma CEU 10	**Spring 2016** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			1/2016-Certification awarded to teach on "CANVAS". CEU 10	**Fall 2016** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			8/20/16-Pharmacology Basics CEU 4	
			8/21/16-Critical Thinking: Mastering The Art of Floating CEU 3	
			8/21/16-Palliative Nursing: Caring for The End Of Life Patient CEU 4	
			8/25/16-Creating Equitable and Student-Centered Environments: An Evolving Vision CEU 6 Flex Activity #16100	

REPORT ON FACULTY

<u>Instruction Specific To Faculty Content Experts:</u> Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Mae Roa**
 	
Title: **RN, MSN**
 	
California RN license number **520854** and expiration date: **5/31/17**
 	
BRN approved as:
  Classification (I, **AI**, CTA):
  Clinical area(s) (**M/S**, O, C, PMH, G)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

11/6/2013 Assistant Instructor	1/6/2014 Part-Time Clinical Instructor	ADN 1995 Mt. St. Mary's College	2011-2016: Infectious disease/medical-surgical nursing and Informatics ,Olive View-UCLA Medical Center	**Spring 2014** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
		MSN 2009 University of Phoenix	2013-ACLS & BLS Instructor Class (8h)	**Fall 2014** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2013-Non-violent Crisis Prevention Intervention (4h)	**Spring 2015** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2013-Dysrhythmia class (1h)	**Fall 2015** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2013-Cerner Millennium (16h)	**Spring 2016** NS M03L/4L Part 1 Intermediate II/Advanced Medical-Surgical Clinical
			2013-Windows Skills WBt	
			2013-Healthcare Basics Core	
			2013-Order Management	
			2013-PowerChart Nurse	

			2013-Clinical Documentation	
			2013-DHS Annual Inpatient Clinical skills Lab & Competency Testing (4hrs) Medication Administration, Patient Safety, Pressure Ulcers, Restraints	
			2014-ACLs & BLS Instructor Class (8h)	
			2014- Non-violent Crisis Prevention Intervention (4h)	
			2014- Dysrhythmia class (1h)	
			2014-DHS Annual Inpatient Clinical Competency (4h) Medication Administration, Pressure Ulcers, Specimen Labeling, 1115 CMS Waiver, Biohazard Waste,	
			2014-CCRN Review (15h)	
			2014- High Level Contact and Airborne Precautions Skills Lab & Competency Testing (Ebola/Bioterrorism Preparedness) (2h)	
			2015-Customer Service (2h)	
			2015- Non-violent Crisis Prevention Intervention (4h)	
			2015-EKG/Rhythm Interpretation (1h)	
			2015-19th Annual Heart Conference for Medical Professionals (7.5h)	
			2015-Harbor-UCLA First Critical Care Conference (7h)	
			2015-DHS Annual Inpatient Clinical Competency (4h)	
			2016-American Nursing Informatics Association SoCal Chapter Annual Education Conference (8h)	
			2016-ACLS BLS Instructor Annual Update (4h)	
			2016-EKG/Rhythm Interpretation (1h)	

			2016-20th Annual Heart Conference for Medical Professionals (7.5h)	
			2016-DHS Annual Inpatient Clinical Competency (4h)	
			2016-Patient Acuity System (2h)	
			2016-EMTALA (1h)	
			2016- The Art of Triaging (3h)	
			2016-present: Emergency Dept and Observation Area, Olive View-UCLA Medical Center	

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Dalila Sankaran**
 	
Title: **RN, MSN**
 	
California RN license number **395585** and expiration date: **4/30/18**
 	
BRN approved as:
  Classification (**I**, AI, CTA):
  Clinical area(s) (**M/S**, O, C, **PMH**, **G**)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

6/24/1994 Assistant Instructor	08/12/2004 Full-Time Instructor	ADN 1986 SBVC	2010- Magic in Teaching conferences, 12 hours	**Fall 2011** NS M01 Part 1 Beginning Nursing Science Theory
2/24/2004 Instructor	1994-2000 Part-Time Clinical Instructor	BSN 1992 CSUDH	2010- CSUCI and Ventura College Advisory meetings, 4 hours	NS M01L Part 1 Fundamentals Clinical
8/22/2008 Assistant Director	Mental Health & Gerontology Content Expert	MSN 1996 CSUDH	2011-Toxic drugs conference, 5 hours	NS M03L Part 2 Mental Health Clinical
			2011-Institute of Medicine: The Future of Nursing Report, 4 hours	**Spring 2012** NS M01 Part 1 Beginning Nursing Science Theory
			2011-COADN, Nursing Director conference, 9 hours	NS M01L Part 1 Fundamentals Clinical
			2011-Quality and Safety Education for Nurses 7 hours	NS M03L Part 2 Mental Health Clinical
			2012-Gerontology in California Community Colleges: Professional Development Curriculum Workshop, 6 hours	**Fall 2012** NS M01 Part 1 Beginning Nursing Science Theory
			2013, NAMI Provider Education Program 15 hours	NS M01L Part 1 Fundamentals Clinical
			2013, Saving the Brain, Neuroscience Symposium of the Central Coast, 5 hours	NS M03 Intermediate Nursing Science II Part 2 Theory
			2014 Enhancing Communications with Family 1 hr	NS M03L Part 2 Mental Health and Gerontology Clinical

			2014 Sleep Disorders, 1 hours	**Spring 2013** NS M01 Part 1 Beginning Nursing Science Theory
			2014-Depression in the elderly, Diabetes and the Heart, LDI, Brain Briefs: Football and Brains, Alcholhol, Dementia, Antipsychotic, 8 hrs	NS M01L Part 1 Fundamentals Clinical
			2014-Atrial Fib, Praxada, NIDA review Cannabis, The nation's health, Rescuscitation in the ED, Fasting, Sepsis guide, 6 hours	NS M03 Intermediate Nursing Science II Part 2 Theory
			2014-Teaching Care of Older Adult: ACES workshop, 6 hours	NS M03L Part 2 Mental Health Clinical
			2014-Professional Studies, 3 hours 2014-Academia/Service Annual Advisory, 2 hrs	**Fall 2013** NS M03 Intermediate Nursing Science II Part 2 Theory
			2015- Advances in Multiple Sclerosis: Current Best Practices, 1.3 units	NS M01L Part 1 Fundamentals Clinical
			2015-Psychiatric Emergencies in the Emergency Dept., 1 unit	NS M03L Part 2 Mental Health and Gerontology Clinical
			2015-Wounds assessment, care, and product selection, 2 units	**Spring 2014** NS M03 Intermediate Nursing Science II Part 2 Theory
			2015-World Health Organization Expanded use of Opioid Antagonist for Overdose, Surge of US Suicides in Middle-Aged, Older Adults .5 hr	NS M01L Part 1 Fundamentals Clinical
			2015-Professional Studies, 3 hours	NS M03L Part 2 Mental Health and Gerontology Clinical
			2015-Excellence in Partnerships, 3 hours	**Fall 2014** NS M03 Intermediate Nursing Science II Part 2 Theory
			2015-AAP New guides on childhood physical abuse, GI events in NSAID use for Arthritis: 1.5 hours	NS M01L Part 1 Fundamentals Clinical
			2016-End of Life Conversations, 6 hours	NS M03L Part 2 Mental Health and Gerontology Clinical

APPENDIX 5

			2016-Psych Congress Regional Meeting: Updates on Schizophrenia, Bipolar Disorders, Psychotropic Medications, 6.5 hrs	**Spring 2015** NS M03 Intermediate Nursing Science II Part 2 Theory
			2016-Ventura County Medical Reserve: Violence preventions for Healthcare Prof, Sexual Assault: nursing role, Mass Casualty Incidents, Vascular and Critical Care Neurology, Homeless Interventions: 7 hours	NS M01L Part 1 Fundamentals Clinical
			2016- Basic Life Support for Healthcare Providers, 5 hours	NS M03L Part 2 Mental Health and Gerontology Clinical
			2016-NAMI training for Helpline volunteer 4 hrs	**Fall 2015** NS M03 Intermediate Nursing Science II Part 2 Theory
			2016-Obesity Treament guidelines: Applying Pearls to Practice .5 hrs	NS M01L Part 1 Fundamentals Clinical
			2016-Emergency Management Institute (FEMA) Incident command System for Healthcare/Hospitals 6 hours	NS M03L Part 2 Mental Health Clinical
			2016-Teaching Mental Health Nursing: Engaging Students to Facilitate Learning 1 hr	
				Spring 2016 NS M03 Intermediate Nursing Science II Part 2 Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L Part 2 Mental Health Clinical
				Fall 2016 NS M03 Intermediate Nursing Science II Part 2 Theory
				NS M01L Part 1 Fundamentals Clinical
				NS M03L Part 2 Mental Health Clinical
				NS M03L Part 2 Mental Health Clinical

REPORT ON FACULTY

Instruction Specific To Faculty Content Experts: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics).
Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2). Designate by use of the *   (916) 322-3350
symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

Name: **Michele Wargo-Sugleris**
 	
Title: **RN, MSN, PhD**
 	
California RN license number **496113** and expiration date: **3/31/17**
 	
BRN approved as:
  Classification (I̅, AI, CTA):
  Clinical area(s) (M/S, O̅, C, PMH, G)
  (from form EDP-P-02):
	Date of Appointment to Current Position:
	
	Indicate full-time or part-time status:
	
	Indicate if a Content Expert (CCR 1425 (f)
		Education preparation from initial degree/diploma through highest earned degree:
		
		(List degree and year received)
			Professional experience and continuing education activities for the past 5 Years:
			
			(List year(s), course title, and number of units/contact hours earned)
			
			(List employment other than as faculty)
			
			Include national certification from an accrediting organization in (Geriatrics M/S, MH/P, OB, and Pediatrics), if applicable.
				Teaching assignment(s)
				
				(List clinical and theory courses by number and title. Indicate whether responsible for theory, clinical, or both)
				
				If designated content expert, please indicate for which clinical area(s):

	1/6/14	ADN 1992 Moorpark College	1996 - present: L&D nursing, Kaiser Permanente Medical Center, Woodland Hills	**Spring 2014** NS M02L Part 1 Obstetrics Clinical
	Part-Time Didactic and Clinical Instructor Obstetrics	BSN 2009 CSUN	1994-2013 – L&D Charge Nurse/staff nurse, Simi Valley Hospital, Simi Valley	**Fall 2014** NS M02 Intermediate Nursing Science Part 1 Obstetrics
	Content Expert Obstetrics	MSN 2014 UCLA PhD Nursing 2015 UCLA	11/13-14/15- Men in Nursing Conference 8.5 CEUs	NS M02L Part 1 Obstetrics Clinical
			12/15/2014 -Do Infant Feeding Practices Predict Food Allergies in Children .25 CEU	**Spring 2015** NS M02 Intermediate Nursing Science Part 1 Obstetrics
			12/15/2014-Cow's Milk Alternatives Linked to Low Vitamin D in Children .25 CEU	NS M02L Part 1 Obstetrics Clinical
			12/15/2014 -Communicating Safety and Efficacy of HPV Vaccine to Parents and Preadolescents 1.0 CEU	**Fall 2015** NS M02 Intermediate Nursing Science Part 1 Obstetrics
			12/15/2014 - Preexposure Prophylaxis at Conception Yields No Harmful Effects .25 CEU	NS M02L Part 1 Obstetrics Clinical
			10/8/2015 - Strategies to Inspire Healthy Workplaces 6.5 CEUs	**Spring 2016** NS M02 Intermediate Nursing Science Part 1 Obstetrics

APPENDIX 5

			3/23/2016 - AWHONN Advanced Fetal Monitoring Class 8 CEUs	NS M02L Part 1 Obstetrics Clinical
			5/13/2016 - Practical Strategies to Address and Improve Adherence in Cystic Fibrosis 1 CEU	
			9/2016 -RN Update Maternal Child Health 2 CEUs	
			9/2016 - Maternal Child Health CETT 2 CEUs	

Faculty/Student Ratio Determinates

Criteria	Faculty/Student Ratio
Acuity of Patient Need	The acuity levels established by the clinical agency are used as a guide for student assignment. The usual complement of students assigned to each medical/surgical unit ranges from 4 to 6. In high acuity and more specialized areas such as ICU, CCU, DOU, TELE, Nursery, RR, ER, OR, etc. this number ranges from 1 to 2.
Clinical Objectives	The clinical objectives are taken into consideration in determining unit placement, type of assignments, and degree of individualization of instruction as opposed to student/faculty ratio. Student assignment sheets with Level I and Level II objectives are placed on each clinical unit where students are assigned (Exhibit XXVI, Level I and Level II Objectives).
Level I: Courses IL, and 2L	The NS1L student will begin clinical with a combination of first day skills lab and the second day in an extended care facility. The NS1L, during the second 8 weeks of the curriculum, and NS2L are a combined Level I clinical lab in an acute care facility. By using this format, there is a better utilization of clinical learning experiences shared by two courses. Assignments are structured by the instructor, progressing from 1 to 2 clients (Exhibit XXIII, Clinical Rotation Schedules for NS1/2L part 2).
Level II: Courses 3L and 4L	The Level II student has an opportunity to select the larger medical centers. The Level II students are in a combined clinical lab composed of NS3L and NS4L for the first eight weeks. In this format, there is a better use of clinical learning experiences being shared by 2 courses. Assignments will be complex or specialized, progressing from 2 to a maximum of 4 patients. Students are encouraged to select their patient assignments promoting increasing student autonomy. In NS4L, students are beginning their leadership practice and also assigned to the Critical Care Units. The NS4L students also team lead the NS3L students when assigned to the medical/surgical units. During team leading assignments NS4 students may be assigned oversight of up to 6 patients (Exhibit XXIII, Clinical Rotation Schedules for NS3/4L p1). Student in NS3L, Gerontology Based Nursing, are on a 1:1 ratio with the non-faculty Home Health/ Hospice Nurse Preceptor (Exhibit XXIII Clinical Rotation Schedules for NS3L p2 gerontology).
NS4 2nd 8 weeks	Because of the teaching method utilized, the faculty ratio of student to teacher is reduced to 1:1. The Preceptor is a non-faculty member whose responsibility is clearly defined and who is supervised by a Faculty Liaison. Student is given the opportunity to experience patient care assignments of a new graduate with the close supervision and support of a qualified Preceptor. The student may be involved in a primary assignment of responsible or managing the care of a group of patients based on California licensed nurse-to-patient ratio regulation (Exhibit XXXIII, Preceptors Handbook).

Geographic Placement	Unit placement for the Level 1 students will be limited to two to three clinical areas, whereas the Level II student will be placed in multiple clinical areas. This format does provide for close instructor contact and supervision with the less experienced student. The more advanced student requires direct supervision only during certain complex procedures. Students are allowed to choose clinical sites, the semester before the placement (Exhibit XXXIX Clinical Sign Ups).
Teaching Methods	While some teaching methods are appropriate for larger numbers, others such as medication administration and the mentorship in the clinical preceptorship may require a 1:1 student ratio. A variety of teaching methodologies may be utilized in both the lecture and clinical setting (lecture, discussion, demonstration, observation, skills practice, problem solving, nursing process, care planning, etc.) and although the overall teacher to student ratios will not vary with each methodology, adjustments to the supervisory process are both expected and necessary for effective learning The skills lab instructional assistant(s) is an RN who knows the curriculum and is able to assist both in the Skills Lab and in the clinical setting, if a knowledge deficit is noticed in the student.
Clinical Facility Contracts	Written contracts are in effect with all assigned clinical agencies and these require strict adherence to all institutional safety requirements. (Exhibit XXII and Appendix 11A)

State of California		Department of Consumer Affairs Board of Registered Nursing
NURSING CURRICULUM AND CLINICAL FACILITIES		
		(916) 322-3350

NAME OF PROGRAM:	SIGNATURE *(Director of RN Program)*:	DATE:
Moorpark College		

Please list all nursing subjects offered during the quarter/semester of the approval visit.

NURSING COURSE *(Name & Number)*	M / S	O	C	P M H	G	UNITS LEC	UNITS LAB	LEAD INSTRUCTOR *(Name)*	CLINICAL LAB INSTRUCTOR(S) *(Name)*	#STUDENTS/ SECTION	CLINICAL SITE
Nursing Science M01/M01L	☐	☐	☐	☐	☐	4	4.5	Christina Lee/ Jeny Joy	Argelia Clifford Shirley Collins Michelle Dieterich Valentina Ira Jeny Joy Christina Lee Jamee Maxey Autumn Muntz Olga Myshina Dalila Sankaran	11	Los Robles Hospital St. John's Regional Medical Center West Hills Hospital Tarzana Hospital Simi Valley Hospital
Nursing Science M02/M02L	☐	☐	☐	☐	☐	5	4.5	Linda Loiselle/ Michele Wargo-Sugleris/ Michelle Dieterich	Bobby Briscoe Argelia Clifford Shirley Collins Valentina Ira Christina Lee Linda Loiselle Jamee Maxey Autumn Muntz Olga Myshina	11	Children's Hospital LA Ventura County MC St. John's Regional MC Los Robles Hospital West Hills Hospital Tarzana Hospital Simi Valley Hospital

Nursing Science M03/M03L	☐	☐	☐	☐	☐	5	4.5	Olga Myshina/ Dalila Sankaran	Argelia Clifford Michelle Dieterich Jeny Joy Janet Latonio Linda Loiselle Jamee Maxey Olga Myshina Sherry Nantroup Mae Roa Dalila Sankaran	11	Los Robles Hospital Simi Valley Hospital West Hills Hospital Ventura County MC VC Mental Health Vista Del Mar Northridge Hospital Tarzana Hospital
Nursing Science M04/M04L	☐	☐	☐	☐	☐	4	4.5	Jamee Maxey/ Argelia Clifford	Argelia Clifford Michelle Dieterich Jeny Joy Linda Loiselle Jamee Maxey Olga Myshina Sherry Nantroup Mae Roa	11	Los Robles Hospital Simi Valley Hospital West Hills Hospital Tarzana Hospital Ventura County MC Northridge Hospital

Moorpark College
Contract Tracking Sheet
Revised 2/07/2017

Nursing Contracts:

Hospital	Address/Contact Info	Program	Date of renewal	Certificate of Insurance	Status
Children's Hospital LA (CHLA)	4650 Sunset Blvd. Los Angeles, CA 90027 Contact: Leslie Newman 323-660-2450	ADN	10/2018	7/17	
Kaiser Permanente (KPWH)	5601 De Soto Avenue Woodland Hills, CA 91367 Contact: Jan Tubman 626-405-7961	ADN	Automatic Renewals	7/17	
Los Robles Hospital & Medical Center & Los Robles Transitional Care Unit (LRTCU)	215 West Janss Rd. Thousand Oaks, CA 91360 Contact: Phyllis Allaire 805-370-4696	ADN	08/24/2021	7/17	
Northridge Hospital Medical Center (CHW)	18300 Roscoe Blvd. Northridge, CA 91328 Contact: Nancy Lewis 818-885-8500 x 5619 Myrtle Solomon 818-885-8500 x 2913	ADN	9/2017	7/17	
Providence Tarzana Medical Center	18321 Clark St. Tarzana, CA 91356 501 S. Buena Vista St. Suite 404, East Tower Burbank, CA 91505 Contact: (All Contracts): Susan Kilgore 818-847-3375 Susan.kilgore@providence.org	ADN	07/31/2018	7/17	.
St. John's Regional Medical Center & St. John's Pleasant Valley Hospital (CHW)	1600 N. Rose Ave. Oxnard, CA 93030 Contact (For Nursing): Belinda Valdez 805-988-2500 x 1856 Belinda.Valdez@CHW.edu Contact (All Contracts): Amy Carrillo amy.carrillo001@dignityhealth.org 805-988-2608	ADN	12/2017	7/17	
Simi Valley Hospital (SVH)	2975 N. Sycamore Dr. Simi Valley, CA 93065 Contact: Jan Gecolea Contract and Licensing 805 955-6210 Gecolejr@ah.org	ADN	6/2018	7/17	
Thousand Oaks Surgical Hospital (T.O.S.H.)	401 East Rolling Oaks Dr. Thousand Oaks, CA 91361 Contact: Connie Spykerman 805-418-1325, 805-338-3797 (cell) 805-418-1381 (fax) cspykerman@TOSHospital.com	ADN	8/24/21	7/17	

APPENDIX 8A

Hospital	Address/Contact Info	Program	Date of renewal	Certificate of Insurance	Status
Ventura County Medical Center (VCMC)	3291 Loma Vista Rd. Ventura, CA 93003 Contact: Pauline Hunter 805-652-6045	ADN	6/30/2021	7/17	
West Hills Hospital & Medical Center	7300 Medical Ctr. Dr. West Hills, CA 91307 Contact: Julie La Rochelle 818- 676-4221	ADN	8/2017	7/17	

Clinics/Psych/Home Care	Address/Contact Info	Program	Date for renewal	Certificate of Insurance	Status
Adventist Health Care	1850 Heywood St Simi Valley, CA 93065 Contact: Melody Stopher 805-526-4663	ADN	See SVH contract (6/2018)	7/17	
Allied Healthcare Professionals Home Health Agency	61 Long Court – Suite 110 Thousand Oaks, Ca 91360 Contact: Terri Mulne, RN Administrator/DPCS	ADN	9/1/2017	7/17	
Assisted Home Care	4450 Westinghouse Street Ste 101 Ventura, Ca 93003 Contact: Elaine Phinney 805-371-9988	ADN	6/2018	7/17	
Auerbach Geriatric Psychiatry Unit Jewish Home for the Aging Los Angeles Jewish Home	7150 Tampa Avenue Reseda, Ca 91335 Contact: Phyllis Metz 818-774-9000	ADN	8/2020	7/17	
Aurora Vista Del Mar	801 Seneca St. Ventura, CA 93003 Contact: Debra English 805-653-6434	ADN	6/2020	7/17	
Buena Vista Hospice	143 Triunfo Canyon Rd. Westlake Village, CA 91361 Contact: Beth Kin 805-777-1133	ADN	9/2018	7/17	
Buena Vista Palliative Care & Home Health, Inc.	1732 La Palma Drive #108 Ventura, Ca 93003	ADN	12/1/2018		
Camarillo Health Care District	3639 E. Las Posas Rd., Ste.E117 Camarillo, CA 93010-1429 Contact: Mary Anne Ratto 805-388-1952 maryannr@camhealth.com	ADN	8/1/2021	7/17	
Conejo Valley Senior Concerns	401 Hodencamp Rd. Thousand Oaks, CA 91362 Contact: Edna Landsman 805-497-0189	ADN	8/2018	7/17	
Kaiser Home Health and Hospice Agency	10605 Balboa Blvd, Suite 330, Granada Hills, CA Contact: Sherrilyn Jefferson-Bradford 818-375-4376	ADN	See Kaiser contract (Automatic Renewals)	7/17	

APPENDIX 8A

Clinics/Psych/Home Care	Address/Contact Info	Program	Date for renewal	Certificate of Insurance	Status
Los Robles Home Health	68 Long Ct. Ste. 2C Thousand Oaks, CA 91360 Contact: Joan Plassmeyer 805-777-7234 losroblesc@aol.com	ADN	8/2018	7/17	
VC Mental Health	300 N. Hillmont Ave. Ventura, CA 93003 Contact: Pauline Hunter 805-652-6045	ADN	See VCMC contract (6/2021)	7/17	
Simi Valley Senior Center	3900 Avenida Simi Simi Valley, CA 93062 Contact: Lori Dickenson 805-583-6366	ADN	Automatic Renewals	7/17	
TLC Hospice	4762 Maureen Lane Moorpark, CA 93021 Contact: Shelley Chilton shelley@tlchomehospice.com 805-517-1618	ADN	8/2021	7/17	
Universities	**Address/Contact Info**	**Program**	**Date of Renewal**	**Certificate of Insurance**	**Status**
Channel Islands CSUCI	One University Drive Camarillo, Ca 93012-8599	ADN	7/2018	7/17	
Grand Canyon University	3300 West Camelback Road Phoenix, AZ 85017 Yolanda.taylor@gcu.edu	ADN	Indefinite	7/17	
University of Phoenix	Attn: College of Health Sciences and Nursing 1625 West fountainhead Pkwy Mail Stop CF-SX07 Tempe, AZ 85282 Contact: Betty Nelson 602- 557-2556	ADN	Indefinite	7/17	
Western Governors University	Attn: General Counsel 4001 South 700 East Suite 700 Salt Lake City, UT 84107	ADN	08/2017	7/17	

HEALTH SCIENCE CONTRACT:
PROFESSIONAL NURSING
STUDENT EDUCATION AGREEMENT

This Agreement is made between

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
255 W. Stanley Avenue
Ventura, CA 93001
805-652-5500

(hereinafter referred to as "DISTRICT") and

(hereinafter referred to as "AGENCY").

RECITALS

WHEREAS DISTRICT has an Associate Degree Nursing Program (hereinafter referred to as "Program") which requires clinical experiences; and medical-surgical, maternity, pediatric, geriatric, psychiatric, emergency clinical experience, and ambulatory care clinical experience; and

WHEREAS AGENCY has the facilities which are suitable for providing the clinical experiences; and medical-surgical, maternity, pediatric, psychiatric, emergency clinical experience, and home health clinical experience; and

WHEREAS it is essential for students in the Program at the DISTRICT to acquire such clinical experience during their learning process; and

WHEREAS it is beneficial to AGENCY to contribute to the education of the future supply of Associate Degree Nursing graduates;

NOW, THEREFORE, in consideration of the terms and conditions set forth herein, the parties hereto do hereby agree as follows:

AGREEMENT

1. **GENERAL RESPONSIBILITIES OF DISTRICT**

   A. DISTRICT shall supervise all instruction and clinical experience for the Program.

APPENDIX 8B

B.	DISTRICT will designate students from those enrolled in their Health Science Program for assignment to AGENCY for clinical experience.

C.	DISTRICT shall require an examination for each student for physical fitness and provide certification of physical fitness and immunization or documented immunity for the common communicable diseases. The examination is to include proof of current immunization or immunity for tetanus, diphtheria, measles, rubella, varicella titer, rubeola, and to have had a recent negative skin/blood test or chest x-ray for tuberculosis. If the rubella-screening test shows non-immune, individual must be immunized prior to arrival for course of instruction at AGENCY. A hepatitis B surface antigen test shall be required unless proof of a hepatitis B vaccine series has been demonstrated. Hepatitis B immunization is strongly advised. If a student elects to forgo immunization they shall sign a waiver of liability for acquiring hepatitis B.

D.	DISTRICT shall require that each student possess a current CPR certificate.

E.	DISTRICT may prescribe the type of uniforms to be worn by students in keeping with the requirements of AGENCY.

F.	DISTRICT shall provide for orientation for its instructors and students to familiarize them with AGENCY policies, practices, and facilities before assigning them to duties at the AGENCY.

G.	DISTRICT shall prepare the necessary schedules, directives, and the memoranda for the clinical course of instruction at AGENCY.

H.	DISTRICT shall furnish to the AGENCY Director of Nursing Education or designee, a pre-semester schedule of dates and number of students expected prior to the assignment of such to AGENCY.

I.	DISTRICT shall require that any change in the student's enrollment health status will be evaluated on an individual basis.

J.	DISTRICT warrants that each of its DISTRICT instructors supervising, or participating in clinical instruction at AGENCY will be duly licensed and/or certificated in California, and will meet the DISTRICT educational qualifications. Assignment of the instructors shall be subject to approval by AGENCY.

K.	DISTRICT shall be responsible for the assignment, guidance, supervision, and evaluation of all student clinical experiences provided at AGENCY.

L.   DISTRICT shall certify to AGENCY that each student, employee, and instructor reporting to the Clinical Facilities has received the training required by the OSHA bloodborne pathogens standard, Section 5193 of Title 8 of *California Code of Regulations*.

M.   DISTRICT shall ensure that each student, instructor, and employee in the Program shall comply with all federal, state, and local occupational health and safety, environmental statutes and regulations, and complies with the OSHA bloodborne pathogens standard, Section 5193 of Title 8 of *California Code of Regulations*.

N.   DISTRICT shall, at the first opportunity following receipt of notice, transfer students or instructors who are unable to properly perform their clinical assignments.

O.   DISTRICT shall report to the AGENCY all changes in faculty including changes in teaching areas, prior to employment of or within 30 days after termination of employment of a faculty member. Such changes shall be reported on forms provided by the DISTRICT. Faculty members shall possess qualifications as set forth in Section 1425 of Title 16 of *California Code of Regulations*, and incorporated herein by this reference.

P.   DISTRICT shall have student execute a statement of student responsibilities, a confidentiality statement, a waiver of liability, and if required, a student hepatitis B vaccine declination, in the forms attached hereto, marked as Exhibits "A", "B", "C", and "D" respectively, and are incorporated into this Agreement by this reference.

2.   **GENERAL RESPONSIBILITIES OF AGENCY**

A.   AGENCY shall provide clinical experience and observation opportunities of educational value appropriate for the learning experience for students designated by DISTRICT. When available, these experiences shall be in psychiatric, medical-surgical, pediatric, obstetrics, geriatric, and emergency.

B.   AGENCY shall accept an appropriate number of students as agreed upon by both parties for clinical experience, to assure maximum learning experience in each clinical area.

C.   AGENCY shall provide a contact person, acceptable to the DISTRICT, who shall assist the DISTRICT in coordinating the Program, and shall serve as the principal liaison for communication between the AGENCY and DISTRICT regarding the Program. When needed, the AGENCY'S contact person shall coordinate the arrangements of classrooms, the use of

visual aids, and if requested by the DISTRICT instructor, shall obtain AGENCY staff members as resource people.

D. AGENCY shall maintain records of student attendance and achievement. Such records shall be available for review at all times and submitted on a schedule developed by the DISTRICT.

E. AGENCY shall provide to the extent needed and available, suitable classroom facilities, storage space for teaching materials, and suitable lockers for student possessions.

F. AGENCY shall provide students access to library and medical records only when necessary in the regular course of the program.

G. AGENCY recognizes that DISTRICT is responsible for the learning experiences of students, but reserves the right in all problem situations requiring immediate solution to resolve the situation in the favor of the patient, placing the student in the position of observer, with subsequent clarification to follow between the instructor and AGENCY.

H. AGENCY reserves the right to terminate, with cause, at any time, the clinical experience of any student, and agrees to notify the DISTRICT, in writing, of the AGENCY's intent to exercise such right.

I. AGENCY shall provide qualified nursing personnel adequate in number, in each area where students are receiving clinical experience in order to ensure safe continuous health care services to the patients.

J. AGENCY shall not decrease their customary number of staff as a result of the assignment of students in the Program.

K. The AGENCY retains full administrative and clinical responsibility for the care of its patients assigned to the Program. Students and faculty, as participants in this education program, will not replace AGENCY staff and agree to follow any decision rendered by the proper AGENCY staff.

L. AGENCY shall, at any time when a student or faculty is participating in the clinical experience at AGENCY, provide to students and faculty necessary emergency health care or first aid for accidents or illness occurring in its facilities.

M. AGENCY shall provide a Registered Nurse/ Nurse Preceptor to each student to teach, supervise, and evaluate in consultation with faculty liaison.

N.   AGENCY agrees that the Registered Nurse/ Nurse Preceptor is not paid by DISTRICT.

3.   **NURSING PRELICENSURE CLINICAL PRECEPTORSHIP**

A.   DISTRICT shall participate in conjunction with an AGENCY employed Registered Nurse Preceptor, who satisfies the requirements of Section 1425(f) of Title 16 of *California Code of Regulations*, in the supervision of the instruction and clinical experience of the student nurse.

B.   DISTRICT shall:

1.   Manage the preceptor program and is responsible for the instruction of nursing students.

2.   Schedule the Students' clinical hours to match the AGENCY assigned work schedule of the Registered Nurse Preceptor, including days, evenings or night shifts. Faculty liaison will be available and on call during that time.

3.   Provide a six-(6) hour workshop to Registered Nurse Preceptors concerning the Preceptor role.

4.   Agree that all conditions pertaining to regular student nurses as stated in this Agreement shall apply here, with the exceptions as noted in this section.

C.   AGENCY shall:

1.   Provide a Registered Nurse Preceptor for each student to teach, supervise and evaluate in consultation with faculty liaison.

2.   Agree that the Registered Nurse Preceptor is not paid by the DISTRICT, but receives recognition by the DISTRICT.

4.   **DISTRICT AND AGENCY FURTHER AGREE THAT**

A.   Designated students shall be subject to the rules and regulations of both DISTRICT and AGENCY.

B.   DISTRICT and AGENCY shall mutually agree upon the dates and hours for the clinical experience assignments.

C.   Students shall receive no salary or stipend for the service they may give in the course of the clinical experience.

D. Neither DISTRICT nor AGENCY will furnish any uniform, transportation or laundry service for students.

E. AGENCY's space, patient population, appropriate supervisory staff, and other considerations reasonably related to the furnishing of quality care by the AGENCY to its patients, shall be considered in the determination of the appropriate number of students agreed upon for participation in the program contemplated by this Agreement.

F. The ratio of instructor to students shall comply with Section 1424(k) of Title 16 of *California Code of Regulations*, incorporated into this Agreement by this reference, and not exceed one to [twelve] with any exceptions to be approved by AGENCY prior to placing any students in the clinical areas.

G. DISTRICT and AGENCY shall maintain the standards of the Associate Degree Nursing Program at a level equal to or exceeding the standards set forth by the State Board of Registered Nursing, and Article 3, Section 1420, et seq. of Title 16 of *California Code of Regulations.*

H. The academic personnel of DISTRICT shall share with AGENCY in the supervision of students in clinical activities. The person to whom the student is required to report and who is not an academic personnel of DISTRICT shall possess a valid certificate or license to practice a healing art in California, pursuant to Section 58055 of Title 5 of *the California Code of Regulations*.

5. **INSURANCE**

A. DISTRICT warrants that it carries insurance covering DISTRICT, students and faculty with a reputable insurance company(ies) which insure the perils of bodily injury, personal injury, professional liability, and property damage, and cover such liabilities as are imposed by law and assumed under written contract with others with limits of at least one million ($1,000,000) each occurrence with three million ($3,000,000) annual aggregate.

B. DISTRICT shall supply to AGENCY upon request, certificates of insurance which evidence coverage in amounts of hazards as herein described. DISTRICT may utilize a Program of self-insurance to meet the insurance requirements of this section if it obtains the prior approval of AGENCY.

C. DISTRICT agrees to maintain workers' compensation insurance covering all DISTRICT personnel employed to perform services pursuant to this Agreement in accordance with all applicable workers' compensation laws.

D.   Students, while participating in the Program, and receiving college credit, pursuant to this Agreement, shall not be considered employees of AGENCY. AGENCY does not assume any liability under law relating to workers' compensation, on account of any act of any student performing, receiving experience and training (clinical or not), or traveling pursuant to the Agreement. When the students are under the jurisdiction or control of AGENCY, they will be covered for Workers Compensation by DISTRICT, pursuant to Section 78249 of the *California Education Code*.

6.   INDEMNIFICATION

A.   AGENCY agrees to indemnify DISTRICT and hold DISTRICT harmless for all damages or liability arising from or related to this Agreement, except when due to the sole negligence of DISTRICT.

B.   DISTRICT agrees to indemnify AGENCY and hold AGENCY harmless for all damages or liability arising from or related to this Agreement, except when due to the sole negligence of AGENCY.

7.   NONDISCRIMINATION

Neither AGENCY nor DISTRICT will discriminate against any person because of race, color, religion, ancestry, national origin, disability, marital status, age, sexual orientation, gender or any basis that is contained in the prohibition of hate crimes set forth in subdivision (a) of Section 422.6 of the *Penal Code*.

8.   RELATIONSHIP

The relationship of AGENCY and DISTRICT shall be that of independent contractor. Neither party shall be considered the agent or employee of the other. Neither shall exercise control or direction over the other while performing their respective obligations under this Agreement. Neither party intends to create a partnership or joint venture by entering into this Agreement.

9.   WAIVER OF BREACH

The waiver by either party of a breach or violation of any provision of this Agreement will not be deemed a waiver of any subsequent breach of the same or a different provision.

10.   TERMINATION OF AGREEMENT

This Agreement shall be effective as of date of execution, and shall continue subject to cancellation. Either party may terminate this Agreement by giving ninety (90) days written notice. Said notice shall be sent by certified mail, return receipt requested, and ninety (90) days shall begin on the date of receipt thereof.

Such termination shall have no effect upon those students then enrolled in the Program at AGENCY.

11. DATE OF AGREEMENT

This Agreement shall commence on _____ and shall continue to effect for a two (2) year period, and shall terminate on the _____ day of _____, 20__. The Agreement, following a review by the DISTRICT, is subject to renewal for a period of two years with the consent of both DISTRICT and AGENCY.

12. MODIFICATION

No modification, amendment, supplement to this Agreement, or waiver of any provision of this Agreement shall be binding upon the parties unless made in writing and duly signed by all parties hereto.

13. SURVIVING SECTIONS

All obligations under this Agreement which are continuing in nature, shall survive the termination or conclusion of this Agreement.

14. ASSIGNMENT

Neither DISTRICT nor AGENCY may assign this Agreement without the express written consent of the other.

15. RULES OF CONSTRUCTION

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either DISTRICT or AGENCY. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular, or plural, as the identifications of the person or persons, entity or entities, may require.

16. ENTIRE AGREEMENT

This Agreement contains the final, complete, and exclusive agreement between the parties hereto. Any prior agreements, promises, negotiations, or representations relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. This Agreement is executed without reliance upon any promise, warranty, or representation by any party or any representative of any party other than those expressly contained herein. Each

party hereto has carefully read this Agreement and signs the same of its own free will.

17. **<u>GOVERNING LAW</u>**

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced, and governed by and under the laws of the State of California.

18. **<u>COUNTERPARTS</u>**

This Agreement may be executed in counterparts, and all such counterparts together shall constitute the entire agreement of the parties hereto.

19. **<u>SEVERABILITY</u>**

The provisions of this Agreement are specifically made severable. If any clause, provision, right, and/or remedy provided herein are unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right, and/or remedy were not contained herein.

20. **<u>AUTHORIZATION</u>**

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties.

VENTURA COUNTY COMMUNITY
COLLEGE DISTRICT

Date_____   By _____

_____
Vice Chancellor, Business & Administrative Services

_____

Date_____   By _____

_____

Title _____

EXHIBIT "A"

STATEMENT OF STUDENT RESPONSIBILITIES REGARDING AGENCY AND DISTRICT TRAINING PROGRAM

1.   If requested, provide proof of immunization or documented immunity against tetanus, diphtheria, rubella, rubeola; and a varicella titer; including a current PPD or tuberculosis evaluation. A hepatitis B surface antigen test shall be submitted to unless proof of a hepatitis B vaccine series can be demonstrated.

2.   Conform to all applicable AGENCY policies, procedures, and regulations, and such other requirements and restrictions as may be mutually specified and agreed upon by the designated representative of AGENCY and DISTRICT.

3.   *Additional Rules and Regulation which a student must be noticed of and/or expected to comply with:*

   _____

   _____.

Signed: _____   Date: _____

Print Name: _____

EXHIBIT "B"

STUDENT WAIVER OF LIABILITY

1.	In consideration of the educational opportunity afforded to me by AGENCY, I hereby waive any claim for damages against AGENCY, its employees, and/or agents alleged to have resulted from any tortuous acts or omissions of AGENCY, its employees, and/or agents.

Signed: _____ 	Date: _____

Print Name: _____

2.	In consideration of the educational opportunity afforded to me by DISTRICT, I hereby waive any claim for damages against DISTRICT, its employees and/or agents alleged to have resulted from any tortuous acts or omissions of DISTRICT, its employees and/or agents.

Signed: _____ 	Date: _____

Print Name: _____

APPENDIX 8B

EXHIBIT "C"

STUDENT ACKNOWLEDGEMENT OF PATIENT CONFIDENTIALITY

The undersigned hereby recognizes that medical records, patient care information, personnel information, reports to regulatory agencies, and conversations between or among any health care professionals regarding patient matters are considered confidential, and should be treated with utmost confidentiality. If it is determined that a breach of confidentiality has occurred as a result of my actions, I can be liable for damages that result from such a breach, and possible termination from the Program.

Signed: _____   Date: _____

Print Name: _____

EXHIBIT "D"

HEPATITIS B VACCINE DECLINATION (WAIVER)

I HAVE BEEN INFORMED AND UNDERSTAND THAT DUE TO MY PARTICIPATION IN THIS COURSE EXPOSURE TO BLOOD AND/OR OTHER POTENTIALLY INFECTIOUS MATERIALS, THAT I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN ADVISED, AND GIVEN THE OPPORTUNITY TO BE VACCINATED FOR A FEE WITH HEPATITIS B VACCINATION.

STUDENTS MUST CHECK ONE OF THE BOXES:

☐   I DECLINE THE HEPATITIS B VACCINATION, AND UNDERSTAND THAT BY DECLINING THIS VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE.

☐   I HAVE FULLY COMPLETED THE HEPATITIS B VACCINATION SERIES, AND THEREFORE I DECLINE THIS OPPORTUNITY TO BE VACCINATED WITH THE HEPATITIS B VACCINATION.

☐   I HAVE BEGUN THE HEPATITIS B VACCINATION SERIES AND UNDERSTAND THAT I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE, AND WILL CONTINUE TO COMPLETE THE ENTIRE SERIES OF VACCINATION.

Print Name: _____

Signature: _____

Date: _____

Health Sciences Department Organizational Chart
Lines of Authority and Channels of Communication between the ADN Program and the Clinical Agencies

Coordinator of Health Sciences
Nursing Program Director
Carol Higashida

Department Office
Administrative Assistant Marcela Hernandez
Office Assistant Crystal Wirth

Assistant to the Coordinator
Nursing Program Assistant Director
Christina Lee

Student Worker

ADN Advisory Committee

Nursing Faculty
Instructional Teams
&
Clinical Agencies

Instructional Lab Tech II (Nursing)
Carol Fox & Sarah Cornelsen

Annual Summation Meeting Led by Faculty Liaisons

| Jamee Maxey Los Robles Sem. 1,2,3,4 | Jeny Joy Simi Valley Sem. 1,2,3,4 | Olga Myshina West Hills Sem. 1,2,3,4 | Christina Lee Tarzana Sem. 1,2,3,4 | Linda Loiselle VCMC, CHLA Sem. 2,3,4 | Dalila Sankaran VCMH/VDM, NHMC Sem. 3 | Argie Clifford SJRMC Sem. 2,4 |

Team Meetings Conducted by Lead Faculty

Medical-Surgical Faculty
Argelia Clifford (FT)   Autumn Muntz
Shirley Collins   Olga Myshina (FT)
Michelle Dieterich (FT)   Sherry Nantroup
Valentina Ira Jeny Joy (FT)   Mae Roa
Christina Lee (FT)   Dalila Sankaran (FT)
Jamee Maxey (FT)

Pediatrics/OB Faculty
Bobby Briscoe
Linda Loiselle (FT)
Michele Wargo-Sugleris

Psych/Gero Faculty
Michelle Dieterich (FT)   Linda Loiselle (FT)
Jeny Joy (FT)   Olga Myshina (FT)
Janet Latonio   Dalila Sankaran
(FT)

WHMC Clinical Schedule

Moorpark College

Fall 2016   Moorpark College   Nursing Science NS 3L/4L Part 1

Hours: Wednesdays   0630-1945

Mid-conference	1500-1600	location TBA
Post-conference		1900 location TBA

Instructor: Olga Myshina, MSN, RN, CNE, PHN

email: omyshina@vcccd.edu or olgamyshina@gmail.com

cell (818)430-6155

Clinical Evaluations: October 14th, 2016 on campus

Student:						Midterm				Cath Lab	Mock Code
4 L		23-Aug	24-Aug	6-Sep	7-Sep	14-Sep	21-Sep	28-Sep	5-Oct	12-Oct	
Jose Velasquez	O	s	ONC+2	ONC+2	ICU	ICU	~3M+1	ONC+1	4S+1	6-Oct	27-Sep
Reyna Mendez	R	k	3M+2	3M+2	3M+2	3T+1	ICU	ICU	~4S+1	16-Sep	27-Sep
Caitlin Reynolds	I	i	3M+2	3M+2	PCU+1	PCU+1	~3M+1	ONC+1	4Ortho+1	16-Sep	27-Sep
Kaitlyn Bossoletti	E	l	ONC+2	ONC+2	3M+2	3T+1	PCU+1	PCU+1	~4S=3	15-Sep	27-Sep
Daryn Watters	N	l	PCU+1	PCU+1	~3M+2	3T+1	3M+1	ONC+1	4Ortho+1	8-Sep	27-Sep
	T	s									
3 L	A				Increase pt				Dialysis	Simulation	
Laura Caban	T	l	ONC	ONC	ED	3T	PCU=2	PCU=2	4Ortho	23-Sep	15-Sep
Kelsey Schaffer-Perkins	I	a	ONC	ONC	3M	ED	3M	ONC	4S	1-Sep	15-Sep
Shannon Risdon	O	b	3M	3M	3M	3T	ED	ONC	4Ortho	23-Sep	15-Sep
Valerie Forbes	N		3M	3M	PCU+1	PCU+1	3M	ED	4S	27-Sep	15-Sep
Tiffany Corona-Villegas			PCU=1	PCU=1	3M	3T	3M	ONC	ED	2-Sep	15-Sep
			18 (0)	18 (18)	14(14)	14 (14)	15 (15)	15 (13)	19 (14)		

DC= Dialysis Center. Refer to assignment sheet for location and date.

ED= Emergency Department. Report directly to ED on assigned day. Check in with charge nurse for assignment.

ICU (1st fl) - MICU (Medical ICU) and SICU (Surgical ICU), report directly to the unit. Check with charge RN to be assigned to staff RN.

3M - 3rd floor/Medical Tower 1   PCU - 3rd floor South, Progressive Care Unit, Tower 2

3T - 3rd floor/Trlemetry Tower 1   Oncology - 3rd floor, Tower 2

4 Ortho/Neuro   4 Surgical

***Caveat: Schedule is subject to change in event of extenuating circumstances.   Studentas will be notified about changes.   Check D2L daily.

4L team leaders are responsible for all patients care

After midterm (September 21st) -   NS3 sts will increase load to 3 pts

Assignment Due dates:

3L   4 L

Simulation: 9/15/2016   ~Care Plan: Due 1 week after Critical Care rotation.

Reports: 3 reports on full assignment   Cath Lab Assignment: The pre-assignment is due the clinical day prior to the cath lab. The final section is due the next clinical

Care plans due: 21-Sep   day after the cath lab rotation.

*Dialysis Assignment: Due the next clinical day after dialysis rotation.   Mock code: 27-Sep

3L: 6 med days, 6 IVF bags, 8 IVPB

4L: 5 med days, 6 IVF bags, 8 IVPB

* - med days

APPENDIX 9

Program Review Surveys

Survey Instrument	Description	Frequency
#1 Student Entrance Survey	Designed to provide consistent demographic information on students' matriculation into the program either generic or advanced placement	First week of the first semester
#2 Student Review of Classroom Theory	An internal (program) tool designed to provide feedback on student's views of the effectiveness of instructional activities	At the completion of each theory course
#3 Student Review of Skills Lab	An internal survey instrument designed to provide a review of the quality of the educational experience in the open lab format for the skills lab.	At the completion of each 8 week skills lab
#4 Student Review of Clinical Setting	Internal survey tool is to determine the student's assessment of the clinical opportunity, appropriateness and instruction provided within the clinical facility.	At the completion of each clinical laboratory class.
#5 Clinical Instructor's Evaluation of the Clinical Setting	Designed to assess the adequacy of the clinical facility in providing experiences that meet the clinical objectives	Annually as needed prior to Annual Planning/Eval Mtg
#6 Agency Evaluation of Student Experience	Designed to assess the clinical agency's staff member's perspective of: program's efficiency in the planning process for student placement and observations about students and the faculty as they perform their respective assignments.	Annually
#7A Student Exit Survey	Designed to assess the student's perception of the educational experience, their employment prospects, their interest and plans to continue their education.	Last day of the fourth semester
#8A Alumni Survey	Designed to assess the graduate's employment status, satisfaction with their preparation after a period of time as an employee, as well as provide statistical information concerning employment.	Six months after graduation
#9 Employer Survey of Graduates	Designed to provide agencies the opportunity to share with educational institutions their perception of the graduates.	Annually

Nursing Program Outcomes

Explanation for attrition rate >25%:

In Spring 2012 the attrition rate was 28% which is greater than the benchmark of less than 25% set by the Board of Registered Nursing (Table A). The cohort of students admitted in Spring 2012 had a significant number of at-risk students who required remediation for either a low success score or low composite TEAS score.

Table A: Attrition Rate by the Semester

Fall 2011	Sp 2012	Fall 2012	Sp 2013	Fall 2013	Sp 2014	Fall 2014	Sp 2015	Fall 2015	Sp 2016
NS1 21%	NS1 28%	NS1 12%	NS1 0%	NS1 3%	NS1 5%	NS1 10%	NS1 10%	NS1 18%	NS1 12%
NS2 19%	NS2 16%	NS2 7%	NS2 2%	NS2 9%	NS2 0%	NS2 9%	NS2 2%	NS2 8%	NS2 2%
NS3 13%	NS3 16%	NS3 8%	NS3 6%	NS3 5%	NS3 10%	NS3 0%	NS3 5%	NS3 10%	NS3 3%
NS4 8%	NS4 5%	NS4 0%	NS4 0%	NS4 7%	NS4 0%	NS4 0%	NS4 2 %	NS 4 0%	NS 4 0%

The overall retention rate, measured as on schedule program completion in four consecutive semesters, was well below the program benchmark of greater than 80% for the years 2011-2012, 2012-2013, and 2013-2014 (Table B). Although the multi-criteria selection process was initiated for the Fall 2009 applications, the program had an extensive waitlist comprised of many students who were at-risk. Over the years, the top rankings students had been admitted for the grant-funded seats, thus leaving the weakest students on the waitlist. These were the students admitted to the program who were scheduled to graduate from Fall 2011 to Spring 2014.

Table B: Retention Rate (On Schedule Completion)

	Fall 2011 - Spring 2012	Fall 2012 – Spring 2013	Fall 2013 – Spring 2014	Fall 2014 - Spring 2015	Fall 2015 – Spring 2016
Multi-criteria	75%	80%	89%	88%	84%
Generic	45%	49%	67%	79%	69%
At-Risk	36%	28%	33%	0%	NA
Overall	53%	55%	70%	83%	81%

The data indicates that students admitted based on the multi-criteria selection process, those students with stronger academic foundation as in higher core biology GPA and TEAS scores, are more likely to graduate on schedule (Graph A).

Graph A: Retention Rate (On Schedule Completion)

Year	Generic Student	Generic Student "At Risk"	Multi-Criteria Student
11-12	45%	36%	75%
12-13	49%	28%	80%
13-14	67%	33%	89%
14-15	79%	0%	88%
15-16	69%		84%
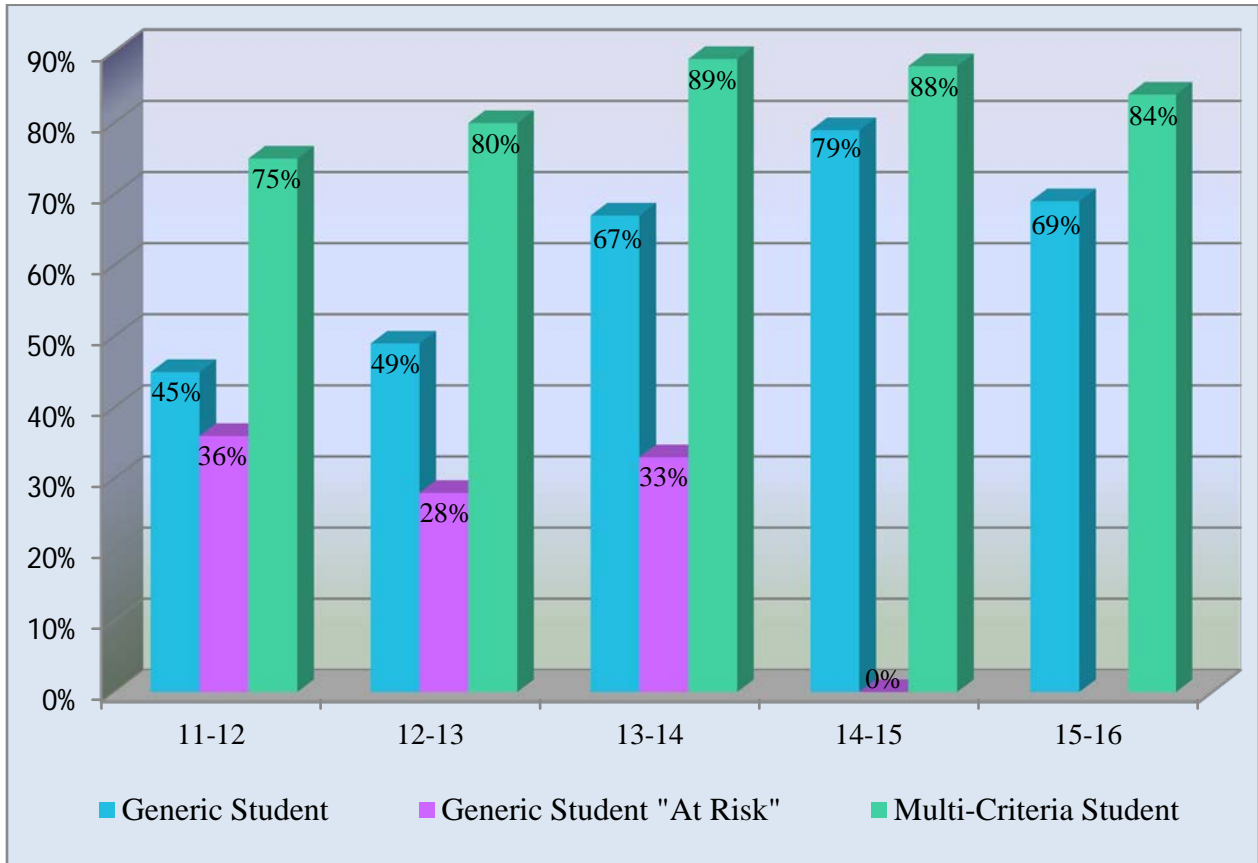
Table C: NCLEX Pass Rate

Fall 2011	Sp 2012	Fall 2012	Sp 2013	Fall 2013	Sp 2014	Fall 2014	Sp 2015	Fall 2015
100%	97%	93%	91%	85%	90%	88%	92%	95%

Graph B:
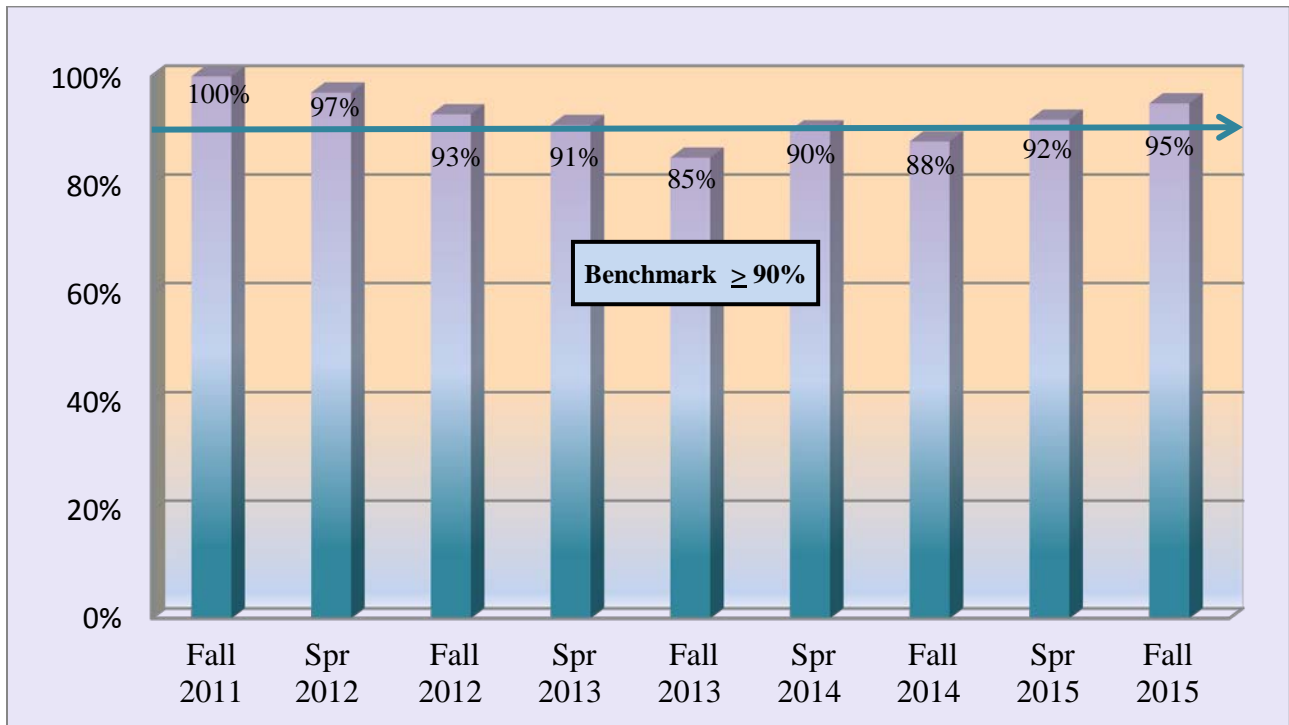
Graph C: Graduate Employment Rate (At Six Months)

Graph D: Withdrawal from Program by Reason and Year (All Semesters)

Legend:
- Withdrew passing
- Withdrew failing clinical
- Withdrew failing theory

Year	Withdrew passing	Withdrew failing clinical	Withdrew failing theory	Total
2011-12	9	10	35	44
2012-13	6	3	8	17
2013-14	4	6	10	20
2014-15	8	1	10	19
2015-16	4	5	17	26
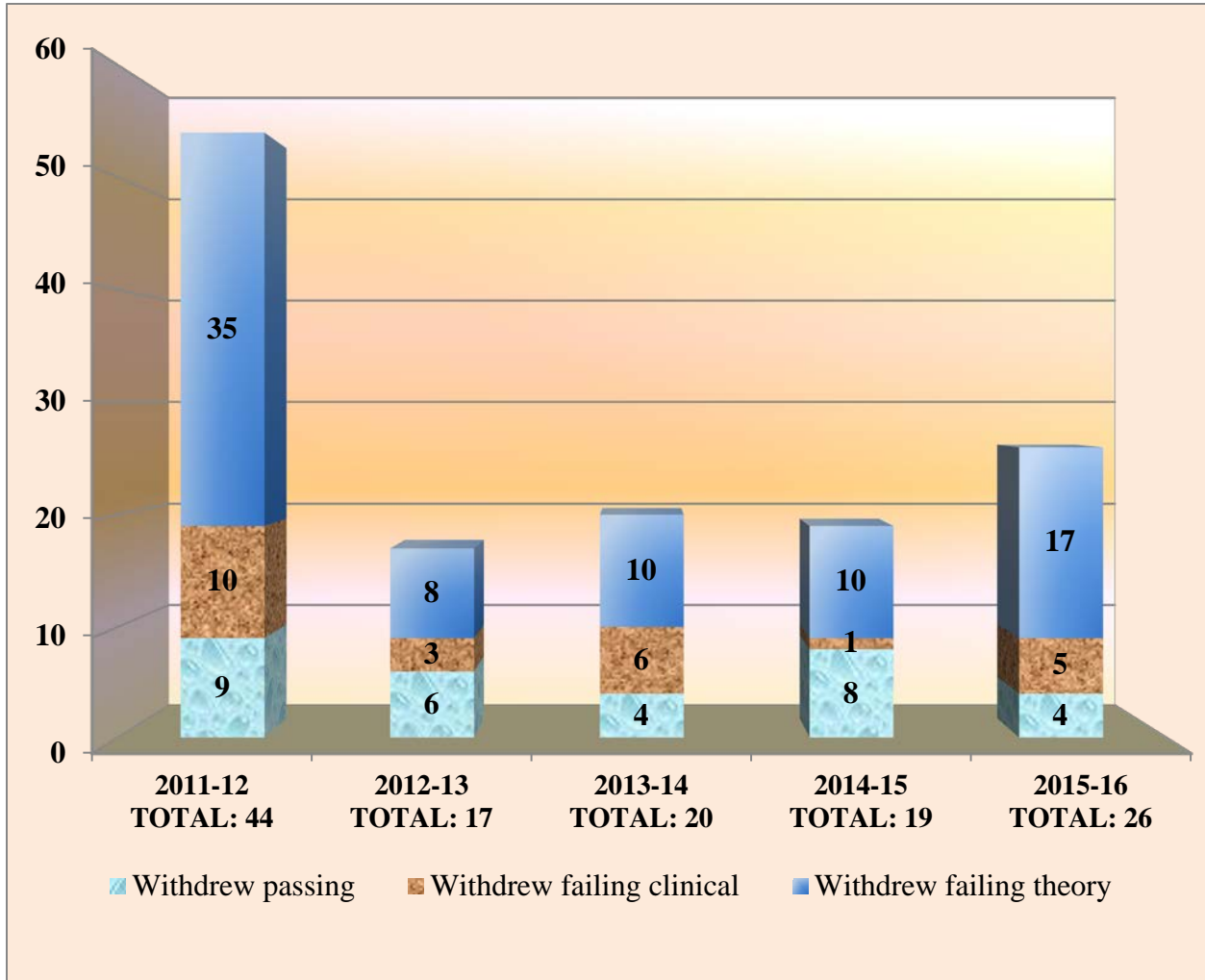
Systematic Plan for Program Evaluation
Spring 2016
(Data for Fall 2014-Spring 2015)

Advisory Committee

Associate Degree Nursing Program
Moorpark College

Moorpark College
Nursing Program
7075 Campus Road, Moorpark CA 93021
www.moorparkcollege.edu
http://www.moorparkcollege.edu/departments/academic/nursing/index.shtml
Carol Higashida, Health Sciences Coordinator/Nursing Program Director; (805) 553-4771 chigashida@vcccd.edu
Christina Lee, Assistant to the Coordinator; (805) 553-4772 clee@vcccd.edu
Lydia Basmajian, Health Sciences Counselor; (805) 553-4604 lbasmajian@vcccd.edu
Carol Fox, Skills Lab RN; (805) 553-4914 cfox@vcccd.edu

The program consists of two concurrent components: lecture and clinical lab. The lecture courses are taught on campus and the clinical lab courses are conducted at the affiliated agencies.

Agency Clinical Practicum Sites are:	*Nursing Faculty Liaisons to Agency are*:
Children's Hospital Los Angeles	Linda Loiselle, (805) 553-4776 lloiselle@vcccd.edu
Los Robles Hospital & Medical Center	Jamee Maxey, (805) 553-4773 jmaxey_dangelo@vcccd.edu
Los Robles Transitional Care Facility	Jamee Maxey, (805) 553-4773 jmaxey_dangelo@vcccd.edu
Northridge Hospital Medical Center	Dalila Sankaran, (805) 553-4770 dsankaran@vcccd.edu
Providence Tarzana Medical Center	Christina Lee, (805) 553-4772 clee@vcccd.edu
Simi Valley Hospital, Simi Valley	Argie Clifford, (805) 553-4775 aclifford@vcccd.edu
St. John's Regional Medical Center	Argie Clifford, (805) 553-4775 aclifford@vcccd.edu
Ventura County Medical Center	Linda Loiselle, (805) 553-4776 lloiselle@vcccd.edu
Ventura County Mental Health	Dalila Sankaran, (805) 553-4770 dsankaran@vcccd.edu
Vista Del Mar Hospital: Aurora Behavioral Health Care	Dalila Sankaran, (805) 553-4770 dsankaran@vcccd.edu
West Hills Hospital & Medical Center	Olga Myshina, (805) 553-4774 omyshina@vcccd.edu
Community Health Agencies	Dalila Sankaran, (805) 553-47dsankaran@vcccd.edu

Nursing Program Mission
The mission of the Moorpark College Nursing Program is to prepare graduates with the knowledge, skills, and attitudes essential to the function of Registered Nurses in common and emerging healthcare settings.

Nursing Program Outcomes
Upon completion of the program, the graduate will have acquired the following knowledge, skills, and attitudes:
1. The student will complete the program within four consecutive semesters, and upon graduation will be prepared to pass the NCLEX examination, resulting in licensure as a Registered Nurse.
2. The graduate will be prepared for employment as a competent entry-level Registered Nurse.
3. The graduate will demonstrate safety and perform technical skills that lead to safe, high quality patient-centered care.
4. The graduate will exhibit critical thinking and clinical reasoning skills that lead to safe, high quality patient-centered care.
5. The graduate will demonstrate effective communication skills that lead to safe, high quality patient-centered care.
6. The graduate will assume responsibility and accountability in providing safe, high quality patient-centered care.
7. The graduate will demonstrate proficient organization and prioritization skills in providing safe, high quality patient-centered care.
8. The graduate will embrace lifelong learning and pursue higher degrees in nursing.

Nursing Program Mission

The mission of the Moorpark College Nursing Program is to provide graduates with the knowledge, skills, and attitudes essential to the function of Registered Nurses in common and emerging healthcare settings.

Student Learning Outcomes

Upon completion of each semester, the student will demonstrate progressive development in the following knowledge, skills, and attitudes:

1. The student will ensure safety and perform technical skills that lead to high quality patient-centered care.
2. The student will demonstrate critical thinking and clinical reasoning skills that lead to safe, high quality patient-centered care.
3. The student will demonstrate effective communication skills that lead to safe, high quality patient-centered care.
4. The student will demonstrate responsibility and accountability in providing safe, high quality patient-centered care..
5. The student will demonstrate proficient organization and prioritization skills in providing safe, high quality patient-centered care.

Nursing Program Outcomes

Upon completion of the program, the graduate will have acquired the following knowledge, skills, and attitudes:

1. The student will complete the program within four consecutive semesters, and upon graduation will be prepared to pass the NCLEX examination, resulting in licensure as a Registered Nurse.
2. The graduate will be prepared for employment as a competent entry-level Registered Nurse.
3. The graduate will demonstrate safety and perform technical skills that lead to safe, high quality patient-centered care.
4. The graduate will exhibit critical thinking and clinical reasoning skills that lead to safe, high quality patient-centered care.
5. The graduate will demonstrate effective communication skills that lead to safe, high quality patient-centered care.
6. The graduate will assume responsibility and accountability in providing safe, high quality patient-centered care.
7. The graduate will demonstrate proficient organization and prioritization skills in providing safe, high quality patient-centered care.
8. The graduate will embrace lifelong learning and pursue higher degrees in nursing.

Outcome 1: The student will complete the program within four consecutive semesters, and upon graduation will be prepared to pass the NCLEX examination, resulting in licensure as a Registered Nurse.

84.3Outcome 1

The Moorpark College Nursing graduate will be prepared to:

1.1 graduate within four consecutive semesters and take the NCLEX RN licensure exam.

1.2 pass the NCLEX RN licensure examination on the first attempt.

1.3 pass rates will be at or above the national mean.

### Program Summary Table for Outcome 1 (2014 – 2015)

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
1.1 Retention rate (graduate in four consecutive semesters)	**1.1** Retention Rate will be: > 75% BRN Standard > 70% ADN state average > 80% Program Outcome	**1.1** Retention rate compiled each semester by the Program Director.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**1.1** Overall Program Retention (completion in four semesters) 2011 Retention Rate: 61% 2012 Retention Rate: 53% 2013 Retention Rate: 55% 2014 Retention Rate: 70% 2015 Retention Rate: 83%	**1.1** Achieved outcome. -The Fall 2009 applicants were the first to be assessed based on the State Chancellor's approved multi-criteria selection process. - In Fall 2010, implemented the admission guideline allowing students one deferral of up to one year for extenuating circumstances, excluding incompletion of required remediation courses. -In Spring 2011, recency requirements for anatomy, physiology, microbiology, and intermediate algebra were changed to within five years of application date. - In Fall 2012, academically stronger students are admitted to the program as the result of full implementation of the multi-criteria and random selection process, which was approved by the State Chancellor's Office. . - Students are encouraged to take NS M16 Study Skills for Nursing Students prior to enrollment into the nursing program.

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
					- Continue to identify students who are "at risk" through the use of the calculated Success Score and the (TEAS) assessment test score. Place these students on learning contracts, and encourage them to meet with faculty success coach and/or Skills Lab RN every one to two weeks, utilizing a case management approach. - In Fall 2013, changed core biology recency requirement to seven years and replaced intermediate algebra with two years of high school algebra with a grade of B or better as the math prerequisite. - Continue to offer peer tutoring and support to students on a weekly basis. - Encourage students to attend the critical thinking, math, test taking, and other workshops offered through the skills lab. - Encourage students to begin their nursing program experience with the "Boot Camp," which is offered in conjunction with the mandatory orientation. - In Fall 2013 students who scored below 70% on the TEAS V reading sub-score are required to complete the PLATO online program in reading by the end of the first 8 weeks of the program. - In Fall 2015 students who scored 60% or below on the TEAS V math sub-score are required to complete the PLATO online program in math by the end of the first 8 weeks of the program.

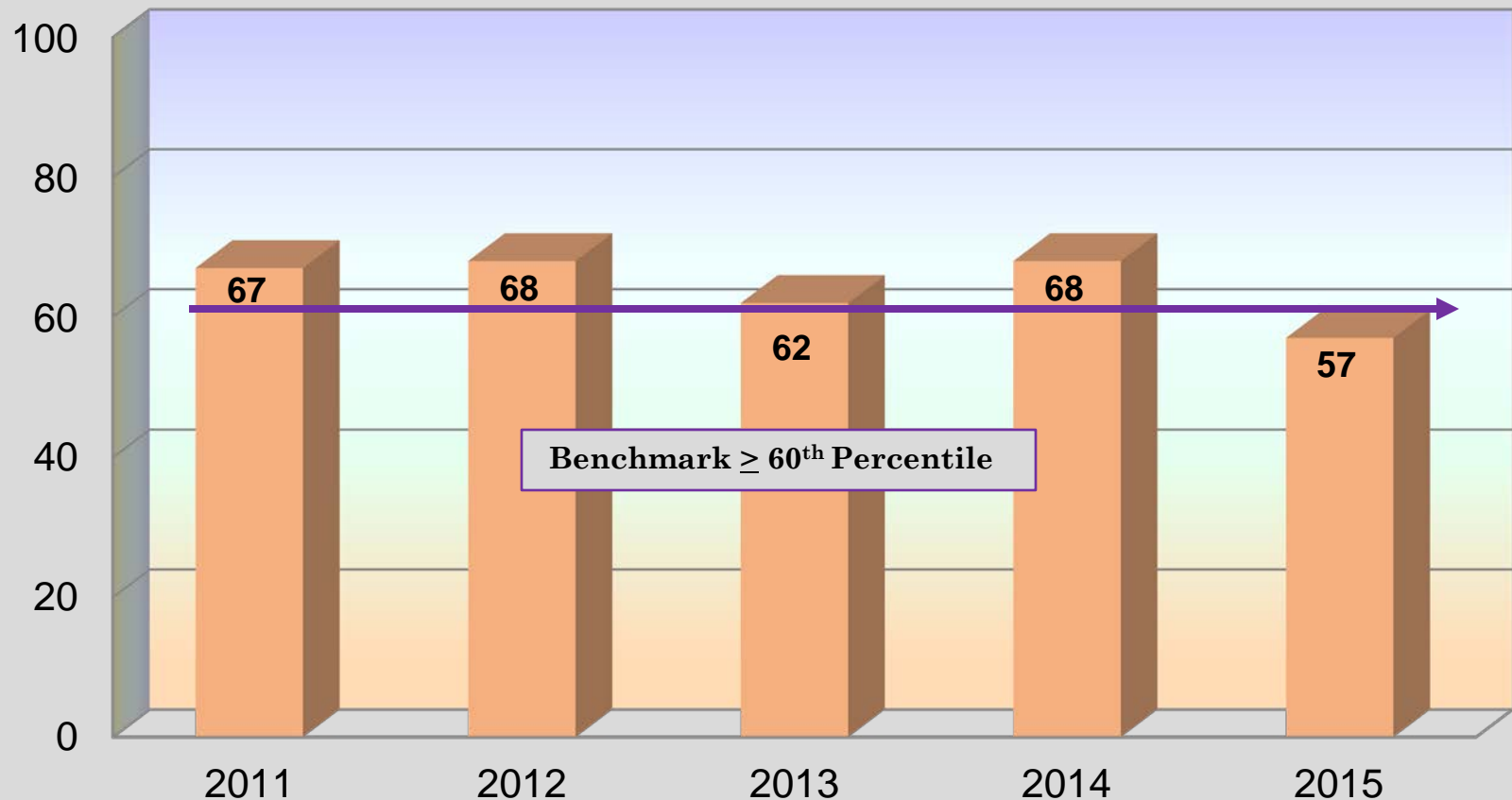| PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
					- In Fall 2015 students who scored 50% or below on the TEAS V science sub-score are required to complete the Alison self-paced online program in science by the end of the first 8 weeks of the program.
1.2 NCLEX pass rate on first attempt	**1.2** Program NCLEX Pass Rate will be > 90%	**1.2** NCLEX results compiled from California BRN Quarterly Report and California BRN website annually by the Program Director.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings. Annual NCLEX pass rates are posted on the nursing website.	**1.2** NCLEX pass rate: 2010/11 90.32% 2011/12 100.00% 2012/13 96.05% 2013/14 87.88% 2014/15 90.16%	**1.2** Achieved outcome. - Continue with the ATI online practice testing for all semesters - Continue proctored medical-surgical online testing for third semester, and proctored comprehensive exam for fourth semester. - Ensure completion of identified ATI remediation for each proctored test. - Continue to review and revise course exams so they align with the NCLEX format. -Utilize grant funding to provide graduates assistance with the NCLEX review course fee. . - Continue to review information from the National Council for State Boards of Nursing (NCSBN) and make curriculum and program improvements in identified weak subject areas.
1.3 NCLEX pass rates will be at or above the national and state mean	**1.3** > ADN National Average NCLEX Pass Rate: 2011 87.49% 2012 89.32% 2013 81.43% 2014 79.26% 2015 82.00%	**1.3** NCLEX results compiled from the NCSBN and CA BRN website annually by the Program Director.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**1.3** The results show that the Moorpark ADN Program consistently had higher pass rates than the national and state averages. In 2014, the pass rate fell below the	**1.3** Achieved outcome. - Continue with the ATI online practice testing for all semesters - Continue proctored medical-surgical online testing for third semester, and proctored comprehensive exam for fourth semester. - Ensure completion of identified ATI remediation for each proctored test. - Continue to review and revise course exams so they align with the NCLEX format.

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
	$\geq$ ADN State Average NCLEX Pass Rate: 2011 87.4% 2012 89.8% 2013 88.8% 2014 83.1% 2015 84.3%			program standard of $\geq$90%.	- Provide graduates assistance with the NCLEX review course fee through grant funding. - Continue to review information from the NCSBN and make curriculum and program improvements in identified weak subject areas.

Retention Rate
(Completion in Four Semesters)

Benchmark > 80%
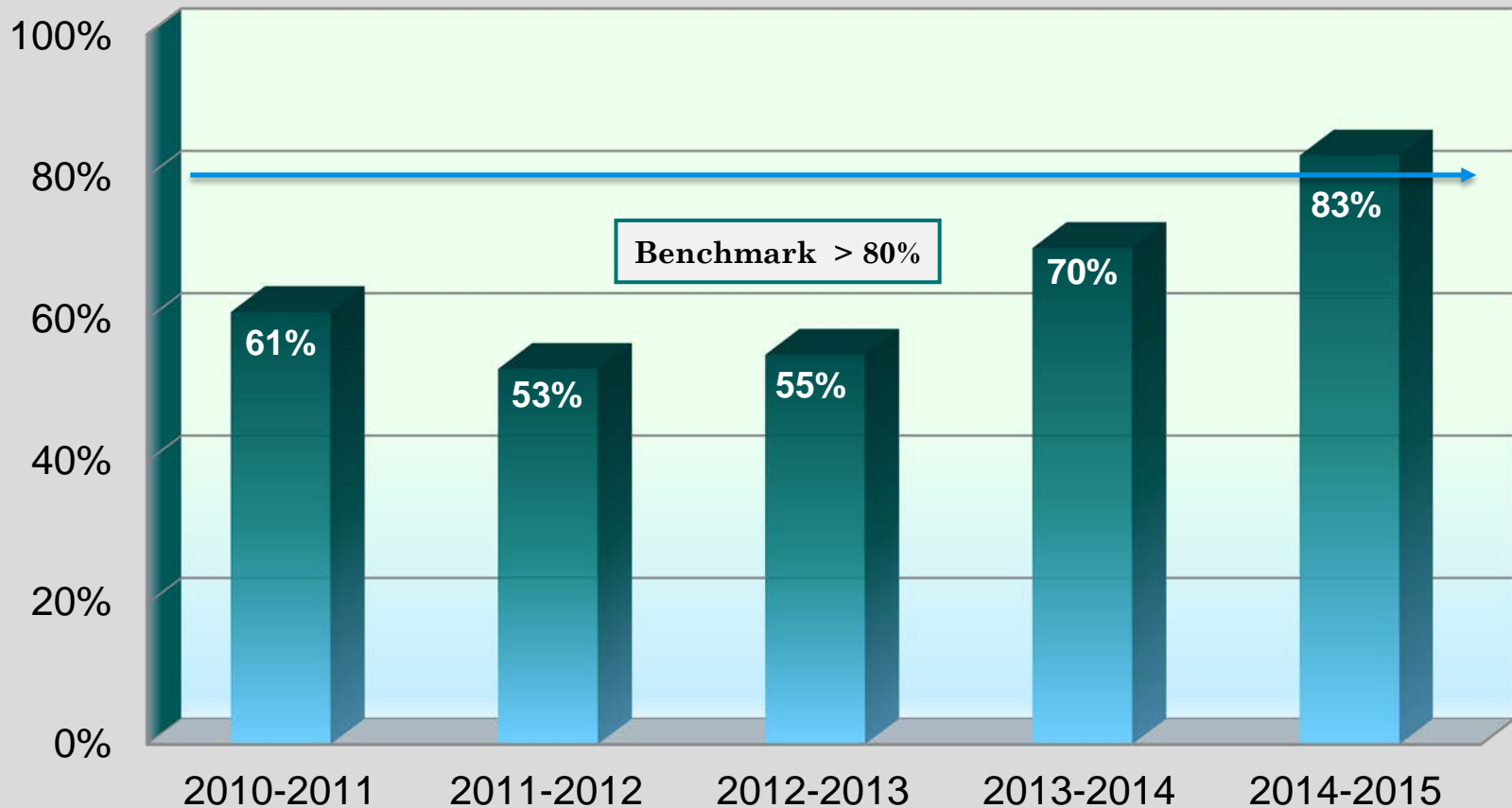
NCLEX-RN Pass Rate
(First Attempt)
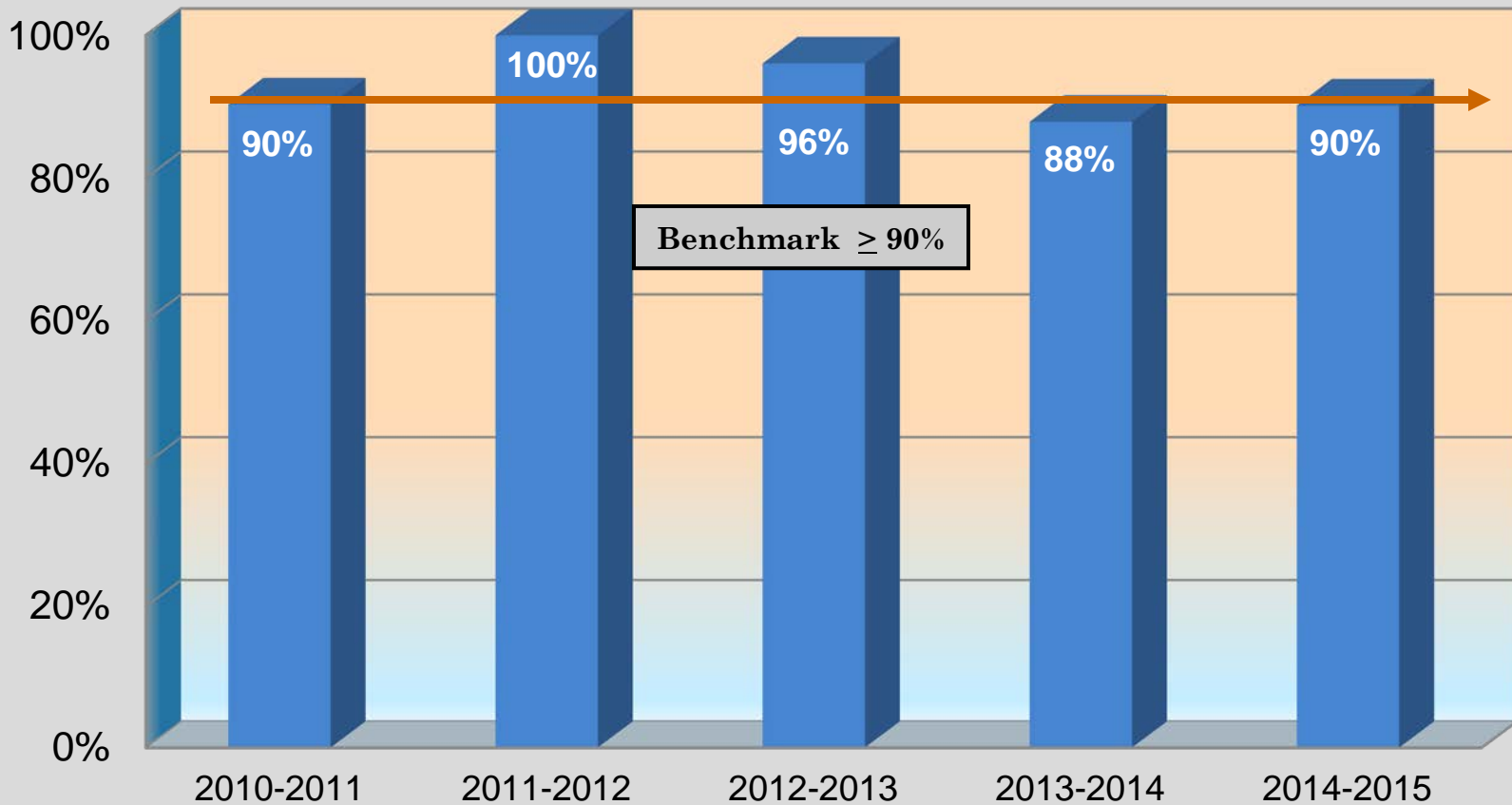
APPENDIX 11

Outcome 2: The graduate will be prepared for employment as a competent entry-level Registered Nurse.

Outcome 2
The Moorpark College Nursing graduate will be prepared:
2.1 for employment as an RN in common and emerging healthcare settings.
2.2 to function competently as an entry-level RN, as rated by the graduate.
2.3 to function competently as an entry-level RN, as rated by the employer.

Program Summary Table for Outcome 2 (2014 – 2015)

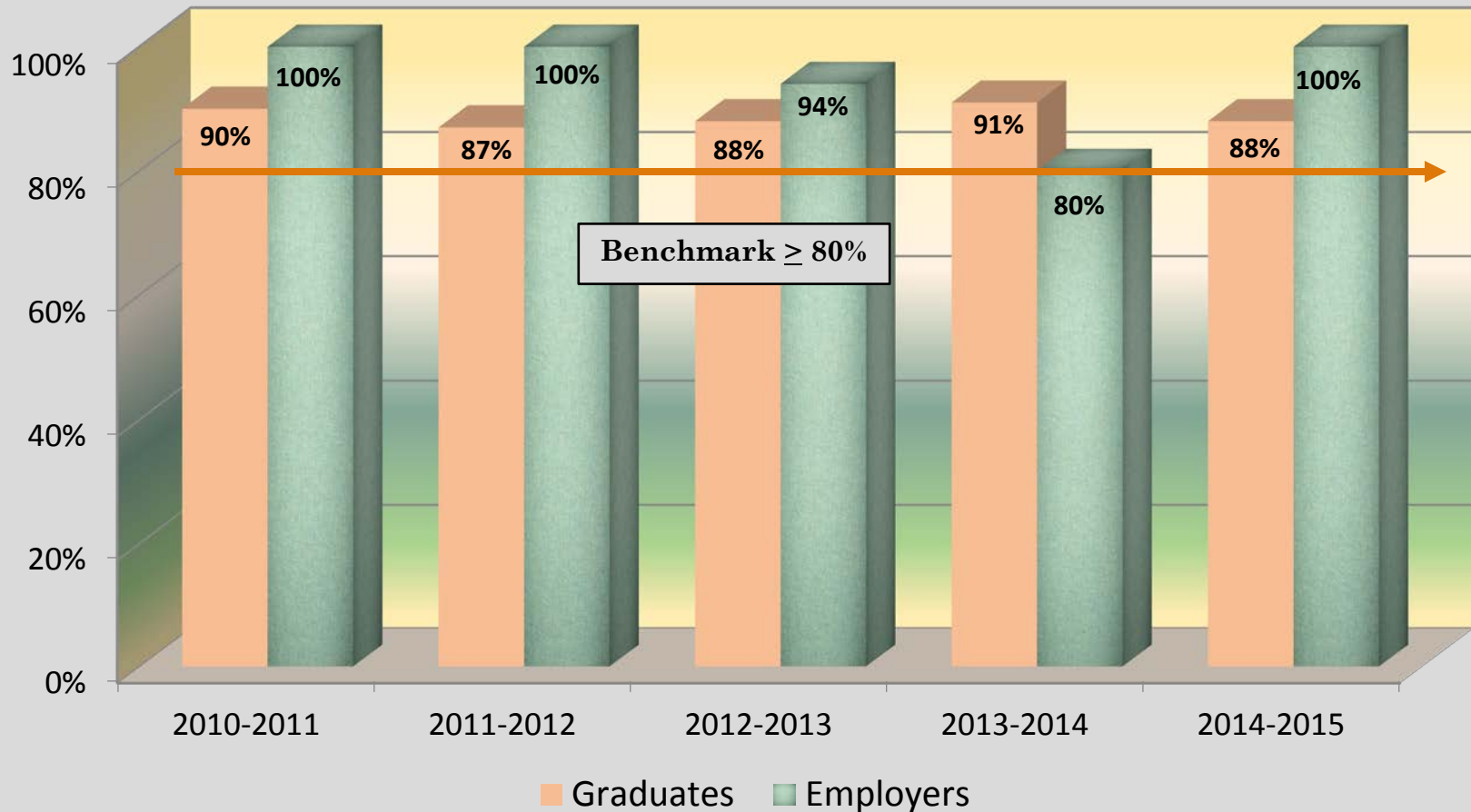| PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
2.1 Job placement rate within six months of graduation	**2.1** > 80% of graduates will be employed as an RN within six months of graduation	**2.1** Alumni Survey administered six months after graduation each semester and data compiled by Program Director.	The data will be presented in faculty meetings, annual advisory meetings, and clinical summation meetings.	**2.1** Graduates who responded to the survey: 2010-2011: N = 44 77% employed 23% unemployed 2011-2012: N = 27 70% employed 30% unemployed 2012-2013: N = 40 55% employed 32% unemployed 13% unemployed by choice 2013-2014: N = 49 78% employed 12% unemployed 10% unemployed by choice 2014-2015: N = 29 72% employed 14% unemployed 14% unemployed by choice	**2.1** Did not achieve outcome. - Continue to provide online survey for students and graduates. - Report data for summation meetings at each clinical site. - Work with the colleges, universities, and agencies within the region to develop a residency/internship program for displaced new graduates. - Utilize Alumni Facebook website to announce job opportunities.

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
2.2 Graduate satisfaction with the program in preparation for entry-level RN practice	**2.2** > 80% of students will report satisfaction with the program in preparing them as entry-level RNs	**2.2** Alumni Survey administered six months after graduation each semester and data compiled by Program Director.	The data will be presented in faculty meetings, annual advisory meetings, and clinical summation meetings.	**2.2** Graduates who responded to the survey reported they were satisfied with the program in preparing them for entry-level RN practice. 2010-2011: N = 29 96% 2011-2012: N = 33 92% 2012-2013: N = 42 98% 2013-2014: N = 36 100% 2014-2015: N = 29 100%	**2.2** Achieved outcome. - Continue to survey students and graduates. - Continue to collect and analyze results and refine curriculum to meet student and employer needs in preparing graduates for practice. - Continue to elicit student feedback regarding curricular issues from the Curriculum/Admissions Committee meetings and Brown Bag sessions. - Utilize Alumni Facebook website to increase response rate for the Alumni Survey and to announce job opportunities.
2.3 Employer satisfaction of graduates as entry-level RNs	**2.3** >80% of employers will report satisfaction with Graduates as entry-level RNs	**2.3** Employer Survey administered annually in November and data compiled by Program Director.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**2.3** 3 Employers who responded to the survey reported they were satisfied with our graduates. 2010-2011: N = 4 100% 2011-2012: N = 6 100% 2012-2013: N = 9 100% 2013-2014: N = 17 100% 2014-2015: N = 5 100%	**2.3** Achieved outcome. - Continue to survey employers. - Continue to collect and analyze results and refine curriculum to meet employer needs in preparing graduates for practice. - Continue to elicit employer feedback regarding changes in practice to update the curriculum. - Maintain ongoing communication with agencies, hospitals, and professional organizations in order to identify potential and real employment opportunities for graduates.
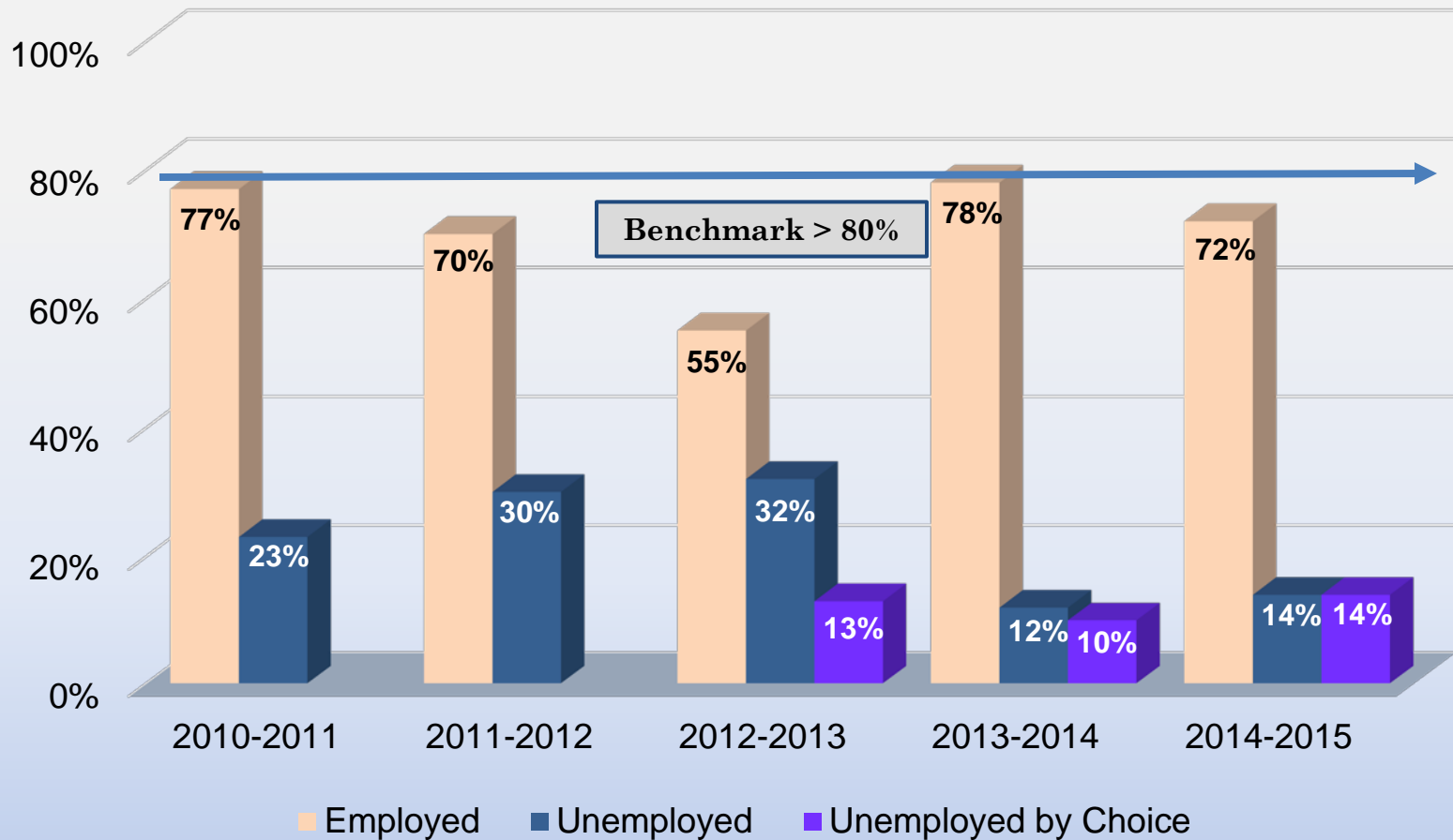
Satisfaction with Program:
Preparing Graduates for Entry-Level Practice
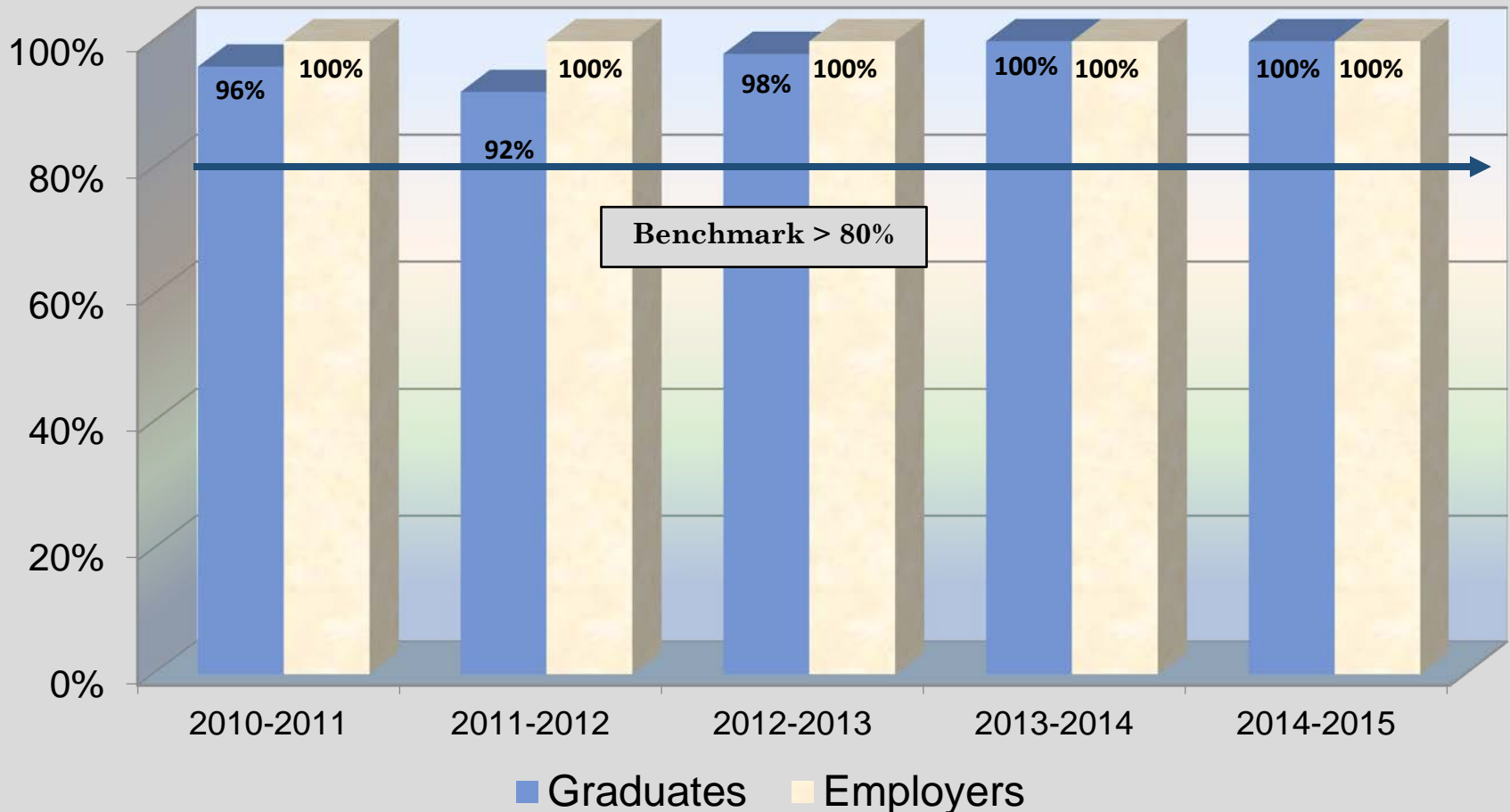
APPENDIX 11

> **Outcome 3:** The graduate will demonstrate safety and perform technical skills that lead to safe, high quality patient-centered care.

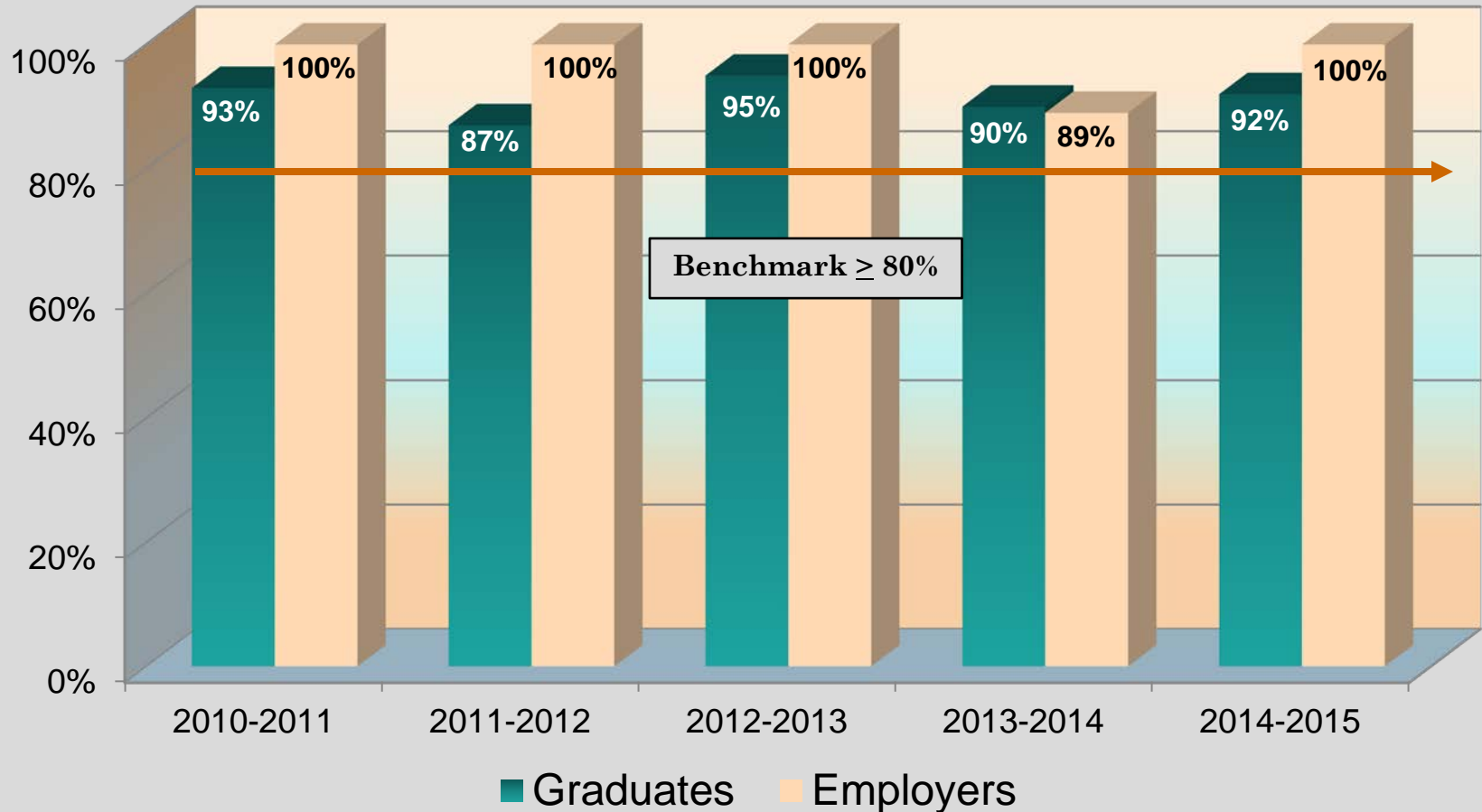 Outcome 3
The Moorpark College Nursing graduate will demonstrate safety and perform technical skills:
3.1 in the Safety and Infection Control section of the NCLEX (NCSBN NCLEX-RN Test Plan Report).
3.2 in the Pharmacological and Parenteral Therapies section of the NCLEX (NCSBN NCLEX-RN Test Plan Report).
3.3 in his or her role as a beginning nurse, as reported by the graduate.
3.4 in his or her role as a beginning nurse, as reported by the employer.

Program Summary Table for Outcome 3 (2014 – 2015)

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT	ACTION PLAN FOR OUTCOME
3.1 NCLEX exam scores – Safety and Infection Control section	**3.1** Graduates will maintain a rank of $\geq 60^{th}$ percentile on the "Safety and Infection Control" section of the NCLEX exam.	**3.1** NCLEX exam Safety and Infection Control section percentile compiled by Program Director in September.	The data will be presented in faculty, annual advisory, and clinical summation meetings.	**3.1** Graduates scored in the 67th percentile compared to the national population of graduates from similar programs (September 2015). 9/2011: 69th percentile 9/2012: 68th percentile 9/2013: 64th percentile 9/2014: 56th percentile 9/2015: 67th percentile	**3.1** Achieved outcome. -Continue to design course exams based on NCLEX format. -Attend workshops on NCLEX exam question writing. -Continue to emphasize safety and infection control in classroom discussions and clinical simulations.
3.2 NCLEX exam scores – Pharmacological and Parenteral Therapies section	**3.2** Graduates will maintain a rank of $\geq 60^{th}$ percentile on the "Pharmacological and Parenteral Therapies" section of the NCLEX exam.	**3.2** NCLEX exam Pharmacological and Parenteral Therapies section percentile compiled by Program Director in September.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**3.2** Graduates scored in the 57th percentile compared to the national population of graduates from similar programs (September 2015). 9/2011: 73rd percentile 9/2012: 69th percentile 9/2013: 64th percentile 9/2014: 75th percentile 9/2015: 57th percentile	**3.2** Did not achieve outcome in 2015. -Continue to design course exams based on NCLEX format. -Attend workshops on NCLEX exam question writing. -Increase emphasis on pharmacologic/parenteral therapies in classroom discussions and clinical simulations.
3.3 Alumni Survey results – Critical	**3.3** Sampled graduates will report $\geq$80%	**3.3** Alumni Survey completed each semester by the program director and health sciences	The data will be presented in faculty meetings,	**3.3** 43 graduates who responded report satisfaction with their	**3.3** Achieved outcome. -Continue to implement strategies to enhance safety and technical skills of the

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT	ACTION PLAN FOR OUTCOME
Competency #1 Safety/Technical Skills	satisfaction with their preparation in safety and technical skills.	staff.	annual advisory meetings, and clinical summation meetings.	preparation in safety and technical skills. 2010-2011: N = 29 90% 2011-2012: N = 23 87% 2012-2013: N =43 93% 2013-2014: N = 38 91% 2014-2015: N= 29 93%	graduates. -Identify strategies to increase graduate response rate.
3.4 Employer Survey results - Critical Competency #1 Safety/Technical Skills	**3.4** Sampled employers will report >80% satisfaction with the safety and technical skills of graduates.	**3.4** Employer Survey completed annually by the program director and health sciences staff.		**3.4** Employers report satisfaction with safety and technical skills of graduates. 2010-2011: N = 4 100% 2011-2012: N = 10 90% 2012-2013: N = 9 96% 2013-2014: N = 13 86% 2014-2015: N = 5 100%	**3.4** Achieved outcome. -Continue to implement strategies to enhance safety and technical skills of the graduates.

Safety and Infection Control
Percentile Ranks of Graduates
Compared to National Population (NCLEX Results)

Benchmark $\geq$ 60th Percentile
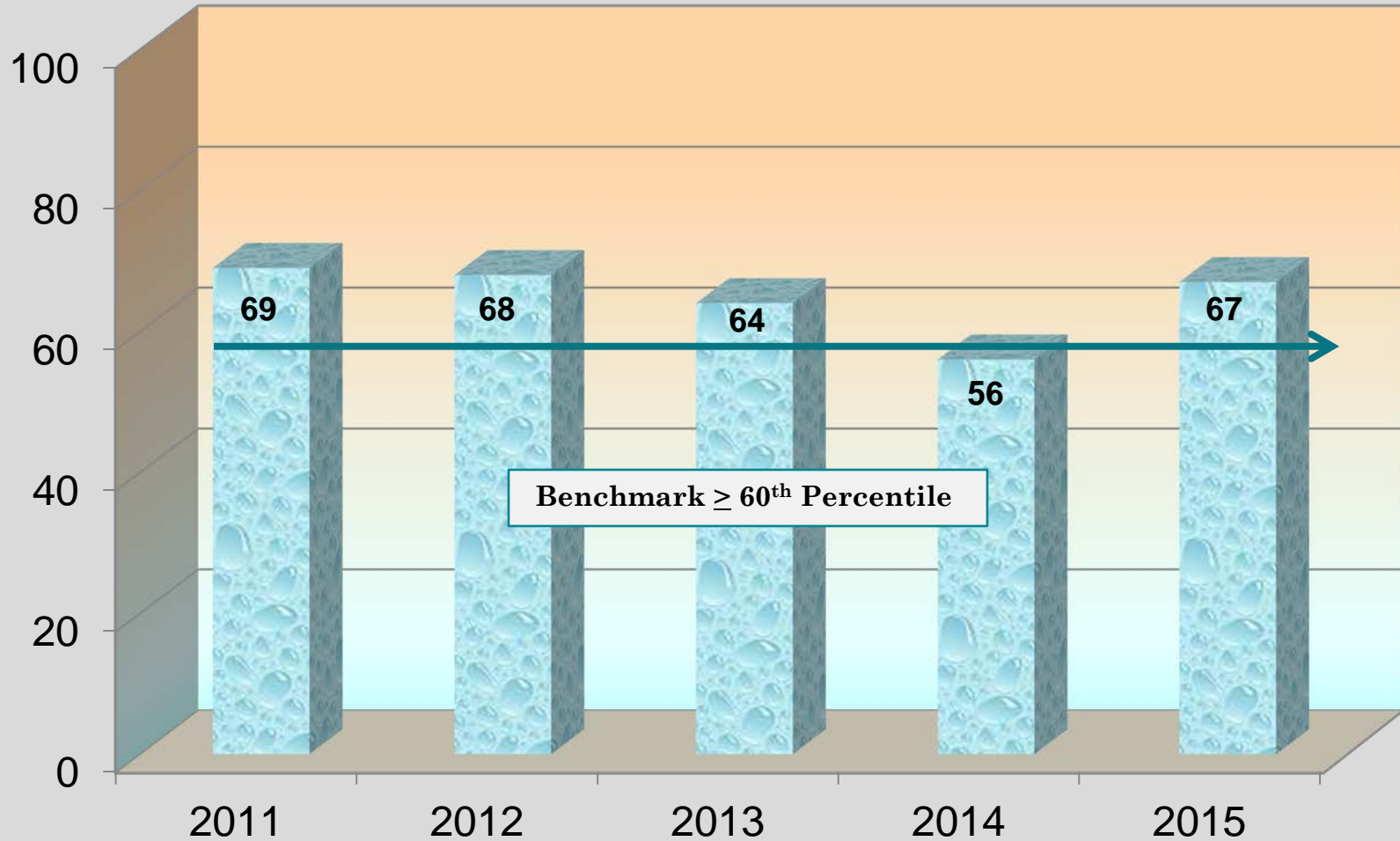
Pharmacological and Parenteral Therapies
Percentile Ranks of Graduates
Compared to National Population (NCLEX Results)

Benchmark $\geq$ 60th Percentile

Year	Percentile
2011	73
2012	69
2013	64
2014	75
2015	57
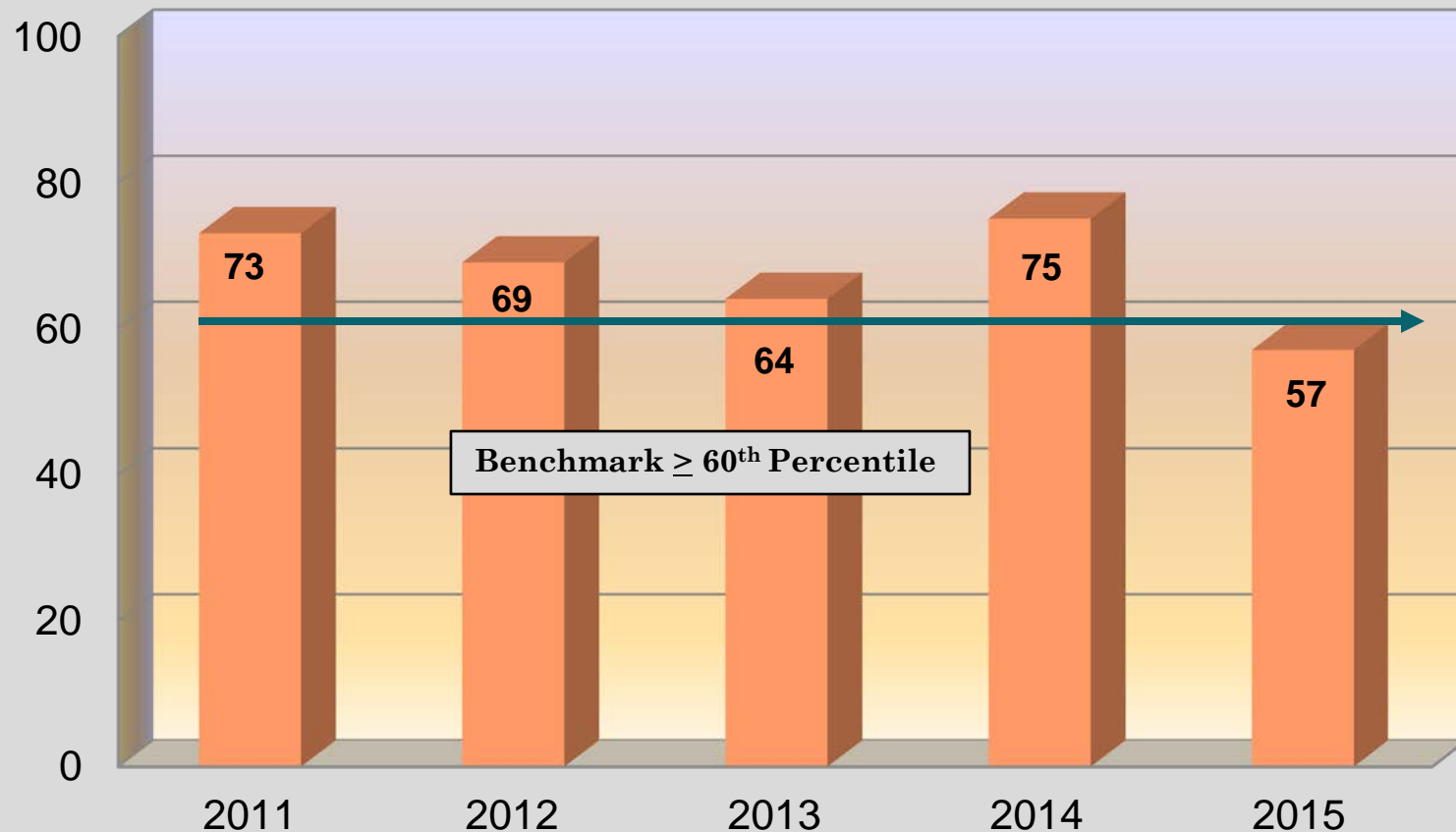
Satisfaction with Preparation:
Safety and Technical Skills
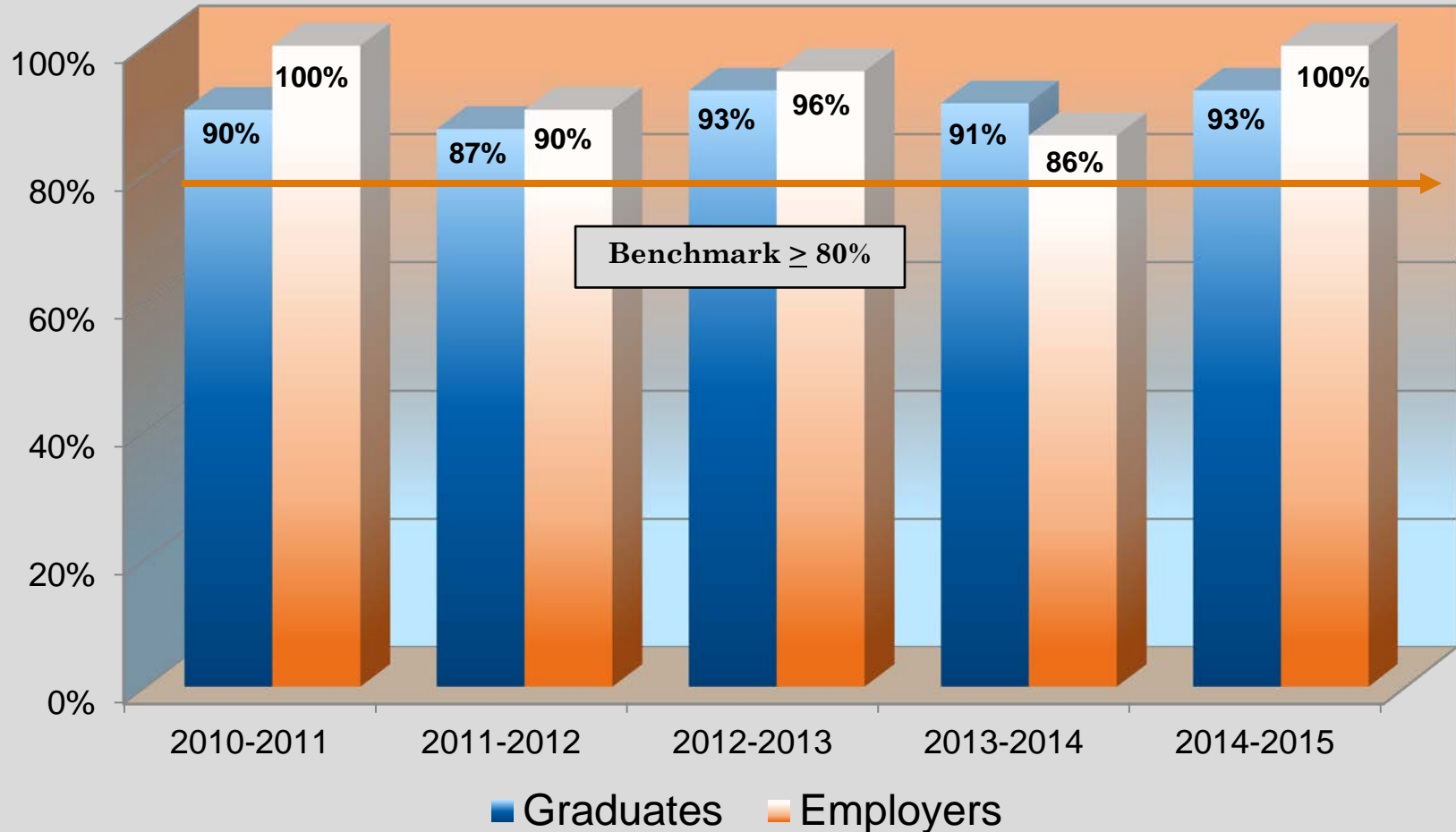
Outcome 4: The graduate will exhibit critical thinking and clinical reasoning skills that lead to safe, high quality patient-centered care.

Outcome 4

The Moorpark College Nursing graduate will exhibit critical thinking and clinical reasoning skills:

4.1 in the Management of Care section of the NCLEX (NCSBN NCLEX-RN Test Plan Report).

4.2 in his or her role as a beginning nurse, as reported by the graduate.

4.3 in his or her role as a beginning nurse, as reported by the employer.

Program Summary Table for Outcome 4 (2014 – 2015)

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
4.1 NCLEX exam scores – Management of Care section	**4.1** Graduates will maintain a rank of $\geq 60^{th}$ percentile on "Management of Care" section of the NCLEX exam.	**4.1** NCLEX exam Management of Care section percentile compiled by Program Director in September.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**4.1** Graduates scored in the 57^{h} percentile compared to the national population of graduates from similar programs (September 2015). 9/2011: 67th percentile 9/2012: 68th percentile 9/2013: 62nd percentile 9/2014: 68th percentile 9/2015: 57th percentile	**4.1** Did not achieve outcome in 2015. -Continue to design course exams based on NCLEX format. -Attend workshops on NCLEX exam question writing. -Increase emphasis on management of care in classroom discussions and clinical simulations. -Focus on management of care in lecture case scenario presentations.
4.2 Alumni Survey results – critical thinking	**4.2** Sampled graduates will report $\geq 80\%$ satisfaction with their preparation in critical thinking and clinical reasoning.	**4.2** Alumni Survey completed each semester by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**4.2** 42 Graduates who responded report satisfaction with their preparation in critical thinking and clinical reasoning. 2010=2011: N = 29 90% 2011-2012: N = 18 87% 2012-2013: N = 42 88% 2013-2014: N = 38 91% 2014-2015: N = 29 88%	**4.2** Achieved outcome. -Continue to implement strategies to enhance critical thinking and clinical reasoning skills of the graduates. -Identify strategies to increase graduate response rate.

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
4.3 Employer Survey results – critical thinking	**4.3** Sampled employers will report > 80% satisfaction with the critical thinking and clinical reasoning skills of graduates.	**4.3** Employer Survey completed annually by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**4.3** Employers report satisfaction with the critical thinking and clinical reasoning skills of graduates. 2010-2011: N = 4 100% 2011-2012: N = 9 100% 2012-2013: N = 9 94% 2013-2014: N = 13 80% 2014-2015: N = 5 100%	**4.3** Achieved outcome. -Continue to implement strategies to enhance critical thinking and clinical reasoning skills of the graduates.

Management of Care
Percentile Ranks of Graduates
Compared to National Population (NCLEX Results)

Benchmark ≥ 60th Percentile

Year	Percentile
2011	67
2012	68
2013	62
2014	68
2015	57

Satisfaction with Preparation:
Critical Thinking and Clinical Reasoning Skills

Benchmark ≥ 80%

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Graduates	90%	87%	88%	91%	88%
Employers	100%	100%	94%	80%	100%

■ Graduates ■ Employers

Outcome 5: The graduate will demonstrate effective communication skills that lead to safe, high quality patient-centered care.

Outcome 5
The Moorpark College Nursing graduate will exhibit proficient communication skills:
5.1 in his or her role as a beginning nurse, as reported by the graduate.
5.2 in his or her role as a beginning nurse, as reported by the employer.

Program Summary Table for Outcome 5 (2014 – 2015)

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
5.1 Alumni Survey – communication skills	**5.1** Sampled graduates will report ≥80% satisfaction with their preparation in communication skills.	**5.1** Alumni Survey completed each semester by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**5.1** Graduates who responded report satisfaction with their preparation in communication skills. 2010-2011: N = 29 93% 2011-2012: N = 23 83% 2012-2013: N = 42 95% 2013-2014: N = 38 90% 2014-2015:N = 29 92%	**5.1** Achieved outcome. -Continue to implement strategies to enhance communication skills of the graduates. -Identify strategies to increase graduate response rate.
5.2 Employer Survey – communication skills	**5.2** Sampled employers will report 100% satisfaction with the communication skills of graduates.	**5.2** Employer Survey completed annually by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**5.2** Employers report satisfaction with the communication skills of graduates. 2010-2011: N = 4 100% 2011-2012: N = 9 100% 2012-2013: N = 9 100% 2013-2014: N = 13 89% 2014-2015: N = 5 100%	**5.2** Achieved outcome. -Continue to implement strategies to enhance communication skills of the graduates.

Satisfaction with Preparation:
Communication Skills

Outcome 7: The graduate will demonstrate proficient organization and prioritization skills in providing safe, high-quality patient-centered care.

Outcome 7
The Moorpark College Nursing graduate will demonstrate proficient organization and prioritization skills:
7.1 in his or her role as a beginning nurse, as reported by the graduate.
7.2 in his or her role as a beginning nurse, as reported by the employer.

Program Summary Table for Outcome 7 (2014 – 2015)

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
7.1 Alumni Survey Results – Organization and Prioritization	**7.1** Sampled graduates will report >80% satisfaction with their preparation in organization and prioritization skills.	**7.1** Alumni Survey completed each semester by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**7.1** Graduates who responded report satisfaction with their preparation in organization and prioritization skills. 2010-2011: N = 29 97% 2011-2012: N = 23 83% 2012-2013: N = 42 93% 2013-2014: N = 37 90% 2014-2015: N = 29 90%	**7.1** Achieved outcome. -Continue to implement strategies to enhance organization and prioritization skills of the graduates. -Identify strategies to increase graduate response rate.
7.2 Employer Survey Results – Organization and Prioritization	**7.2** Sampled employers will report >80% satisfaction with the organization and prioritization skills of graduates.	**7.2** Employer Survey completed annually by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**7.2** Employers report satisfaction with the organization and prioritization skills of graduates. 2010-2011: N = 4 100% 2011-2012: N = 9 100% 2012-2013: N = 9 88% 2013-2014: N = 13 86% 2014-2015: N = 5 100%	**7.4** Achieved outcome. -Continue to implement strategies to enhance organization and prioritization skills of the graduates.

Satisfaction with Preparation:
Organization and Prioritization
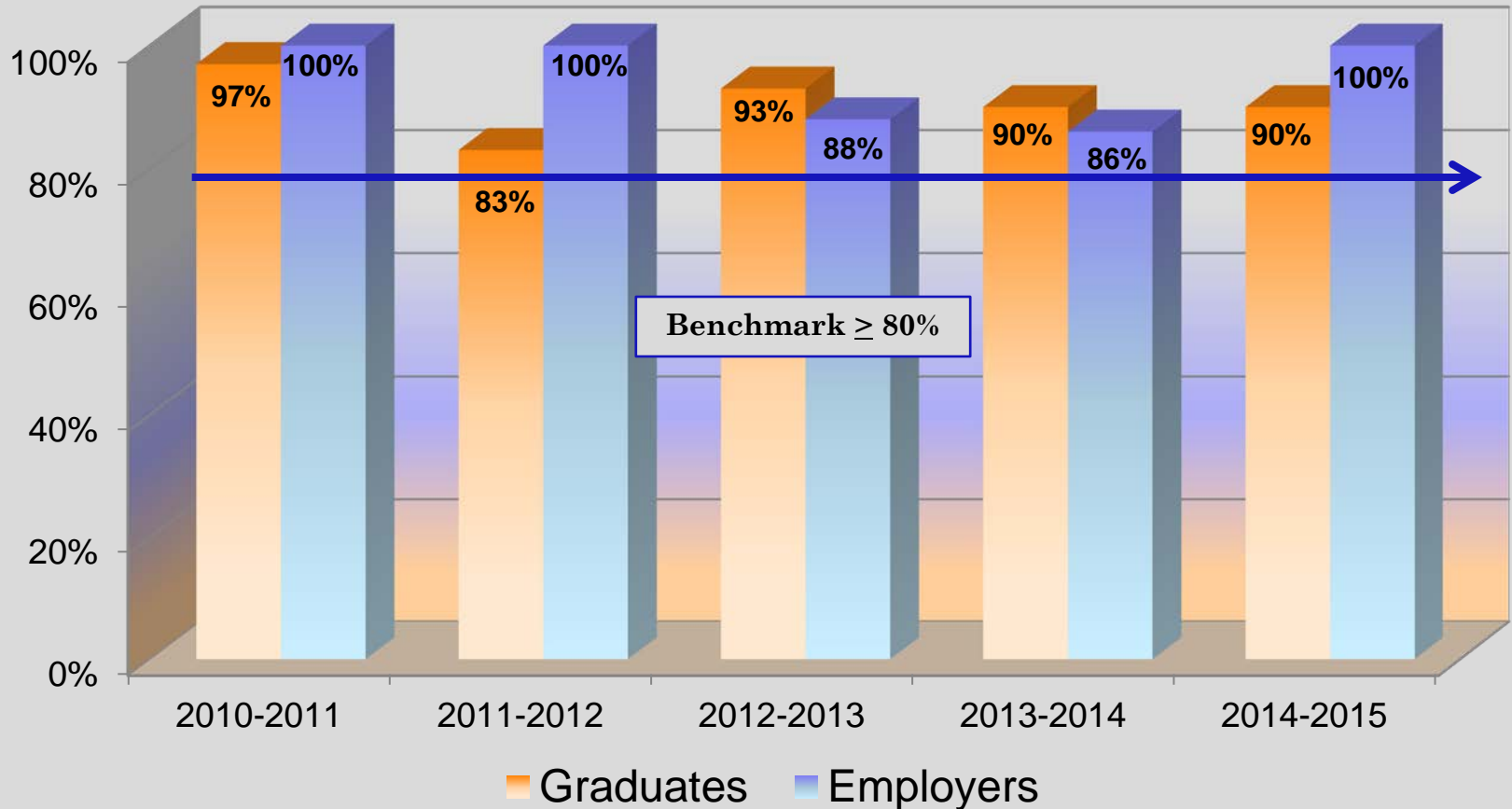
Outcome 6: The graduate will demonstrate responsibility and accountability in providing safe and quality patient centered care.

Outcome 6
The Moorpark College Nursing graduate will exhibit responsibility and accountability:
6.1 in his or her role as a beginning nurse as reported by the graduate.
6.2 in his or her role as a beginning nurse as reported by the employer.

Program Summary Table for Outcome 6 (2014 – 2015)

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
6.3 Alumni Survey results – responsibility and accountability	**6.1** Sampled graduates will report $\geq$ 80% satisfaction with their preparation in responsibility and accountability.	**6.1** Alumni Survey completed each semester by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**6.1** Graduates who responded to the survey report satisfaction with their preparation in responsibility and accountability. 2010-2011: N = No data 2011-2012: N = No data 2012-2013: N = 42 88% 2013-2014: N = 38 90% 2014-2015: N = 29 91%	**6.1** Achieved outcome. -Include the assessment measure for responsibility and accountability on the Alumni Survey. -Continue to implement strategies to enhance responsibility and accountability of the graduates. -Identify strategies to increase graduate response rate.
6.4 Employer Survey results - responsibility and accountability	**6.2** Sampled employers will report $\geq$ 80% satisfaction with the responsibility and accountability of graduates.	**6.2** Employer Survey completed annually by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**6.2** Employers report satisfaction with the responsibility and accountability of graduates. 2010-2011: N = 4 88% 2011-2012: N = 9 82% 2012-2013: N = 9 93% 2013-2014: N = 13 83% 2014-2015: N = 5 100%	**6.2** Achieved outcome. -Continue to implement strategies to enhance responsibility and accountability of the graduates.
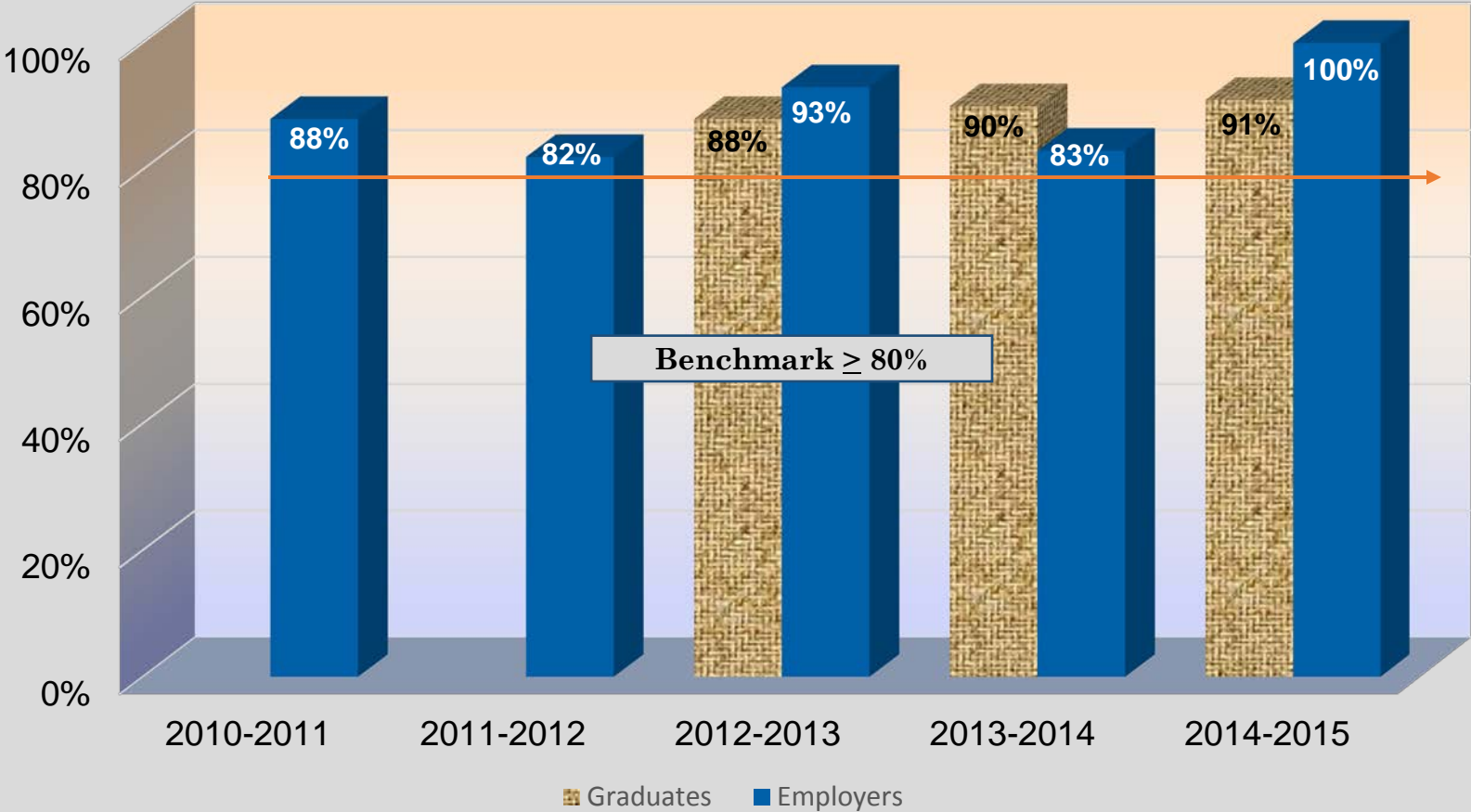
Outcome 8: The graduate will embrace lifelong learning and pursue higher degrees in nursing.

Outcome 8
The Moorpark College Nursing graduate will embrace lifelong learning:
8.1 enroll in prerequisite courses for a baccalaureate or master's in nursing program..
8.2 enroll in a baccalaureate or master in nursing program

Program Summary Table for Outcome 8 (2014 – 2015)

PROGRAM OUTCOME	EXPECTED LEVEL OF ACHIEVEMENT FOR OUTCOME	QUANTITATIVE/QUALITATIVE MEASUREMENT TOOLS TIMELINE, PERSON RESPONBILE	DATA REPORTING GUIDELINES	ACTUAL LEVEL OF ACHIEVEMENT FOR OUTCOME	ACTION PLAN FOR OUTCOME
Alumni Survey Results – Enrolled in prerequisite courses for BSN or MSN program	**8.2** $\geq$ 30% of sampled graduates will report they are enrolled in prerequisite courses to apply for a BSN or MSN program	**8.2** Alumni Survey completed each semester by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**8.2** Graduates who responded to the survey report they are enrolled in prerequisite courses for a BSN program. 2010-2011: No data 2011-2012: No data 2012-2013: (7/39) 18% 2013-2014: (9/33) 27% 2014-2015: (5/14) 36%	8.2 Achieved outcome. - Start collecting data on whether students are taking prerequisite courses for higher degrees in nursing in Fall 2012. - Counsel students to take general education course requirements that transfer to the CSUs to ensure seamless transition to a BSN program. - Explore other pathways to articulate with the CSUCI BSN program and other CSUs.
Alumni Survey Results – Enrolled in BSN or MSN program	**8.1** $\geq$ 30% of sampled graduates will report they are enrolled in a baccalaureate or master in nursing program.	**8.1** Alumni Survey completed each semester by the program director and health sciences staff.	The data will be presented in faculty meetings, annual advisory and clinical summation meetings.	**8.1** Graduates who responded to the survey report they are enrolled in a BSN program. 2010-2011: (8/32) 25% 2011-2012: (14/40) 35% 2012-2013: (6/39) 15% 2013-2014: (15/33) 45% 2014-2015: (13/29) 45%	**8.1** Achieved outcome. - Counsel students to take general education course requirements that transfer to the CSUs to ensure seamless transition to a BSN program. - Continue with the collaboration with CSUCI for the ADN to BSN Fast Track. - Explore other pathways to articulate with the CSUCI BSN program and other CSUs. - In Spring 2012, outcome achievement changed to 30% since current rate of graduates enrolling in BSN programs is significantly higher than previous trends and benchmark of 50% does not seem realistic.

Graduates Pursuing Higher Degrees in Nursing
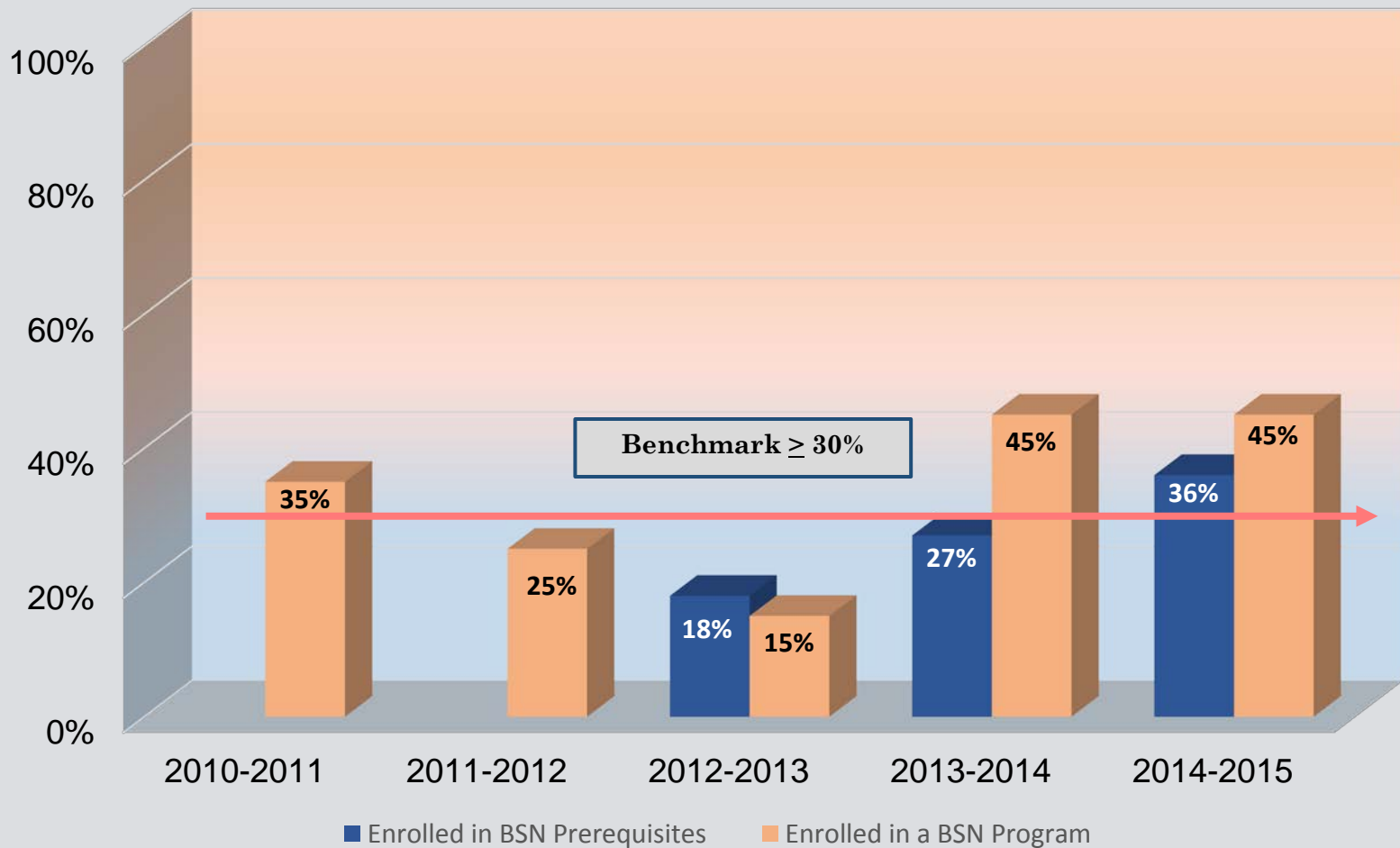
Nursing Program Outcomes as Compared to BRN Criteria

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1424(a) Nursing program philosophy and objectives			
Expected level of achievement	• Nursing program philosophy is reflected on the Nursing Science college website and in the Nursing Student Handbook • 100% of Course outline of records (CORs) and course workbooks identify the course learning outcomes • 100% congruence between the Nursing Program's philosophy to the mission and vision statements of Moorpark College		
Assessment Methods	• Review nursing website and student handbook • Review CORs and course workbooks • Compare nursing program philosophy to college's mission and vision statements	**Frequency of Assessment**	• Annually • CORs: Every 3 years • Course workbooks: Annually • Annual assessment of congruence: Annual Strategic Planning Retreat reviews and/or revises college mission. Strategic plan lends guidance for nursing program plan that is reviewed and revised annually if necessary
Results of Data Collection and Analysis	• Current nursing program philosophy is published on the Nursing Science website and in the Nursing Student Handbook • 100% of CORs and course workbooks identify the course learning outcomes (Exhibits XI-XIV) • Institutional Mission: With a "students first" philosophy, Moorpark College empowers its diverse community of learners to complete their goals for academic transfer, basic skills, and career technical education. Moorpark College integrates instruction and student services, collaborates with industry and educational partners, and promotes a global perspective. • Program Philosophy and Mission: 100% of concepts and ideas of ADN program are congruent with Moorpark College's mission and vision statements and the educational culture at Moorpark College (Exhibit IV, Curriculum Minutes 2-4-13; Exhibit V, Faculty Minutes 11-30-15)		
Actions	• Continue to review and update the nursing program philosophy and objectives so it aligns with best practices and the college mission • Continue to review and update CORs and course workbooks so they are consistent with the nursing program philosophy and outcomes • Continue to assess congruency between ADN program and college mission and vision on an annual basis after the Annual Strategic Planning Retreat. Include any changes in Program Plan and communication to faculty at department meetings and annual retreat		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1424(b) Nursing policies and procedures			
Expected level of achievement	• 100% of nursing policies and procedures are published in the Nursing Student Handbook		
Assessment Methods	• Review Nursing Student Handbook for inclusion of current policies and procedures •	**Frequency of Assessment**	• Annually
Results of Data Collection and Analysis	• Mental and Physical Requirements policy needs to include Americans with Disabilities Act (ADA) information • Agency contract requires students to carry personal liability insurance as of 2016 • Agency contract requires students to carry personal health insurance as of 2016 •		
Actions	• In Fall 2014, the Mental and Physical Requirements policy was reviewed by the ACCESS coordinator and revised to include ADA information • Starting in Spring 2016, all nursing students are required to purchase personal liability and health insurance • Mandatory requirements for the program are posted on the Moorpark College Nursing website and orientation packets.		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:

1424(b)(1) Nursing program has a Total Program Plan for Evaluation that includes:
- **Admission and selection procedure**

Expected level of achievement	• Ethnic diversity of nursing student admissions will be reflective of the college enrollments by ethnicity • Demographics of student admissions will be similar to other California public ADN programs

Assessment Methods	• College and nursing database • BRN Pre-Licensure Interactive Database	**Frequency of Assessment**	• Annually

Results of Data Collection and Analysis

FALL 2010
Applicant pool N=210
Admitted students N=58

FALL 2011
Applicant pool N=93
Admitted students N=47

FALL 2012
Applicant pool N=60
Admitted students N=49

Group:	Pool	Admitted	College	CA ADN (2010-11)	Pool	Admitted	College	CA ADN (2011-12)	Pool	Admitted	College	CA ADN (2012-13)
White	43%	53%	58%	39.8%	47%	49%	57%	41.8%	45%	63%	56%	40.7%
Hispanic	24%	21%	19%	22.3%	25%	17%	22%	21.1%	23%	12%	27%	23.0%
Asian	8%	17%	10%	14.2%	14%	19%	11%	15.9%	5%	14%	9%	14.7%
Filipino	9%	5%		12.2%	8%	2%		9.6%	8%	10%		9.4%
Native Amer.	1%	0%	1%	0.8%	2%	2%	1%	0.8%	2%	0%	0%	0.5%
African-Amer.	2%	0%	3%	6.9%	1%	2%	3%	6.2%	13%	0%	2%	5.6%

FALL 2013
Applicant pool N=117
Admitted students N=38

FALL 2014
Applicant pool N=198
Admitted students N=41

Group:	Pool	Admitted	College	CA ADN (2013-14)	Pool	Admitted	College	CA ADN (2014-15)
White	50%	58%	54%	40.2%	44%	49%	52%	37.3%
Hispanic	27%	26%	29%	25.2%	32%	29%	31%	28.2%
Asian	13%	11%	9%	13.6%	5%	10%	6%	13.6%
Filipino	13%	3%		9.4%	9%	10%		9.4%
Native Amer.	0.9%	0%	<1%	0.5%	1%	0%	0%	0.6%
African-Amer.	0.9%	0%	2%	5.6%	5%	2%	2%	5.4%

Actions	• Continue to monitor that ethnic diversity of student admissions remain reflective of the college enrollments • Continue to monitor that demographics of student admissions will be similar to other California public ADN programs

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:				
1424(b)(1) Nursing program has a Total Program Plan for Evaluation that includes:				
• **On schedule program completion in four consecutive semesters**				

Expected level of achievement	• Retention Rate: - Program > 80% - BRN > 75% - ADN state average >70%			
Assessment Methods	• Monitor attrition/ retention	**Frequency of Assessment**	• Each semester	
Results of Data Collection and Analysis	• Overall Program Retention (completion in four semesters) - 2010-2011 Retention Rate: 61% - 2011-2012 Retention Rate: 53% - 2012-2013 Retention Rate: 55% - 2013-2014 Retention Rate: 70% - 2014-2015 Retention Rate: 83%			
Actions	• The Fall 2009 applicants were the first to be assessed based on the State Chancellor's approved multi-criteria selection process. • In Fall 2010, implemented the admission guideline allowing students one deferral of up to one year for extenuating circumstances, excluding incompletion of required remediation • In Spring 2011, a five year recency requirement was added for anatomy, physiology, microbiology, and intermediate algebra. • In Fall 2012, academically stronger students are admitted to the program as the result of full implementation of the multi-criteria and random selection process, which was approved by the State Chancellor's Office. • In Fall 2013, changed core biology recency requirement to seven years. Intermediate algebra was replaced with two years of high school algebra with a grade of B or better as the math prerequisite. • In Fall 2013 students who scored below 70% on the TEAS V reading sub-score are required to complete the PLATO online program in reading by the end of the first 8 weeks of the program. • In Fall 2015 students who scored 60% or below on the TEAS V math sub-score are required to complete the PLATO online program in math by the end of the first 8 weeks of the program.	• In Fall 2015 students who scored 50% or below on the TEAS V science sub-score are required to complete the Alison self-paced online program in science by the end of the first 8 weeks of the program. • Spring 2016 began offering tutoring from content expert faculty tutors who reinforces theoretical content and its application to clinical practice. • Students are encouraged to take NS M16 Study Skills for Nursing Students prior to enrollment into the nursing program. • Continue to identify students who are "at risk" through the use of the calculated Success Score and the (TEAS) assessment test score. Place these students on learning contracts, and encourage them to meet with the faculty success coach and/or Skills Lab RN every one to two weeks, utilizing a case management approach. • Continue to offer peer tutoring and support to students on a weekly basis. • Encourage students to attend the critical thinking, math, test taking, and other workshops offered through the skills lab. • Encourage students to begin their nursing program experience with the "Boot Camp," which is offered in conjunction with the mandatory orientation		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:
1424(b)(1) Nursing program has a Total Program Plan for Evaluation that includes:
• **NCLEX-RN pass rates will be at or above the state and national mean**

Expected level of achievement	• Program NCLEX-RN Pass Rate > 90% • ≥ ADN State Average NCLEX Pass Rate • ≥ National Average NCLEX Pass Rate		
Assessment Methods	• California BRN Quarterly Report and California BRN website • NCSBN Website	**Frequency of Assessment**	• Annually

Results of Data Collection and Analysis

Moorpark College NCLEX Pass Rate:			ADN State Average NCLEX Pass Rate:			National Average NCLEX Pass Rate:	
2010/11	90.32%		2011	87.4%		2011	87.49%
2011/12	100.00%		2012	89.8%		2012	89.32%
2012/13	96.05%		2013	88.8%		2013	81.43%
2013/14	87.88%		2014	83.1%		2014	79.26%
2014/15	90.16%		2015	84.3%		2015	82.00%

Actions	• Continue with ATI online practice testing for all semesters, proctored medical-surgical online testing for third semester, and proctored comprehensive exam for fourth semester. • Ensure completion of identified ATI remediation for each proctored test. • Continue to review and revise course exams so they align with the NCLEX format. • Provide graduates assistance with the NCLEX review course fee through grant funding. • Continue to review information from the National Council for State Boards of Nursing (NCSBN) and make curriculum and program improvements in identified weak subject areas.

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:				
1424(b)(1) Nursing program has a Total Program Plan for Evaluation that includes:				
• **Graduate program satisfaction**				
Expected level of achievement	• > 80% of students will report satisfaction with the program			
Assessment Methods	• #8A Alumni Survey • Nursing Student Exit Survey	**Frequency of Assessment**	• Given 6 months after graduation • End of 4th semester	
Results of Data Collection and Analysis	See table and comments below			

Academic Year	Graduates Reporting Satisfaction with the Program (%)	Graduates Reporting Satisfaction with the Program (N)
2010-2011	96%	29
2011-2012	92%	33
2012-2013	98%	42
2013-2014	100%	36
2014-2015	100%	29

• Students' comments include:
 - "Moorpark College RN program is amazing and I would highly recommend it to anyone in search of a nursing career. They push you to learn and you walk away with what it takes to be a nurse."
 - "It was a wonderful program and provided many opportunities to volunteer. The staff was always pleasant and willing to help students who were struggling."
 - "The program strength is the approach to nursing education and application of nursing theory in the clinical setting."

Actions

• Continue to survey students and graduates.

• Continue to collect and analyze results and refine curriculum to meet student and employer needs in preparing graduates for practice.

• Continue to elicit student feedback regarding curricular issues from the Curriculum/Admissions Committee meetings and Brown-Bag sessions.

• Utilize Alumni Facebook website to increase response rate for the Alumni Survey and to announce job opportunities.

APPENDIX 11
Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:
1424(b)(1) Nursing program has a Total Program Plan for Evaluation that includes:
● Employer program satisfaction

Expected level of achievement	● > 80% of employers will report satisfaction with the graduates as entry-level RNs

Assessment Methods	● Employer Survey	**Frequency of Assessment**	● Annually in November

Results of Data Collection and Analysis	

Academic Year	Employers Reporting Satisfaction with the Program (%)	Employers Reporting Satisfaction with the Program (N)
2010-2011	100%	4
2011-2012	100%	6
2012-2013	100%	3*
2013-2014	100%	17
2014-2015	100%	4

(*Fewer employers resulting in decreased employment rate)

● 2013-2014 Employers reported:
- "Respectful, caring, and show professionalism"
- "Became a valued member of the team"
- "Enthusiastic about learning and provides appropriate and sensitive care to patients"

● 2014-2015 Employers reported:
- "hard worker and ability to care for patients regarding sensitive topics"
- "great team member and quick learner"
- "very solid foundation in nursing care; willing to help and learn"

Actions	● Continue to survey employers ● Continue to collect and analyze results and refine curriculum to meet employer needs in preparing graduates for practice ● Continue to elicit employer feedback regarding changes in practice to update the curriculum ● Maintain ongoing communication with agencies, hospitals, and professional organizations in order to identify potential and real employment opportunities for graduates

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

<table>
<tr>
<td colspan="5">

COMPONENT:
1424(b)(1) Nursing program has a Total Program Plan for Evaluation that includes:
- **Job placement rate**

</td>
</tr>
<tr>
<td>**Expected level of achievement**</td>
<td colspan="4">•   > 80% of graduates will be employed as an RN</td>
</tr>
<tr>
<td>**Assessment Methods**</td>
<td>•   #8 Alumni Survey</td>
<td>**Frequency of Assessment**</td>
<td colspan="2">•   6 months after graduation</td>
</tr>
<tr>
<td>**Results of Data Collection and Analysis**</td>
<td colspan="4">

Academic Year	# Surveyed Graduates	% of Responding Graduates:		
		Employed	Unemployed	Unemployed by Choice
2010-2011	44	77%	23%	-
2011-2012	27	70%	30%	-
January 2012*	7	100%	-	-
2012-2013	40	55%	32%	13%
2013-2014	49	78%	12%	10%
2014-2015	29	72%	14%	14%

January 2012 CSUCI New Graduate Transition Program, 7 Moorpark College graduates completed the program and 100% gained employment

</td>
</tr>
<tr>
<td>**Actions**</td>
<td colspan="4">

- Continue to provide online survey for students and graduates

- Continue to post employment opportunities on the program's Facebook website

- Continue to collect and analyze data for curricular changes

- Work with the colleges, universities, and agencies within the region to develop a residency/internship program for displaced new graduates

- Maintain ongoing communication with agencies, hospitals, and professional organizations in order to identify potential and real employment opportunities for graduates

- Utilize Alumni Facebook website to announce job opportunities

</td>
</tr>
</table>

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

<table>
<tr>
<td colspan="2">COMPONENT:

1424(b)(1) Nursing program has a Total Program Plan for Evaluation that includes:

   • Rate of pursuing higher nursing degrees</td>
</tr>
<tr>
<td>Expected level of achievement</td>
<td colspan="3">• Six months post-graduation, > 30% of graduates will either be enrolled in a program for a higher degree in nursing, or taking prerequisites for such a program</td>
</tr>
<tr>
<td>Assessment Methods</td>
<td>• #8 Alumni Survey</td>
<td>Frequency of Assessment</td>
<td>• 6 months after graduation</td>
</tr>
</table>

| Results of Data Collection and Analysis | | | | |

Academic Year	# Surveyed Graduates	Pursuing a higher degree in nursing	
		In BSN program	Taking Prerequisites
2010-2011	32	25% (N=8)	-
2011-2012	40	21% (N=8)	-
2012-2013	39	15% (N=6)	18% (N=7)
2013-2014	33	45% (N=15)	27% (N=9)
2014-2015	29	45% (N=13)	36% (N=5)

Actions

- Spring 2012: outcome achievement changed to 30% since the trend of graduates enrolling in BSN programs is significantly lower and the benchmark of 50% did not seem realistic

- Fall 2012: Started collecting data on whether students are taking prerequisite courses for higher degrees in nursing

- Counsel students to take general education course requirements that transfer to the CSU system to ensure seamless transition to a BSN program

- Continue collaboration with CSUCI for the ADN to BSN Fast Track

- Explore additional pathways leading to articulation with BSN programs within the CSU system, including CSUCI

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1424(b)(2) Procedure for resolving student grievances				
Expected level of achievement	• 100% of nursing student grievances are handled according to written procedures • 100% of grievances will be resolved at the nursing program level • 0% of grievances will be resolved at the college level • 0% of grievances will be resolved at the district level through the Chancellor			
Assessment Methods	• Review of Nursing Student Handbook and comparison with Moorpark College Policy on due process	**Frequency of Assessment**	• Annually, with Student Handbook version update	
Results of Data Collection and Analysis	• Steps to resolve conflict in the nursing program are outlined in the Nursing Student Handbook. Due process and formal grievance procedures are included in the Nursing Student Handbook and are in 100% congruence with the Moorpark College Policy on due process and grievance • Each semester at the New Student Mandatory Orientation, the Nursing Student Handbook is reviewed and students sign an acknowledgement after reading the handbook • 2010-2011: No grievances were filed • 2011-2012: 100% (1 out of 1) grievance was resolved within the nursing program • 2012-2013: No grievances were filed • 2013-2014: No grievances were filed • 2014-2015: No grievances were filed			
Actions	• Continue to inform students of the due process • Continue annual review			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:			
1424(c) Lines of authority and communication			
Expected level of achievement	• Organizational chart identifies the relationships, lines of authority and channels of communication (Appendix 8C)		
Assessment Methods	• Review nursing's organizational chart	**Frequency of Assessment**	• Annually
Results of Data Collection and Analysis	• In Spring 2013, Carol Velas, Assistant Director & full-time faculty resigned to assume a director position at a private institution • In Spring 2014, Natasha Adams, full-time faculty resigned due to relocation • In Fall 2015, Kim Hoffmans, Dean transferred to Ventura College to assume an Interim VP position and hired in the permanent position in Spring 2016		
Actions	• In Fall 2013, Natasha Adams hired as full-time faculty • In Fall 2013, Dalila Sankaran resumed the Assistant Director • In Spring 2014, Christina Lee approved as Assistant Director • In Fall 2015, Jeny Joy hired as full-time faculty • In Fall 2015, Norman Marten appointed as Acting Dean; in June 2016 as Dean		
COMPONENT:			
1424(c) Lines of authority and communication			
• **Financial authority of Nursing Director for program budget**			
Expected level of achievement	• Nursing Director will receive input from faculty and approval from the Dean for financial matters • 80-100% of the instructional budget will be spent on identified needs in the nursing program plan		
Assessment Methods	Review Nursing Program Plan	**Frequency of Assessment**	Annual
Results of Data Collection and Analysis	• Nursing Director, with input from faculty and approval from the Dean, plans, monitors and appropriates the allocated nursing budget • 80-100% of the instructional budget is spent on identified needs in the nursing program plan		
Actions	• Continue to receive input from faculty regarding financial resources and work with administration to develop and monitor the financial plan		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1424(d) Sufficient resources			

Expected level of achievement	• Resources will be sufficient for:
	   - Faculty
	   - Staff
	   - Physical Space And Equipment
	   - Library
	   - Support Services		

Assessment Methods	• College program planning and request process	**Frequency of Assessment**	• Annually and as needed

Results of Data Collection and Analysis	• **Faculty:**
	   - 2010-2011: 6 FT to 10 PT
	   - 2011-2012: 8 FT to 8 PT
	   - 2012-2013: 7 FT to 9 PT
	   - 2013-2014: 8 FT to 8 PT
	   - 2014-2015: 7 FT to 13 PT
	
	• **Staff:**
	   - 2010-2011: 1 FT Administrative Assistant (Adm. Assist.), 1 FT Clerical Assistant, 1 PT 10 month Instructional Lab Tech (ILT) II/Nursing
	   - 2011-2012: 1 FT Adm. Assist., 1 FT Clerical Assistant, 1 10-month Instructional Lab Tech (ILT) II/Nursing
	   - 2012-2013: 1 FT Adm. Assist., 1-10 month ILT II/Nursing
	   - 2013-2014: 1 FT Adm. Assist., 1-10 month ILT II/Nursing
	   - 2014-2015: 1 FT Adm. Assist., 1 PT Office Assistant (grant-funded), 1-10 month ILT II/Nursing
	
	• **Physical space and equipment:**
	   - Health Science Center (since Fall 2011) with smart classrooms, state-of-the-art Skills Lab has adequate space and resources to achieve learning outcomes and meet the needs of the faculty, staff and students
	
	• **Library:**
	   - Available e-resources from the Moorpark College Library online databases such as CINAHL, INFOTRAC
	   - (Library resources for students at http://moorparkcollege.libguides.com/c.php?g=133427)		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

	• **Student Support Services:** - -Representatives from college student services present at New Student Mandatory Orientation - -Departmental services are shared at New Student Mandatory Orientation - -Available student services are included in syllabi (Student Services Syllabus at http://www.moorparkcollege.edu/sites/default/files/files/departments/student-services/student_services_syllabus_spring_2017.pdf - Exit survey: Student responses that indicate "satisfaction with learning resources ":

SEMESTER (ALL CLASSES)	PERCENT AGREEMENT	NUMBER AGREEMENT
2010-2011	No Data	No Data
2011-2012	97%	75
2012-2013	89%	50
2013-2014	94%	84
2014-2015	84%	74

Actions	• **Faculty:** Hire a full-time faculty to have > 50% FT to PT faculty • **Staff:** Instructional Lab Tech II/Nursing position is funded by the general fund as of 7/2014 Request a FT Office Assistant (general fund) through college planning process Request a PT or FT ILT II/Nursing (general fund) through college planning process for Fall 2015 In Fall 2015 a PT ILT II/Nursing was hired (60%, 10 month, grant-funded) • **Physical space and equipment:** Maintain physical facilities Continue to renew nursing grants as they are available to update equipment and hire supportive staff Continue to work with librarians to ensure textbooks, journals, and other resources are current and meet student and faculty needs Continue to inform students of services available to them • **Library:** Continue to work with librarians to ensure textbooks, journals, and other resources are current and meet student and faculty needs • **Student Support Services:** Continue to inform students of services available to them at the New Student Open House/Tea a semester prior to the start of the program Include Student Services link in the course workbooks

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1424(e) Director and the assistant director shall dedicate sufficient time for program administration				
Expected level of achievement	• Nursing Director and the assistant director will have sufficient time and resources to manage the nursing program			
Assessment Methods	• Review of Nursing Director's and the assistant director's responsibilities (workload) to determine if adequate time and resources are in place	**Frequency of Assessment**		• Annually with Program Planning process

Results of Data Collection and Analysis	• 100% release time as Health Sciences Coordinator – responsible for Nursing Program, Radiological Technology (RADT) (Nuclear Medicine) Programs, and nutrition/health sciences courses; 70% of time as Nursing Director
	
	 • Personnel resources to assist Health Sciences Coordinator:
	    - Assistant to the Coordinator (Nursing) 30% release time
	    - RADT Program Director 30% release time
	
	 • In 2012, the Assistant to the Coordinator release time was decreased to 30% from 40% due to reduction of programs in the Health Sciences Department.
	
	 • In Fall 2016, EMT program will be added back to the Health Sciences Department
	
	 • In Fall 2017, first cohort of the Optical Technology AS Degree Program begins			

Actions	• Annually review the Director of Nursing Program Job Description to assure compliance with governing body requirements • Request an increase in the assistant to the coordinator release time back to 40% for FY 17-18 through the program planning process • Request an increase in coordinator position to 12 months from 11 months in anticipation of the addition of two new programs of EMT and Optical Technology			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: **1424(k) Student/ teacher ratio in clinical setting**			
Expected level of achievement	• Student/teacher ratio in clinical will be based on the CA BRN criteria: 11 students/1 faculty		
Assessment Methods	• Teaching assignment • Student clinical assignment	**Frequency of Assessment**	• Each Semester
Results of Data Collection and Analysis	• 2010-2011: NS1L/2L P2 10:1-11:1, NS3L/4L P1 9:1-10:1 • 2011-2012: NS1L/2L P2 9:1-11:1; NS3L/4L P1 9:1-11:1 • 2012-2013: NS1L/2L P2 10:1 - 11:1, NS3L/4L P1 11:1 - 12:1 one section (Refer to Fall 2012 and Spring 2013 Teaching and student clinical assignments) • 2013-2014: NS1L/2L P2 9:1 - 11:1, NS3L/4L P1 10:1 - 11:1 (Refer to Fall 2013 and Spring 2014 Teaching and student clinical assignments) • 2014-2015: NS1L/2L P2 9:1 - 10:1, NS3L/4L P1 10:1 - 11:1 (Refer to Fall 2014 and Spring 2015 Teaching and student clinical assignments)		
Actions	• Maintain all medical-surgical clinical sections to ≤ 11 students per one instructor		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

BRN Criteria III. 1425: Faculty Qualifications & Changes

COMPONENT: 1425(a) Director of the program				
Expected level of achievement	• The Program Coordinator/Director holds a Master's Degree in Nursing or higher			
Assessment Methods	• Review of position description, resume as well as compliance with the California Board of Registered Nursing and ACEN guidelines	**Frequency of Assessment**	• Upon hire • With employee evaluation (every 3 years for tenured faculty)	
Results of Data Collection and Analysis	• Carol Higashida holds a Master's Degree in Nursing and an EdD in Higher Education Leadership (refer to BRN Director approval 10-24-08 and faculty file)			
Actions	• Moorpark College continues to screen applicants for the director position to ensure they have the required qualifications			

COMPONENT: 1425(b) & 1424(f) Assistant Director of the program				
Expected level of achievement	• The Assistant Director holds a Master's Degree in Nursing or higher			
Assessment Methods	• Review of California Board of Registered Nursing and ACEN guidelines and candidate resume	**Frequency of Assessment**	• Upon request for CA BRN approval • With employee evaluation (every 3 years for tenured faculty)	
Results of Data Collection and Analysis	• Christina Lee holds a Master's Degree in Nursing with an emphasis in education (Refer to BRN Assistant Director approval 5-9-14 and faculty file)			
Actions	• Moorpark College ADN program director identifies qualified full-time faculty members for the assistant to the director position to ensure they have the required qualifications			

APPENDIX 11
Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:			
1425(c) & 1425.1(c) Instructors of the program			
Expected level of achievement	• 100% of full-time and part-time faculty approved as an Instructor will meet/maintain the minimum BRN criteria, VCCCD and ACEN minimum qualifications • 100% of full-time (FT) faculty will hold a minimum of an MSN and hold valid RN California state license • 100% of part-time (PT) faculty with Instructor approval will hold an MSN and hold valid RN California state license • 100% of full-and part-time faculty will maintain current knowledge base and clinical competence in their content area		
Assessment Methods	• Review academic transcripts, resumes, and BRN Faculty Approval EDP-P-02	**Frequency of Assessment**	• Upon employment and every 3 years
Results of Data Collection and Analysis	• Approved as Instructor: - 2010-2011: 6 FT 100% MSN; 10 PT 12% ADN, 25% BSN, 63% MSN - 2011-2012: 7 FT, 2 PT; 100% MSN - 2012-2013: 7 FT, 2 PT; 100% MSN - 2013-2014: 6 FT, 3 PT; 100% MSN - 2014-2015: 6 FT, 3 PT; 100% MSN • 100% of faculty are approved by the California State Board of Registered Nursing as an Instructor, and have current CA RN license • 100% (8 out of 8) part-time faculty are employed outside of the college in their area of clinical expertise • 63% (5 of 8) full-time faculty have continued employment outside of the college in their areas of clinical expertise • 100% of full-time faculty teach clinical which maintains their clinical skills		
Actions	• Health Sciences Dept. will continue to review faculty files for validity of California State licensure and degrees earned • Continue to actively seek Master's prepared part-time faculty candidates • In Fall 2012, the part-time faculty (Clinical Practice Instructor) job description was revised to state "Master's in Nursing preferred and Bachelor's in Nursing Science required"		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: **1425(c) & 1425.1(c) Instructors of the program** • **Sufficiency of full time faculty**				
Expected level of achievement	• Full-time to part-time faculty ratios are congruent with California Board of Registered Nursing: Full-time to part-time ratio will remain at > 50% as recommended by the BRN			
Assessment Methods	• Health Sciences Coordinator/Dean assesses utilization of full-time and part- time faculty	**Frequency of Assessment**		• Each semester review the semester faculty teaching contract and load
Results of Data Collection and Analysis	• Fall 2010: Full-time (FT) to part-time (PT) faculty ratio was 6:10 (35% full-time) • Spring 2011: FT to PT faculty ratio was 6:11 (35% full-time) • Fall 2011: FT to PT faculty ratio was 8:8 (50% full-time) • Spring 2012: FT to PT faculty ratio was 7:7 (50% full-time) • Fall 2012: Full-time to part-time faculty ratio was 7:8 (47% full-time) • Spring 2013: Full-time to part-time faculty ratio was 7:9 (44% full-time) • Fall 2013: Full-time to part-time faculty ratio was 8:7 (53% full-time) • Spring 2014: Full-time to part-time faculty ratio was 8:8 (50% full-time) • Fall 2014: Full-time to part-time faculty ratio was 8:9 (47% full-time) • Spring 2015: Full-time to part-time faculty ratio was 8:9 (47% full-time)			
Actions	• Health Sciences Dept. will continue to review faculty files for validity of California State licensure and degrees earned • Continue to actively seek Master's prepared part-time faculty candidates • In Fall 2012, the part-time faculty (Clinical Practice Instructor) job description was revised to state "Master's in Nursing preferred and Bachelor's in Nursing Science required"			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1425(d) & 1425.1(c) Assistant Instructors of the program			
Expected level of achievement	• 100% of full-time and part-time faculty approved as an Assistant Instructor will meet/maintain the minimum BRN criteria, VCCCD and ACEN minimum qualifications • 100% of full-time faculty with Assistant Instructor approval have a current RN license and will have an MSN • 100% of part-time faculty with Assistant Instructor approval have a current RN license and will have a BSN • 50% of part-time faculty will hold a graduate degree in nursing		
Assessment Methods	• Review academic transcripts, resumes, and BRN Faculty Approval EDP-P-02	**Frequency of Assessment**	• Upon employment and every 3 years

Results of Data Collection and Analysis	• Approved as Assistant Instructor:
	   - 2010-2011: 0 FT, 9 PT; 36% MSN, 46% BSN, 18% ADN
	
	   - 2011-2012: 1 FT, 7 PT; 14% MSN, 57% BSN, 29% ADN + other degree
	
	   - 2012-2013: 1 FT, 6 PT; 33% MSN, 45% BSN, 22% ADN + other degree
	
	   - 2013-2014: 2 FT, 5 PT; 57% MSN, 29% BSN, 14% ADN + other degree
	
	   - 2014-2015: 1 FT, 7 FT; 44% MSN, 59% BSN		

Actions	• Health Sciences Dept. will continue to review faculty files for validity of California State licensure and degrees earned • Encourage current part-time faculty to pursue their Master's in Nursing degree		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

<table>
<tr>
<td colspan="4">COMPONENT:
1425(f) Content experts of the program</td>
</tr>
<tr>
<td>Expected level of achievement</td>
<td colspan="3">

Content expert will meet/maintain the minimum BRN criteria
100% of content experts will have an MSN
100% of content experts will have a minimum of 30 hours every 5 years of continuing education in the designated nursing area

</td>
</tr>
<tr>
<td>Assessment Methods</td>
<td>

Review academic transcripts, resumes, and BRN Report on Faculty EDP-P-10
BRN Report on Faculty EDP-P-10

</td>
<td>Frequency of Assessment</td>
<td>

At time of designation
Every 5 years

</td>
</tr>
<tr>
<td>Results of Data Collection and Analysis</td>
<td colspan="3">

Content Experts for:

Medical-surgical: Jamee Maxey and Olga Myshina
Pediatrics: Linda Loiselle
Obstetrics: Michele Wargo-Sugleris
Psychiatric: Dalila Sankaran
Gerontology: Argie Clifford and Dalila Sankaran

100% of content experts have an MSN

</td>
</tr>
<tr>
<td>Actions</td>
<td colspan="3">

Health Sciences Dept. will continue to review with faculty/files for completion of CEUs and clinical practice in designated nursing areas as content expert

</td>
</tr>
</table>

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

BRN Criteria IV. 1425.1 Faculty Responsibilities

COMPONENT: **1425.1 Faculty Responsibilities**			
Expected level of achievement	• 100% of faculty will fulfill the minimum BRN responsibilities • 100% of full- and part-time faculty will maintain required BRN CEUs and college flex and college service (only full-time) hours		
Assessment Methods	• Faculty file, teaching assignment, clinical rotation schedule, college flex and college service hours, and BRN Report on Faculty EDP-P-10	**Frequency of Assessment**	• Annually
Results of Data Collection and Analysis	• 100% of nursing faculty met the California BRN requirement for 30 hours of continuing education • 100% of full-and part-time faculty met the college flex hour requirements • 100% of full- time faculty met the college service hour requirements • 100% of full-and part-time faculty completion instruction according to teaching assignment • 100% of full-and part-time faculty conduct student evaluations		
Actions	• Health Sciences Dept. will continue to review faculty files for completion of CEUs and college flex and college service hours • Review teaching assignments and student files for completion of student evaluations		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1425.1(b) Faculty orientation and mentoring				
Expected level of achievement	• 100% of new faculty receives college orientation, nursing department orientation and mentoring			
Assessment Methods	• Assignment of faculty mentor by Health Sciences Coordinator/ Nursing Director	**Frequency of Assessment**	• Upon employment	
Results of Data Collection and Analysis	• Two full-time tenure track faculty (Michelle Dieterich and Natasha Adams) hired to start Fall 2013 (Natasha resigned after first year of tenure due to relocation) • No new part-time faculty hired during 2014-15 academic year • A Faculty Orientation website is available as a resource for all faculty • New full-time and part-time clinical faculty members have access to on-line Ventura County Federation of College Teachers AFT Local 1828 Agreement • 100% of part-time clinical faculty members are mentored by the full-time lead faculty member for the semester they are teaching			
Actions	• Initiated a new hiring search for Fall 2014 (failed search) • Initiated a new hiring search for Fall 2015; Jeny Joy hired to start Fall 2016 • Continue with new faculty orientation and mentorship as indicated			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1425.1(d) Faculty clinically competent in assigned nursing area					
Expected level of achievement	A.	100% of full-time and part-time faculty are evaluated according to district policy			
	B.	100% of faculty will receive evaluation of competency in program goals and outcomes with ratings of satisfactory to excellent from students and/or agencies			
	C.	Last 5 years of activities are related to their teaching assignment and approved clinical areas			
Assessment Methods	A.	Full-time and part-time faculty evaluation by the Dean, HS Coordinator/ Nursing Director, and peer	**Frequency of Assessment**	A.	New full-time faculty every year for the first four years as part of tenure process, then every three years. Part-time faculty every semester for minimum of three semesters, then every six semesters
	B.	Nursing faculty evaluations by clinical agency #5 Student surveys #4a College District student evaluation forms		B.	Every 8 weeks of the school year Full-time: Each semester of tenure and then every 3 years Part-time: Every semester for the first 3 semesters, then every six semesters
	C.	Faculty Report EDP-P-10		C.	Every 5 years
Results of Data Collection and Analysis	A.	100% of full-time and part-time clinical faculty members are evaluated according to district policy			

A. 100% of full-time and part-time clinical faculty members are evaluated according to district policy

SEMESTER	# FT EVALUATIONS	# PT EVALUATIONS
Fall 2010	4	4
Spring 2011	0	5
Fall 2011	3	0
Spring 2012	1	1
Fall 2012	3	1
Spring 2013	0	3
Fall 2013	6	3
Spring 2014	1	8
Fall 2014	1	9
Spring 2015	1	5
Fall 2015	2	3
Spring 2016	0	3

Dean coordinated evaluation schedule and was responsible for completion and submission to Executive Vice President

	B. At the conclusion of every nursing course, students completed anonymous online faculty evaluations Student responses that indicate clinical instructors (full-and part-time) "excel to meet standards":

SEMESTER (ALL CLASSES)	PERCENT AGREEMENT	NUMBER AGREE/NUMBER TOTAL
Fall 2011	95%	187/196
Spring 2012	98%	246/251
Fall 2012	94%	188/201
Spring 2013	97%	231/238
Fall 2013	98%	255/260
Spring 2014	96%	333/346
Fall 2014	99%	239/242
Spring 2015	95%	304/319

C. Refer to EDP-P-10 forms (Appendix 8)

Actions	A. Continue to follow district policy for faculty evaluation schedule
	B. Continue to encourage students to use anonymous online evaluation of faculty
	C. Continue to obtain clinical agency evaluation of nursing faculty members

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

BRN Criteria V. 1426: Required Curriculum

COMPONENT:				
1426(a) Nursing program curriculum approved by BRN				
Expected level of achievement	• Current curriculum BRN approved			
Assessment Methods	• Review Total Curriculum Plan EDP-P-05a and Required Curriculum EDP-P-06	**Frequency of Assessment**	• At time of curriculum updates	
Results of Data Collection and Analysis	• Current curriculum approved by the BRN on June 7, 2013			
Actions	• Ensure BRN approval is received for minor/major curriculum revisions			
COMPONENT:				
1426(b) Curriculum with a unifying theme designed so students attain the knowledge, skills, and abilities of an RN				
Expected level of achievement	• 100% of all nursing courses incorporate the established professional standards, guidelines, and competencies of the CA BRN, ACEN, and NCSBN • Student learning outcomes are clearly articulated with program outcomes • Curriculum and instruction reflects the Orem Self-Care Deficit Theory, and includes research and current standards of practice • 100% of clinical courses reflect Benner's Novice–to-Expert model • 100% of courses include interprofessional collaboration in nursing practice as described by the QSEN competencies			
Assessment Methods	• Review of the Program Plan at Faculty End-of-Year Retreat	**Frequency of Assessment**	• Annually with Program Plan deadline and when professional standards and/or guidelines change • Faculty End-of-Year Retreat (May)	
Results of Data Collection and Analysis	• 100% of all nursing courses incorporate established professional standards, guidelines, and competencies into the curriculum: - BRN - ACEN - NCSBN			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

	• 100% of courses integrate Orem's Self-Care Deficit theory, evidence-based practice objectives, best practices and safety standards in course objectives, Care Plan grading rubrics, clinical grading portfolio, and in the student handbook. (Course syllabi, student and faculty handbooks)
	
	• 100% of clinical sections weave the Benner philosophy of Novice to Beginning Practitioner into courses through the program philosophy and clinical portfolio.
	
	• 100% of students are graded on interdisciplinary collaboration and communication (student clinical portfolio and terminal objectives)
	
	• QSEN competency information is established in all lecture courses
	
	• QSEN terminology for objectives are integrated in all clinical levels
	
	• Syllabi identify the student learning outcomes (critical competencies) of:
	   - Technical skills/safety
	   - Critical thinking/clinical reasoning
	   - Communication skills
	   - Responsibility/accountability
	   - Organization/prioritization skills
	
	• Organizational framework that includes Orem's theoretical model, Benner's novice to proficient practitioner, and critical competencies are included in the Nursing Student Handbook, Clinical Portfolio, and syllabi

Actions	• Revised annual program plan to reflect the program's five critical competency assessment and program evaluation consistent to BRN and ACEN criteria/standards • Fall 2012 nursing student learning outcomes were reviewed and revised for consistency and articulation with the program outcomes centered on the five critical competencies • Continue to adapt courses and the curriculum to include new evidence-based research and best practice standards • Continue the implementation of QSEN competencies in each course • Continue to include interdisciplinary collaboration as in integral part of nursing as a career

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: 1426(c) & 1426(g) Curriculum semester units			

Expected level of achievement	• BRN requirement: Not < 58 semester units
	   - Core nursing 36 units
	   - Communication skills 6 units
	   - Related natural sciences 16 units
	
	• Additional Moorpark College Nursing Program requirements:
	   - Physical Science 3 units
	   - American History 3 units
	   - Fine or Performing Arts 3 units
	   - Humanities 3 units
	State Nursing Transfer Model Curriculum (TMC) 76 units (on hold)		

Assessment Methods	• CTE Program Review • EDP-P-05a and EDP-P-06	**Frequency of Assessment**	• Biennial
Results of Data Collection and Analysis	• Program length meets or exceeds all regulatory standards. The nursing program is four semesters long, excluding pre-requisite and general education courses required for the Associate of Science Degree • In Spring 2013, the ADN core nursing was 37.5 units, 1.5 units over the recommended 36 units		

Actions	• Unit reduction plan:
	   o Reduce ADN core nursing from 37.5 units to 36 units
	   o Accept 2 years of high school algebra with grade of "C" or better as the math prerequisite
	   o Eliminate BIO M02A as a prerequisite to anatomy
	   o Reduced physiology from 5 units to 4 units in Fall 2012
	   o On 5/30/2013, EDP-P-05a and EDP-P-06 submitted to reduce program units from 86.5-88.5 units to 79-82 units
	
	• On 6/7/2013, new curriculum with unit reduction approved
	
	• Working with Life Sciences faculty to reduce MICRO M01 to 4 units
	
	• Ensure curriculum is consistent with the state TMC (currently on hold)
	
	• In Spring 2011 recency requirement changed to 5 years for core sciences and for math
	
	• In Fall 2013 revised to 7-year recency requirements for core sciences at time of program application and eliminated recency for math		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:				
• **Curriculum development and revision**				
Expected level of achievement	• The curriculum is reviewed and revised for integrity, rigor, and currency every five years and as necessary when standards or guidelines change. • The curriculum is reviewed and revised when areas of deficit are noted by NCLEX result analysis.			
Assessment Methods	• Program Plan • COR review • Faculty End-of-Year Retreat • NCLEX result analysis • NCSBN Mountain Measurement Results	**Frequency of Assessment** || • Program-wide: Annually and with Faculty Retreat in May. • Per course: Review COR's every 2-3 years with actual revision every 5 years per college standard and/or when there are professional standards/ guideline changes	
Results of Data Collection and Analysis	• 2010 High attrition noted amongst students that had taken their science pre-requisites more than 5 – 7 years before starting the nursing program • **2012 – 2013** academic year: all nursing COR's were reviewed • **Fall 2013:** Decrease in sections of pre-requisites being offered (due to budget cuts) noted, with difficulty in getting a seat in the required pre-requisites noted • Pharmacology is a thread within the program, as it is not a pre or co-requisite. Suggested more detailed pharmacological thread within each semester NCLEX Results: • Apr2011-Sept2011 NCLEX result: Analysis showed weakness in the areas of growth and development, endocrine/metabolic, and renal/urinary • **Apr 2012-Sept 2012 NCLEX result:** analysis indicated deficits in the areas of growth and development (1-10 years old) and nutrition • **April 2013-Sept 2013 NCLEX result:** analysis indicate deficits in assessment, psychosocial cultural, nutrition, growth and development, CV, and interdependence • **April 2014-Sept 2014 NCLEX result:** analysis indicates improvements in assessment, nutrition, CV, and interdependence (still too low). Deficits remain in growth and development (1-10 years) and psychosocial/cultural • **April 2015-Sept 2015 NCLEX result:** Percentile rank decreased from last year in the areas of nutrition, psychosocial behaviors, growth and development but increased in the maturity stages for childhood			
Actions	• In Spring 2011 changed recency requirement to 5 years for core sciences and for math			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

	• In Fall 2013 revised to 7-year recency requirements for core sciences at time of program application and eliminated recency for math • Continue to monitor Mountain Measurement NCSBN NCLEX results, discuss, analyze, and revise curriculum as appropriate			

COMPONENT:

• **Instructional methodologies**

Expected level of achievement	• > 80% of students will indicate instructional methodologies are satisfactory			
Assessment Methods	• Student Review of Classroom Theory Survey #2	**Frequency of Assessment**	• Each semester	
Results of Data Collection and Analysis	Student responses that indicate "Teaching methodologies are appropriate for subject matter": <table><tr><td>**SEMESTER (ALL CLASSES)**</td><td>**PERCENT AGREEMENT**</td><td>**NUMBER AGREE/NUMBER TOTAL**</td></tr><tr><td>2010-2011</td><td>91%</td><td>406/447</td></tr><tr><td>2011-2012</td><td>96%</td><td>516/540</td></tr><tr><td>2012-2013</td><td>86%</td><td>425/493</td></tr><tr><td>2013-2014</td><td>87%</td><td>528/608</td></tr><tr><td>2014-2015</td><td>94%</td><td>269/286</td></tr></table>			
Actions	• Continue to monitor student feedback on survey regarding teaching methodologies, analyze, discuss, and make revisions as necessary			

COMPONENT:
1426(d) Concurrent theory and clinical

Expected level of achievement	• 100% of the time theory and clinical will be concurrent			
Assessment Methods	• Teaching assignments • Schedule of classes • Clinical rotation schedules	**Frequency of Assessment**	• Each semester	

Results of Data Collection and Analysis	• 100% of theory and clinical are concurrent:
	  - NS M01 and NS M01L
	  - NS M02 and NS M02L
	  - NS M03 and NS M03L
	  - NS M04 and NS M04L			

Actions	• Ensure for each theory course there are sufficient numbers of clinical sections to accommodate students			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:						
• **Student Learning Outcomes**						
Expected level of achievement	• > 80% retention in each course					
Assessment Methods	• Tracking student progress in relation to meeting outcomes: theory and clinical performance		**Frequency of Assessment**		• Each semester	

Results of Data Collection and Analysis

Retention rates for each academic year, by class:

	ACADEMIC YEAR				
CLASS	2010-2011	2011-2012*	2012-2013*	2013-2014	2014-2015
NS1	78%	76%	88%	92%	82%
NS2	82%	83%	93%	91%	92%
NS3	75%	86%	92%	95%	90%
NS4	100%	93%	100%	93%	100%

Normal trend for retention with lowest retention rate in NS1 to highest in NS4

Actions

- NS1: Refined educational support programs and methods
- NS2: Continue to include case scenario presentation of course content with more instructor/student interaction
- NS3: Continue having students complete remediation on areas of weakness identified through ATI proctored online testing
- NS4: Continue ATI proctored online testing remediation process

For all courses:
- Lead faculty continue to be responsible for reviewing the COR for their course
- Continue to have "growth and development" as a common thread through case scenarios with growth and development emphasis throughout all courses (Exhibit XVII, End-of-Year Retreat Minutes 5-16-12)
- Emphasize nutrition in course presentations and scenarios (Exhibit IV, Curriculum Meeting minutes 11-19-2012, Exhibit V, Faculty Meeting Minutes 11-25-2013)
- Continue to include top prescribed/used/recommended medications (using generic drug name) for each course within the corresponding module

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT: **1426(e) Integrated content throughout the curriculum**			
Expected level of achievement	• Curriculum will meet the BRN criteria and ACEN standards		
Assessment Methods	• Course syllabi • Clinical Portfolio • EDP-P-05a and EDP-P-06	**Frequency of Assessment**	• Each semester
Results of Data Collection and Analysis	• Integrated content: • Critical thinking/clinical reasoning (nursing process), Nutrition, pharmacology, caring, patient advocacy, legal/ethical considerations, bio-psycho-socio-cultural-spiritual needs, evidence-based practice, community-based practice		
Actions	• Continue to ensure integrated content is provided throughout the curriculum		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:
1426(f) Tools to evaluate students' academic performance

Expected level of achievement	• Students will achieve > 75% in theory • Students will achieve > 75% in each critical competency for clinical		
Assessment Methods	• Theory grades in online learning management system • Clinical Portfolio • Student Review of classroom Theory Survey 2	**Frequency of Assessment**	• Each semester
Results of Data Collection and Analysis	• Theory assessments (assignments, quizzes, exams) are posted on the online learning management system within the week • Clinical performance evaluations are provided to students in the Clinical Portfolio on a weekly basis • Performance Appraisal forms are issued to students falling below standard in both theory and clinical as an early alert mechanism • Face-to-face clinical evaluations occur every 8 weeks Student responses that indicate "Evaluation methods are appropriate for the course"		
Actions	• FT faculty to maintain 5 hours of office hour to meet with students • -PT faculty to be available after clinical to meet with students • -Faculty will provide verbal and written feedback regarding progress • -Faculty will conduct evaluations at the end of every 8 weeks • Continue to monitor student feedback regarding to course evaluation methods and revise accordingly		

SEMESTER (ALL CLASSES)	PERCENT AGREEMENT	NUMBER AGREE/NUMBER TOTAL
2010-2011	91%	405/444
2011-2012	86%	464/540
2012-2013	87%	483/556
2013-2014	80%	484/608
2014-2015	93%	265/286

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:

1426.1 Preceptorship

1426.1(a), (b), & (b)(2) Approval and Policies

Expected level of achievement	• Course approved by the BRN • Policy in place for preceptor selection and preceptor orientation		
Assessment Methods	• EDP-P-05a and EDP-P-06	**Frequency of Assessment**	• As revisions occur • Each semester
Results of Data Collection and Analysis	• NS M04L Part 2, last 5 weeks (120 hours) of Advanced Nursing Science Clinical Nursing Laboratory is the preceptorship • Faculty liaison for each agency meets with the preceptors to orient them to their role (Moorpark College ADN Preceptor Preparation Self-Study Workbook)		
Actions	• Continue to maintain currency of preceptorship policies, roles, and responsibilities according to CA BRN regulations and best-practices		

COMPONENT:

1426.1(b)(3) Preceptor qualifications

Expected level of achievement	• All of preceptors are qualified for the role per CA BRN regulations:
	  - Active RN license
	  - Employed by agency in the area of specialization for > 1 year
	  - Completed a preceptorship training program
	
	• All preceptors receive an orientation to policies of the preceptorship and preceptor, student, and faculty responsibilities
	• Role and responsibilities of the preceptor are documented, monitored, and mentored by the designated faculty liaison		

Assessment Methods	• Moorpark College ADN Program Non-Paid Faculty Members form	**Frequency of Assessment**	• Upon assignment
Results of Data Collection and Analysis	• All preceptors have an active CA RN license, and have been employed by the health care agency on the unit for a minimum of one year • Clinical competence of preceptors is confirmed by recommendation of the agency nurse manager and educator • Preceptors are required to complete a preceptor training program • The roles and responsibilities of the preceptor, student, and faculty liaison and policies of the preceptorship are clearly documented in the Moorpark College ADN Preceptor Preparation Self-Study Workbook • The faculty liaison meets with and has a communication plan with the student and preceptor throughout the preceptorship, with in-person contact each shift		
Actions	• Continue to ensure preceptors have the minimum qualifications as specified by the CA BRN regulations		

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

BRN Criteria VI. 1427: Clinical Facilities

COMPONENT:				
1427(a) Agencies for clinical experience are approved by the BRN				
Expected level of achievement	• Fully executed Clinical Site Approval form EDP-P-08 and Program Clinical Facility Verification form EDP-P-14 • Current agency contract and certificate of insurance			
Assessment Methods	• Review clinical agency binder • Review agency contract files	**Frequency of Assessment**	• Upon identification as new site and annually • Annually	
Results of Data Collection and Analysis	• 100% of clinical agencies utilized have the BRN clinical agency approval form, current contract, and certificate of insurance • 100% of clinical site contracts contain agreement that ensure student protection • Mutual contracts include information on affirmative action, non-discrimination, rights and responsibilities of the hospital and college, contract term and termination • Written agreements with clinical agencies conform to the California Nurse Practice Act			
Actions	• Maintain BRN clinical agency approvals • Continue to review and ensure agencies contract are current			
COMPONENT:				
1427(d) Impact on other programs				
Expected level of achievement	• 100% of the time, Moorpark College will have representation at the Regional Planning Committee meeting			
Assessment Methods	• Review Regional Planning Committee meeting minutes	**Frequency of Assessment**	• Annually	
Results of Data Collection and Analysis	• Program Director and assistant attend the Ventura County Regional Planning meetings each semester for clinical placements to ensure existing agencies and programs are not impacted			
Actions	• Continue to have representation at the Ventura County Regional Planning meetings			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

COMPONENT:				
1427(b) Agencies provide the clinical experience to meet student learning outcomes				
Expected level of achievement	• 100% of students and faculty will report clinical agencies are appropriate to meet student learning outcomes • Clinical learning objectives are posted in each unit where students are present			
Assessment Methods	• Student and faculty survey on Agencies	**Frequency of Assessment**	• Each semester	
Results of Data Collection and Analysis	• Data on agency able to support clinical learning objectives • Faculty and student evaluations of clinical agencies reflect the appropriateness of the clinical sites for achieving student learning outcomes (Survey of Clinical Setting Nursing 4a & Instructor's Evaluation of Clinical Setting 5):			

SEMESTER (ALL CLASSES)	PERCENT AGREEMENT: STUDENTS	NUMBER AGREE/ NUMBER TOTAL: STUDENTS	PERCENT AGREEMENT: FACULTY	NUMBER AGREE/ NUMBER TOTAL: FACULTY
2010-2011	99%	398/403	100%	9/9
2011-2012	99%	435/441	90%	9/10
2012-2013	99%	421/427	95%	19/20
2013-2014	95%	576/606	100%	5/5
2014-2015	99%	554/561	100%	9/9

Actions	• Continue to monitor that agencies are able to provide the necessary learning opportunities to meet student learning outcomes • Ensure clinical learning objectives are posted in all units where students are present

COMPONENT:				
1427(c) Continuous communication occurs between agency and program				
Expected level of achievement	• Annual Nursing Advisory Meeting • Annual Summation Meetings with Agencies			
Assessment Methods	• Meeting minutes	**Frequency of Assessment**	• Annually	
Results of Data Collection and Analysis	• 2012 is the first year to have the joint ADN/BSN (Moorpark and Ventura Colleges and CSUCI) Advisory Meeting (Refer to advisory minutes) • Refer to summation meeting minutes			
Actions	• Consider and incorporate feedback from clinical agencies when making revisions to curriculum and policies			

Moorpark College Associate Degree Nursing Program
Total Program Plan for Evaluation
Academic Year 2014 - 2015

BRN Criteria VII. 1428: Student Participation

<table>
<tr>
<td colspan="4">COMPONENT:
1428 Students provide input to policies and procedures related to student learning outcomes</td>
</tr>
<tr>
<td>Expected level of achievement</td>
<td colspan="3">

Representation on Curriculum and Admissions Committee
Participation in Brown Bag sessions with the Program Director
Participation in Moorpark College Student Nurses Association (MCSNA)

</td>
</tr>
<tr>
<td>Assessment Methods</td>
<td>

Review Curriculum and Admissions Committee meeting minutes
Faculty and/or Curriculum and Admissions meeting minutes
MCSNA meeting minutes

</td>
<td>Frequency of Assessment</td>
<td>

Annually

</td>
</tr>
<tr>
<td>Results of Data Collection and Analysis</td>
<td colspan="2">

Refer to meeting minutes
Student feedback on curricular issues from Brown Bag sessions is recorded in the Faculty and/or Curriculum and Admissions meeting minutes
Refer to Curriculum and Admissions meeting minutes
100% nursing students have signed a form in the Nursing Student Handbook, which states they have read and understood the policies/procedures addressed in the handbook

<hr>

2010-2011: 97% (94/97) of new generic nursing students attended the New Student Mandatory Orientation; three students were excused
2011-2012: 100% (85/85) of incoming new generic nursing students attended New Student Mandatory Orientation

</td>
<td>

2011-2012: Revision of Performance Appraisal Report announced, as confirmed at 4/9/12 meeting. Revision of penalty for non-updated requirements announced, as confirmed at 1/9/12 meeting
2012-2013: 100% (92/92) of incoming new generic nursing students attended New Student Mandatory Orientation
2012-2013: Updates to skills lab resources were announced via D2L as confirmed at 11/19/14 meeting. Reminder to faculty for consistency and timeliness of announcements occurred at 10/1/12 meeting
2013-2014: 99% (85/86) students attended New Student Mandatory Orientation. In Fall 2013, one student had an excused absence
2013-2014: Updates in evaluation methods were announced as confirmed at 8/19/2013 meeting
2014-2015: 100% (81/81) students attended New Student Mandatory Orientation

</td>
</tr>
<tr>
<td>Actions</td>
<td colspan="3">

Continue to include students when reviewing policies and procedures
Continue to consider student comments/feedback when updating policies and procedures
Continue to ensure nursing polices are congruent with program plan, college, BRN, and agency policies
Continue to review key nursing policies/procedure at the New Student Mandatory Orientation
Continue to ensure change in program information is communicated to students in a timely manner

</td>
</tr>
</table>

College Program Plan

Nursing

4 Column Report - PLOs

Moorpark College

Program Plan - Nursing

Program Synopsis: Continuing program approval by the state BRN was awarded by the Education and Licensing Committee at the February 6, 2013 Board Meeting. The continuing program approval cycle has been changed to every 5 years for all programs. The next full report and site visit is Fall 2016. At the NLNAC meeting on July 12-13, 2012, the NLNAC Board of Commissioners granted the program continuing accreditation for 8 years with the condition that the program submit a two-year follow-up report due October 2014. Revise curriculum and processes to reflect BRN and NLNAC recommendations, and QSEN competencies. Concern is retention rate (on-schedule completers); however, this is expected to improve with the full implementation of the combined multi-criteria and random selection process for admissions.

Program Strengths: Program support in the form of grants to pay portion of newly hired FT salary (Enroll. Growth 12-116), Accountant Tech III salary, and one classified salary which allows for increased student enrollment. Enroll. Growth 12-116 ends June 2014.

Moorpark College ADN Program received continuing state approval by the BRN (ELC Board Meeting Feb. 2013). National continuing accreditation by the NLNAC granted in July 2012 with the condition the program submits a two-year follow-up report in October 2014.

Strong community support from Ventura County and San Fernando Valley Hospitals.

Program pass rate for National Council Licensing Examination (NCLEX-RN) state board for 2011-2012 was 100%.

Employer satisfaction rate for our graduates from 2011-2012 is 100%.

Moorpark College ADN Program has a seamless articulation with CSUCI BSN Program.

National and Statewide Nursing shortage supporting the need for increasing admissions and retention in ADN programs.

Nursing majors continue to be high (3621).

Productivity 3-Yr Trend: below 525

 # Majors This Fall: 1385

 # Degrees Last Year: 64

#CRNs Offered (avg): 41

% Course Retention (avg): 89

% Course Success (avg): 85

Summary of Access, Productivity & Effectiveness: Productivity appears low because the nursing clinical lab faculty to student ratio is 1:11. As reported by NLNAC and BRN the 1:11 ratio is higher than programs throughout the state and nation. Since Fall 2011, NS M03L and M04L were converted to positive attendance in accordance to the new interpretation of attendance accounting. This may be negatively impacting 525 goal.

Last Review/CORs: Nursing Science: Fall 2012

Department Chair / Coordinator / Program Carol Higashida

Dean/Manager: Kim Hoffmans

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
Program Plan - Nursing - Retention Rate (On-Schedule Completion) - Increase	**Action or Resource Needed:** Continue to select students for grant	01/14/2013 - Spring 2013 cohort - 19 out of 42 (45%) students were admitted through the	

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
retention rate to > 80% goal **Start Date:** 03/15/2012 **Opportunity Status:** Active	funded seats utilizing the multicriteria selection process that started with the Fall 2010 applications. The wait list was exhausted with the Fall 2012 admissions. The combination multicriteria and random selection process was utilized in Spring 2013. Plan is to enroll 85% of students by multicriteria selection and 15% by random selection. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Spring 2013 cohort - benefits of this process is projected to be seen in Fall 2014. **RATIONALE:** Program has not met the program benchmark of > 80% for retention rate (on-schedule completion). In Fall 2011 - Spring 2012 on-schedule completion was 53% which decreased from 59% in Fall 2010 - Spring 2011. The rationale is that the end of the wait list contains the weaker students because the stronger students were admitted previously to fill grant-funded seats. **Short/Long Term Plan?:** Short Term (1 to 3 yrs) **Related Documents:** Retention Rate.docx	multicriteria selection process and 23 out of 42 (55%) of students were admitted based on random selection. One of the randomly selected students is an at-risk student. **Progress Status:** 1 - Action Step Continuing **Year of 1st Progress Report:** Year 2012-2013	09/03/2013 - Spring 2013 cohort - 19 out of 19 (100%) of students selected by multicriteria progressed to the second semester of the program in Fall 2013. All randomly selected students also progressed to the second semester in Fall 2013.
	Action or Resource Needed: Admit 85% of students from multicriteria and 15% from random selection for the Fall 2013 cohort. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Fall 2013 cohort - benefits will be realized in Spring 2015 **RATIONALE:** To reach BRN expected outcome of > 75% and ultimately the program retention outcome of > 80%		
	Action or Resource Needed: Continue availability of an Instructional Lab Technician/Skills Lab RN for reinforcement of content and skill development.		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Type of Action: 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** Skills Lab RN is required for remediation and to assist faculty with clinical simulations. The opportunity to have a RN resource to reinforce the relevance and application of theory to practice is invaluable to student learning.		
	Action or Resource Needed: Continue availability of a faculty case manager for at-risk students. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** To track student progress, provide counseling, refer to support services and learning resources in order to promote student success.		
	Action or Resource Needed: Continue Peer Tutoring and Student Clinical Mentor (SCM) Program **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** Students who teach and mentor other students not only assist in development of knowledge and skills of these student but enhance their own knowledge base and critical thinking/clinical reasoning ability. Students who have demonstrated proficiency in theory and clinical serve as peer tutors and/or SCMs.		
	Action or Resource Needed: Maintain enrollment at 44 students for non-grant funded semesters. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Fall 2014 **RATIONALE:**		

APPENDIX 11

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	To maintain a balance of course sections from semester to semester to facilitate staffing.		
	Date/Semester of Information: Fall 2011- Spring 2012 **Source of Information:** BRN expected rate of retention is > 75%; ADN state average is > 70%; PLO - nursing program expected outcome for retention is > 80%; 2011-2012 BRN Annual School Survey **Information Gathered:** Moorpark ADN program - retention of students selected by multicriteria 75%, random 42% (comprised of generic 45% and at-risk 36%); overall retention 53%; BRN Annual School Survey - Attrition rates have decreased for all program types but ADN programs continue to have highest **Response to Info Above:** Exhaust wait list with Fall 2012 admissions; Plan to admit 85% of students based on mulitcriteria selection and 15% of students by random selection		
Program Plan - Nursing - Employment Rate - Increase employment rate to > 80% within six months of graduation **Opportunity Status:** Active	**Action or Resource Needed:** Continue to provide online Alumni Survey for graduates each semester six months after graduation. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** Program has not met the benchmark of > 80% employment. In 2011 - 2012, employment within 6 months was 70% for graduates who responded to the survey. Economic crisis since 2008 has made it difficult for new graduates to secure employment. Older nurses have not retired and others who left the workforce came back because their spouses are unemployed. Hospitals that have openings are not filling them because of reduced patient census. Regional hospitals are looking to hire graduates with a BSN. **Short/Long Term Plan?:**		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Short Term (1 to 3 yrs)		
	Related Documents: Graduate Employment.docx EMSI Age of RNs.docx		
	Action or Resource Needed: Continue to refine the Alumni Facebook website with faculty oversight. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** Survey response rate is low. In 2011 - 2012, only 27 out of 61 graduates responded and this is with a follow-up telephone call. Purpose of Facebook site is to maintain connection with graduates and provide information on employment and educational opportunities. **Short/Long Term Plan?:** Short Term (1 to 3 yrs)		
	Action or Resource Needed: Work with colleges, universities, and agencies within the region to develop a residency/internship program for displaced new graduates. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** It is taking longer for new graduates to find employment so there is a need to have programs to maintain their knowledge and skills. In March 2012, 7 Moorpark College graduates completed the CSUCI New Graduate Transition Program and 100% gained employment. **Short/Long Term Plan?:** Short Term (1 to 3 yrs)		
	Date/Semester of Information: 2011-2012 **Source of Information:** PLO - expected outcome is > 80% employment within six month of graduation; The Nursing Labor Market In California: Still in Surplus? Webinar		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	5/20/13 (Fall 2012 New Graduate Survey - CINHC, UCLA School of Nursing, CA BRN); California BRN 2012 Survey of Registered Nurses; EMSI Age of RNs **Information Gathered:** Fall 2012 New Graduate Survey - 54% of new graduates are employed as RNs, this is roughly the same as the American Association of Colleges of Nursing Survey. Reason given for new graduates not employed are: 92% no experience, 55% no position available, 35% not having BSN, and 7% out of school too long. Older RNs are not retiring since the economic downturn. According the CA BRN 2012 Survey of RNs 45.4% of RNs are over 50 years, in 2010 it was 46.3% and in 2008 it was 49%. **Response to Info Above:** Continue to include resume, interview, and portfolio development in the curriculum. Encourage graduates to seek employment in non-traditional nursing settings and pursue their BSN.		
Program Plan - Nursing - Graduate and Employer Satisfaction Rate - Increase response rate of Alumni and Employer Surveys **Opportunity Status:** Active	**Action or Resource Needed:** Request timely availability of survey data to allow efforts for follow-up with graduates and employers **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** When survey data are not available in a timely manner, the program is not aware follow-up is required to increase the number of respondents to the survey. **Short/Long Term Plan?:** This Year **Related Documents:** Satisfaction with Program.docx		
	Action or Resource Needed: Continue with the faculty managed Alumni Facebook website. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:**		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Ongoing **RATIONALE:** To maintain connection with graduates and provide information regarding employment and educational opportunities. This social media tool is another strategy to remind students to complete the Alumni Survey.		
	Date/Semester of Information: Fall 2011 - Spring 2012 **Source of Information:** PLO; ACEN Standard 6.5.3 -There are limited program satisfaction data (quantitative and qualitative) from graduates and employers. **Information Gathered:** 2011- 2012: 32 out of 61 graduates responded to the survey; 92% reported satisfaction with the program. Fall 2011: 6 out of 6 employers responded to the survey; 100% reported they were satisfied with our graduates. ACEN Standard 6.5.3 was added as an area of non-compliance by the ACEN Board of Commissioners in July 2012. **Response to Info Above:** In addition to the follow-up telephones calls, an Alumni Facebook site was created to maintain contact with graduates and to increase response rate on surveys.		
Program Plan - Nursing - Resource Support for Student Learning - Optimize resource support for student learning **Start Date:** 03/15/2012 **Opportunity Status:** Active	**Action or Resource Needed:** Continue to develop and expand Skills Lab curriculum to meet the needs of the nursing and other health sciences programs. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** Students in the nursing program are better able to learning nursing skills and care for patient in the clinical setting by practicing procedures in a skill lab with current equipment/supplies with the assistance of a nursing instructional lab tech.		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Action or Resource Needed: Continue to upgrade Skills Lab to focus on clinical simulations to be in line with the new technology in nursing education and meet industry expectations. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** Students in the nursing program are better able to learning nursing skills and care for patient in the clinical setting by practicing procedures in a skill lab with current equipment/supplies with the assistance of a nursing instructional lab tech. **Short/Long Term Plan?:** This Year		
	Action or Resource Needed: Step-down percent of full-time classified skills lab position's salary/benefits being paid through grants so when the grant funding period ends, the position will be paid by the general fund. **Type of Action:** 8-Action Completed **RATIONALE:** Sustainability of the position will maintain remediation efforts to decrease attrition and coordinate clinical simulation to meet the standards of performance expected by service agencies and regulatory bodies. **Short/Long Term Plan?:** Completed (DO NOT uncheck "Active" above)		
	Action or Resource Needed: The position is permanent and the percent funded by grants was reduced to 78% in Fall 2012. **Type of Action:** 8-Action Completed **Short/Long Term Plan?:** Completed (DO NOT uncheck "Active" above)		
	Action or Resource Needed: Construct a HSC Bridge to connect the Parking lot D & E to HSC building.		

APPENDIX 11

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Type of Action: 3-Facility Request **Targeted Semester:** When funding is available **RATIONALE:** Crossing the busy street between the parking lot and HSC is a safety concern **Short/Long Term Plan?:** Long Term (4+ yrs) **Aggregate Cost:** 1000000		
	Action or Resource Needed: Remove EMT ambulance simulator to make room for additional computer stations **Type of Action:** 3-Facility Request **Targeted Semester:** Fall 2014 **RATIONALE:** EMT Program was eliminated in Spring 2011. Medical records are mandated to be electronic by 2014. There is a need to incorporate computer charting into our skills lab and clinical curriculum. **Short/Long Term Plan?:** This Year **Priority:** Medium **Aggregate Cost:** Possible free if we could get OC or VC to take it.		
	Action or Resource Needed: Reqest 8 desktop computers for electronic medical record charting **Type of Action:** 4-Technology (TCAP) Request **Targeted Semester:** Fall 2014 **RATIONALE:** Medical records are mandated to be electronic by 2014. There is a need to incorporate computer charting into our skills lab and clinical curriculum. **Short/Long Term Plan?:** This Year **Priority:** Medium		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Replacement Item?: No **Aggregate Cost:** $7000 **Funding Source:** General Fund		
	Action or Resource Needed: Need 8 computer cubicles for technology request of 6 desktop computers for charting. **Type of Action:** 6-Equipment/Supply Request >$1000 **Targeted Semester:** Fall 2014 **RATIONALE:** Medical records are mandated to be electronic by 2014. There is a need to incorporate computer charting into our skills lab and clinical curriculum. **Short/Long Term Plan?:** Short Term (1 to 3 yrs) **Priority:** Medium **Replacement Item?:** No **Funding Source:** General Fund		
	Action or Resource Needed: Request to replace 5 computers in the Skills Lab (HSC 109) with new computers from the refresh list. **Type of Action:** 4-Technology (TCAP) Request **Targeted Semester:** Fall 2013 **RATIONALE:** Current 5 computers are old and do not have the capability to support the Cerner EHR software to train students on the electronic health record to practice in the clinical setting. **Short/Long Term Plan?:** This Year **Priority:** High **Replacement Item?:** Yes		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	AdvisoryGroup Rec?: Yes **Funding Source:** General Fund		
	Date/Semester of Information: ongoing **Source of Information:** Supports SLO for NS M01L-M04L communication critical competency		
Program Plan - Nursing - Part-Time Nursing Faculty Credentials - Maintain part-time nursing faculty with a MSN to > 50% **Opportunity Status:** Active	**Action or Resource Needed:** Change job description to reflect BSN required and MSN preferred **Type of Action:** 8-Action Completed **Targeted Semester:** Fall 2012 **RATIONALE:** To be in compliance with ACEN Standard 2.2 - Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing; a minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing.		
	Action or Resource Needed: Hire part-time nursing faculty with preferably a MSN but no less than a BSN. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** To be in compliance with ACEN Standard 2.2 - Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing; a minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing. **Related Documents:** EMSI Educational Attainment.docx	06/28/2013 - In Spring 2013, three part-time nursing faculty hired with a MSN **Progress Status:** 1 - Action Step Continuing **Year of 1st Progress Report:** Year 2012-2013	
	Action or Resource Needed: Create and maintain a pool of part-time nursing faculty in various specializations. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:**		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Ongoing **RATIONALE:** To have a pool of part-time nursing faculty to call upon to fill urgent or planned vacancies.		
	Date/Semester of Information: 2013 **Source of Information:** Economic Modeling Specialist International (EMSI) **Information Gathered:** EMSI - In the metropolitan area of Santa Barbara, Oxnard, and Los Angeles only 1% of RNs possess a master's degree. **Response to Info Above:** Continue to contact graduate schools of nursing to assist in advertising efforts to recruit MSNs for open faculty positions.		
	Date/Semester of Information: Fall 2013 **Source of Information:** ACEN Standard 2.2; Fall 2013 Teaching Assignment **Information Gathered:** 5 out of 7 (71%) part-time nursing faculty possess a MSN, one of the seven has a BSN and the other a ADN. **Response to Info Above:** Continue to encourage and provide opportunity for part-time faculty to pursue their MSN.		
Program Plan - Nursing - State Approval and National Accreditation - Continue to maintain state approval and national accreditation. **Start Date:** 03/15/2012 **Opportunity Status:** Active	**Action or Resource Needed:** Submit NLNAC 8 year continuing accreditation two year follow-up report **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Fall 2014 **RATIONALE:** In order to maintain ACEN (formerly NLNAC) national accreditation.		
	Action or Resource Needed: Prepare for the BRN Full Site Visit in Fall 2016. **Type of Action:**		

APPENDIX 11

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	0-Action/Internal Planning **Targeted Semester:** Fall 2015 **RATIONALE:** The BRN approval process was changed to a five year cycle with the elimination of the four year Interim Site Visit.		
	Action or Resource Needed: Revise curriculum to incorporate BRN and NLNAC recommendations and QSEN competencies. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** In order for the curriculum to reflect evidence-based practice and prepare graduates for the profession.	01/15/2013 - In Fall 2012, the nursing core CORs were revised to reflect the BRN/NLNAC recommendations and QSEN competencies. The number of units for the core nursing curriculum was reduced from 37.5 units to 36 units. The CORs were approved in Spring 2013. **Progress Status:** 3 - Action Step Completed **Year of 1st Progress Report:** Year 2012-2013	
	Action or Resource Needed: Continue to monitor and achieve high NCLEX-RN pass rates. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** To ensure strategies and resources are effective in maintaining program NCLEX-RN first attempt pass rates above benchmark. **Related Documents:** NCLEX-RN Pass Rate.docx		
	Action or Resource Needed: Continue to collaborate with local hospitals, CSUCI, advisory group and HASC. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** To ensure curriculum is relevant, based on best practices, and prepares graduates to perform optimally in a rapidly changing healthcare environment. **Related Documents:** 4-8-13- clincial minutes.docx		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Action or Resource Needed: Need Office Assistant to assist with maintaining records, agency contracts, and other accreditation and state reporting requirements. **Type of Action:** 2-Classified Request **Targeted Semester:** Fall 2014 **RATIONALE:** Workload in the office is too extensive for one person; specifically, ordering required safety supplies, elapsed contract dates, alumni and employer surveys, and behind in data entry needed for reporting. **Short/Long Term Plan?:** Short Term (1 to 3 yrs) **Priority:** High **Aggregate Cost:** 75,000 **Funding Source:** General Fund		
	Date/Semester of Information: 2011-2012 **Source of Information:** PLO; BRN; National Council of State Boards of Nursing (NCSBN) **Information Gathered:** PLO for 2011-2012 NCLEX-RN pass rate on first attempt is 100%; BRN expected outcome for first attempt pass rate is > 75%; national pass rate for ADN programs is 89.32%. **Response to Info Above:** Continue current strategies and resources to maintain first attempt pass rate above the program benchmark of > = 90%		
Program Plan - Nursing - Non-Tenure Track Full-Time Faculty Position - Change to tenure track full-time faculty position **Start Date:** 03/15/2012 **Opportunity Status:** Completed	**Action or Resource Needed:** Change full-time non-tenure track faculty to a full-time tenure track faculty position **Type of Action:** 8-Action Completed **Targeted Semester:**		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Spring 2013 **RATIONALE:** Coordination and program continuity is difficult with the loss of one full-time tenure track faculty and having to hire temporary full-time or part-time faculty every semester. **Short/Long Term Plan?:** Completed (DO NOT uncheck "Active" above)		
	Action or Resource Needed: Hiring process for the full-time tenure track faculty position started in the fall 2012 semester. **Type of Action:** 0-Action/Internal Planning **Short/Long Term Plan?:** Completed (DO NOT uncheck "Active" above) **Priority:** High **Replacement Item?:** Yes **AdvisoryGroup Rec?:** Yes		
	Action or Resource Needed: Received approval to hire two tenure track full-time faculty; one to replace prior grant funded non-tenure track position and another to replace a full-time tenure faculty resignation. **Type of Action:** 8-Action Completed **Targeted Semester:** Fall 2013 **RATIONALE:** Full-time tenure track faculty are required for consistency and refinement of the curriculum to reflect evidence-based practice.	09/05/2013 - Hired two full-time tenure track faculty and both started Fall 2013. **Progress Status:** 3 - Action Step Completed **Year of 1st Progress Report:** Year 2013-2014	
	Date/Semester of Information: Spring 2013 **Source of Information:** Board of Registered Nursing (BRN) standards; Accreditation Commission for Education in Nursing (ACEN) formerly National League for Nursing Accrediting		

APPENDIX 11

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Commission (NLNAC) **Information Gathered:** BRN Criterion Section 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, ...; ACEN Standard 2.4 The number and utilization of faculty (full - and part-time) ensure that program outcomes are achieved. **Response to Info Above:** Maintain full-time faculty to part-time faculty ratio at greater than or equal to 50%.		
		10/11/2012 - Hiring process started for a full-time tenure track nursing faculty for Spring 2013. **Progress Status:** 1 - Action Step Continuing **Year of 1st Progress Report:** Year 2012-2013	
		08/01/2012 - Received approval to hire a full-time tenure track faculty for Spring 2013. **Progress Status:** 1 - Action Step Continuing **Year of 1st Progress Report:** Year 2012-2013	08/27/2013 - Candidate sent forward to President's Interview declined further consideration for hire.
Program Plan - Nursing - Full-Time Tenure Position Covered by General Fund - Change percent of funding for full-time tenure track position from grants to general **Start Date:** 03/15/2012 **Opportunity Status:** Completed	**Action or Resource Needed:** Request to change the full-time non-tenure track faculty to a full-time tenure track faculty position. **Type of Action:** 8-Action Completed **Targeted Semester:** Fall 2012 **RATIONALE:** Enrollment Growth grant RFA 12-116 available for FY12-13 to cover a full-time faculty salary/benefits. **Short/Long Term Plan?:** Completed (DO NOT uncheck "Active" above)		
	Action or Resource Needed: Fund 100% of the full-time tenure track position for Spring 2013 with Enrollment		

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
	Growth grant RFA 12-116. Percentage of funding by the grant will be reduced in fall 2013. **Type of Action:** 8-Action Completed **Targeted Semester:** Spring 2013 **RATIONALE:** Through grant funds, the department has been able to assist in covering the costs for salary and benefits for full-time tenure-track that were previously hired under general funds. The percent of salary costs covered by grant money is slowly declining due to reduction in funds from Enrollment Growth and loss of WIA grant funds and increased costs of salaries and benefits. **Short/Long Term Plan?:** Completed (DO NOT uncheck "Active" above)		
	Date/Semester of Information: Fall 2013 **Source of Information:** BRN Criterion Section 1424(h) ; ACEN Standard 2.4 **Information Gathered:** BRN Criterion Section 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, ...; ACEN Standard 2.4 The number and utilization of faculty (full - and part-time) ensure that program outcomes are achieved. **Response to Info Above:** Move full-time tenure position to sustainable funds to ensure adequate numbers of faculty to meet student and program needs.		
Program Plan - Nursing - Combination Multicriteria and Random Selection Admission Process - Implement new acceptance criteria for the Nursing Program **Start Date:** 03/15/2012 **Completion Date:** 01/14/2013	**Action or Resource Needed:** Continue to select students for grant funded seats utilizing the multicriteria selection process that started with the Fall 2010 applications. Once the current wait list is exhausted in Fall 2012, the combination multicriteria and random selection process will be utilized in Spring 2013 to help increase retention. 85% of	08/27/2013 - 19 out of 42 (45%) students were admitted through the multicriteria selection process and 19 out of 19 (100%) of these students progressed to the second semester of the program in Fall 2013. 23 out of 42 (55%) of students were admitted based on random selection. One of the randomly selected students is an at-risk student. All randomly selected	

Opportunities for Improvement	Action Steps & Targeted Semester / Related SLO or EnvScans	First Progress Report	Addl' Progress & Additional Follow-Up
Opportunity Status: Completed	students enrolled will be by multicriteria selection and 15% by random selection. The benefits of this process is projected to be seen in Fall 2014. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Spring 2013 **RATIONALE:** Retention rate of students admitted through random selection and using a Success Score of greater than 55% have been significantly lower than the program benchmark of 80%. Current wait list includes the weakest students and will be exhausted in Fall 2012 so the true combination multicriteria and random selection process cannot be implemented until Spring 2013.	students also progressed to the second semester in Fall 2013. **Progress Status:** 1 - Action Step Continuing **Year of 1st Progress Report:** Year 2013-2014	
Program Plan - Nursing - WSCH ratio - Increase WSCH ratio **Start Date:** 03/15/2012 **Completion Date:** 08/19/2013 **Opportunity Status:** Completed	**Action or Resource Needed:** Maintain enrollment maximum for lab sections to 11. **Type of Action:** 0-Action/Internal Planning **Targeted Semester:** Ongoing **RATIONALE:** WSCH ratio as compared to 525 goal is low due to limited clinical laboratory size (maximum enrollment of 11 per lab is mandated by the state).		
		08/29/2013 - Due to mandated ratios for clinical labs, this opportunity is beyond the control of the program. **Progress Status:** 4 - Action / Resource Request Cancelled **Year of 1st Progress Report:** Year 2013-2014	

Nursing Program Learning Outcomes

2014-2015 Academic Year

MOORPARK COLLEGE

Outcomes - Nursing

Program Purpose: Students who complete the Nursing Science program will acquire the knowledge and five critical competencies of safety/technical skills, critical thinking and clinical reasoning skills, communication skills, responsibility/accountability, and organization/prioritization skills essential to the function of registered nurses in the direct care of patients.

PLOs	Assessment Methods	Results & Use of Results	Actions
P01 AS Critical Competencies - Students will apply the five critical competencies of safety/technical skills, critical thinking and clinical reasoning skills, communication skills, responsibility/accountability, and organization/prioritization skills essential to the function of registered nurses in the direct care of patients. **PLO Status:** Active **PLO Type:** PLO - Degree/Certificate Learning Outcome			
Retention Rate - The Nursing Program retention rate will be greater than the expected rate set by the BRN of > 75% and the ADN state average of > 70%. **PLO Status:** Inactive	**Report - External -** The Nursing Program retention rate will be > 80%. **Target:** > 80%. **Related Documents:** [8-20-07 Nsg. Mtg. Min. NLNAC.doc](#) [3-12-07 Nsg. Mtg.Min. NLNAC.doc](#) [3-1-10 Nsg Mtg Min NLNAC.docx](#) [3-15-10 Nsg Mtg Min NLNAC.docx](#) [1-10-11 Nsg Mtg Min NLNAC.docx](#)	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes 89% (34 out of 38) students graduated on time in four consecutive semesters (06/18/2015) **Semester Reported:** 201407 - Fall 2014 **Target Met:** No 77% (34 out of 44) students completed the program in four consecutive semesters (01/16/2015)	**Action:** Continue to utilize success strategies and resources (06/18/2015) **Action:** - In Fall 2013, changed core biology recency requirement to seven years and replaced intermediate algebra with two years of high school algebra with a grade of B or better as the math prerequisite. - Continue to offer peer tutoring and support to students on a

PLOs	Assessment Methods	Results & Use of Results	Actions
			weekly basis. - Encourage students to attend the critical thinking, math, test taking, and other workshops offered through the skills lab. - Encourage students to begin their nursing program experience with the "Boot Camp," which is offered in conjunction with the mandatory orientation. - In Fall 2013 students who scored below 70% on the TEAS V reading sub-score are required to complete the PLATO online program in reading by the end of the first 8 weeks of the program. (01/16/2015)
NCLEX Pass Rate - Nursing Program graduates will meet or exceed the state requirement of >75% and the national average for NCLEX pass rate. **PLO Status:** Inactive **PLO Type:** PLO - Degree/Certificate Learning Outcome	**Quiz/Exam/Test -** Nursing Program Graduates that choose to take the licensing exam will have a NCLEX pass rate of > 90%. **Target:** > 90%.	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes NCLEX Pass Rate: 89.55% (Fall 2013 graduates 24 out of 27 passed the NCLEX on the first attempt and one graduate there is no record of taking the exam. Spring 2014 graduates 36 out of 40 passed the NCLEX on the first attempt). (05/20/2015)	**Action:** Continue NCLEX-type questions on course exams. Continue to use ATI practice tests and proctored exams. Refer to Systematic Program Evaluation Plan. (09/14/2015)
"Management of Care" - Nursing Program Graduates will improve on "Management of Care" section of the NCLEX Exam. **PLO Status:** Inactive **PLO Type:** PLO - Degree/Certificate Learning Outcome	**Quiz/Exam/Test -** Nursing Program Graduates will maintain a rank of 60th percentile or better on "Management of Care" section of the Test Plan Performance report based on the NCLEX Exam. **Target:** 60th percentile or better	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes 2013-2014: Graduates scored in the 68th percentile compared to the national population of graduates from similar programs (September 2014) (09/14/2015)	**Action:** 1. Continue to design course exams based on NCLEX format. 2. Attend workshops on NCLEX exam question writing. 3. Emphasize management of care in classroom discussions and clinical simulations. 4. Focus on management of care in lecture case scenario presentations. (09/14/2015)
Satisfaction with Nursing Program. - Graduates will report satisfaction with Nursing Program. **PLO Status:** Inactive	**Survey -** > 80% of graduates will report satisfaction with the Nursing Program. **Target:** > 80% of graduates	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes 2013-2014: 36 out of 36 (100%) graduates who responded to the survey reported they were satisfied with the program	**Action:** 1. Continue to survey students and graduates. 2. Continue to collect and analyze results and refine curriculum to

PLOs	Assessment Methods	Results & Use of Results	Actions
		in preparing them for entry-level RN practice. (05/20/2015)	meet student and employer needs in preparing graduates for practice. 3. Continue to elicit student feedback regarding curricular issues from the Curriculum/Admissions Committee meetings and Brown Bag sessions. 4. Utilize Alumni Facebook website to increase response rate for the Alumni Survey and to announce job opportunities. (09/14/2015)
Employment - Nursing Program Graduates who pursue employment in local area hospitals will be employed. **PLO Status:** Inactive	**Presentation/Performance -** > 80% of Nursing Program Graduates who pursue employment in local area hospitals will be employed within 6 months of graduation. **Target:** > 80% of Nursing Program Graduates	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes 94% (29 out of 31) graduates who responded to the survey are employed as an RN (06/18/2015)	**Action:** -Continue to post employment opportunities on the nursing program Facebook site (06/18/2015)
		Semester Reported: 201407 - Fall 2014 **Target Met:** Yes 89% (24 out of 27) graduates who responded to the survey are employed as an RN (01/16/2015)	**Action:** -Work with the colleges, universities, and agencies within the region to develop a residency/internship program for displaced new graduates - Utilize Alumni Facebook website to announce job opportunities (01/16/2015)
Satisfied Employers - Employers will report satisfaction with Nursing Program Graduates. **PLO Status:** Inactive	**Presentation/Performance -** > 80% of employers will report satisfaction with graduates. **Target:** > 80% of employers	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes 2014-2015: 100% of the 5 employers who responded to the survey are satisfied with our graduates (06/18/2015)	**Action:** - Continue to elicit employer feedback regarding changes in practice to update the curriculum. - Maintain ongoing communication with agencies, hospitals, and professional organizations in order to identify potential and real employment opportunities for graduates. (06/18/2015)

PLOs	Assessment Methods	Results & Use of Results	Actions
Continued Education - Graduates will continue their education. **PLO Status:** Inactive	**Presentation/Performance -** 30% of graduates will pursue a Bachelor of Science in Nursing (BSN) degree. **Target:** 30% of graduates	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes 2014-2015: 45% (13 out of 29) graduates are enrolled in a BSN program and 35% (5 out of 14) graduates are enrolled in prerequisite courses for a BSN program. (06/18/2015)	**Action:** - Counsel students to take general education course requirements that transfer to the CSUs to ensure seamless transition to a BSN program. - Explore other pathways to articulate with the CSUCI BSN program and other CSUs. (06/18/2015)

Nursing Course Learning Outcomes

2014-2015 Academic Year

MOORPARK COLLEGE

Outcomes - Nursing

Program Purpose: Students who complete the Nursing Science program will acquire the knowledge and five critical competencies of safety/technical skills, critical thinking and clinical reasoning skills, communication skills, responsibility/accountability, and organization/prioritization skills essential to the function of registered nurses in the direct care of patients.

NS Clinicals:NS M01L - M04L

CLOs	Assessment Methods	Results & Use of Results	Actions
INACTIVE 201505 NS M01L-NS M04L - Students will successfully demonstrate the five critical competencies of: 1. Safety & Technical Skills 2. Critical Thinking & Clinical Reasoning (previously Nursing Process) 3. Communication Skills 4. Responsibility & Accountability 5. Organization & Prioritization Skills **CLO Status:** Inactive **Next Assessment Scheduled:** 2013-2014 - Spring 2014 **Inactive Date:** 06/24/2015	95% of students will achieve > 75% for each of the five critical competencies. **Target:** 95%	**Semester Reported:** 201407 - Fall 2014 **Target Met:** Yes Fall 2014 - NS M01L: 100% (41 out of 41) achieved > 75% in all five critical competencies. NS M02L: 100% (44 out of 44) achieved > 75% in all five critical competencies. NS M03L: 100% (40 out of 40) achieved > 75% in all five critical competencies. NS M04L: 100% (35 out of 35) achieved > 75% in all five critical competencies. (09/24/2015)	

NS M001:Beginning Nursing Science

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Critical Competencies - Students will acquire the knowledge and theoretical concepts of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of patients with common, acute, and chronic disorders/conditions in the adult/geriatric population in common and emerging healthcare settings. The focus is on foundations of nursing practice and the nursing process, the legal framework for nursing practice, cultural and spiritual diversity, comprehensive head-to-toe physical assessment and documentation addressing all body systems for the adult and geriatric client, theoretical concepts of skills associated with activities of daily living, maintenance of a safe environment, growth and nutrition, concepts of care pertaining to medication administration, the perioperative period, comfort, pain, diabetes mellitus, and care of patients with basic health-deviations of the cardiovascular system and health-deviations of the musculoskeletal system. **CLO Status:** Active	80% of 1st semester students identified as At-Risk will successfully complete NS M01 and NS M01L with a remediation plan in place. **Target:** 80% of students		
INACTIVE NS M01 - At Risk First Year Students will successfully complete	**Quiz/Exam/Test -** 80% of first-semester students identified as "At	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes	

CLOs	Assessment Methods	Results & Use of Results	Actions
NS M01 and NS M01L with remediation plan in place **CLO Status:** Inactive **Next Assessment Scheduled:** 2012-2013 - Fall 2012 **Inactive Date:** 11/21/2016	Risk" based on their "success score" and TEAS Assessment score will successfully complete NS M01 and NSM01L. **Target:** 80% of first-semester students	80% (4 of 5) students identified at risk (based on their "success score" being below 55% or and TEAS Assessment score below 62% or TEAS Reading score <70% or TEAS Math score <56% progressed to second semester. (05/20/2015)	
		Semester Reported: 201407 - Fall 2014 **Target Met:** Yes 100% (7 of 7) students identified at risk (based on their "success score" being <55% or and TEAS Assessment score <62% or TEAS Reading score <70% or TEAS Math score <56% progressed to second semester. (12/17/2014)	

NS M001L:Beg Clinical Nurs Lab I

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Demonstrate - demonstrate the five critical competencies of: 1. Safety & Technical Skills 2. Critical Thinking & Clinical Reasoning (previously Nursing Process) 3. Communication Skills 4. Responsibility & Accountability 5. Organization & Prioritization Skills **CLO Status:** Active			
C02 Acquire - acquire the knowledge, skills, and attitudes of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of patients with common, acute, and chronic disorders/conditions of the adult and geriatric client in extended/rehabilitation population and medical-surgical populations in common and emerging healthcare settings. **CLO Status:** Active	95% of students that complete a clinical rotation in NS M01L will achieve a grade of 75% or higher in each of the five critical competencies. **Target:** 95% of students		

NS M002:Intermediate Nursing Science I

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Acquire - Students wil acquire the knowledge and theoretical concepts of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of maternal, newborn, pediatric, and adult patients with common, acute and chronic health and self-care needs in common and emerging healthcare settings. The focus of the adult patients is on health deviations of basic respiratory, peripheral vascular disease, hematology and oncology, and basic gastrointestinal disease processes. **CLO Status:** Active	**Quiz/Exam/Test -** 80% of NS2 students will perform at Level 1 or higher on the ATI Maternal-Newborn content assessment. **Target:** 80% of students.		
	Quiz/Exam/Test - 80% of NS2 students will perform at Level 1 proficiency or higher on the ATI Nursing Care of Children content assessment. **Target:** 80% of NS2 students.		
INACTIVE NS M02 2 - NS2 students will perform at Level 2 proficiency or higher on maternal-newborn and pediatric content assessments. **CLO Status:** Inactive **Next Assessment Scheduled:** 2013-2014 - Fall 2013 **Start Date:** 08/19/2013 **Inactive Date:** 11/21/2016	**Quiz/Exam/Test -** 80% of the students in NS M02 will achieve a passing score of 61.7% or higher on the first attempt of the ATI RN Maternal-Newborn Practice Assessment 2010. **Target:** 80% **Notes (optional):** Passing score percentage determined by ATI as "Level 2."	**Semester Reported:** 201407 - Fall 2014 **Target Met:** No Fall 2014: 45% (17 of 38) students scored 61.7% or higher on the first attempt of the ATI RN Maternal-Newborn Practice Assessment 2010. (10/20/2014)	**Action:** See Faculty Meeting Minutes for discussion. Action: Change NS2 CLO measurement to Level 1 achievement on ATI Maternal-Newborn and Nursing Care of Children practice assessments, and the version from 2010 to 2013. (11/30/2015)
	Quiz/Exam/Test - 80% of the students in NS M02 will achieve a passing score of 63.3% or higher on the first attempt of the ATI RN Nursing Care of Children Practice Assessment 2010. **Target:** 80%	**Semester Reported:** 201407 - Fall 2014 **Target Met:** No Fall 2014: 16% (6 of 38) students scored 63.3% or higher on the first attempt of the ATI RN Nursing Care of Children Practice Assessment 2010. (10/20/2014)	**Action:** See Faculty Meeting Minutes for discussion. Action: Change NS2 CLO measurement to Level 1 achievement on ATI Maternal-Newborn and Nursing Care of Children practice assessments, and

CLOs	Assessment Methods	Results & Use of Results	Actions
	Notes (optional): Passing score percentage determined by ATI as "Level 2."		the version from 2010 to 2013. (11/30/2015) (11/30/2015)
INACTIVE NS M02 - 2nd semester students (NS M02/NS M02L) will successfully pass the medication proficiency exam. **CLO Status:** Inactive **Inactive Date:** 08/19/2013	**Quiz/Exam/Test -** 60% of second semester students in NS M02L will achieve a passing score of 90% or higher on the first attempt at the medication proficiency exam. **Target:** 60% of second semester students		

NS M002L:Int Clinicl Nursg Lab I

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Acquire - Acquire the knowledge, skills, and attitudes of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of patients with common, acute, and chronic disorders/conditions of the adult and geriatric client in extended/rehabilitation population and medical-surgical populations in common and emerging healthcare settings. **CLO Status:** Active	95% of students that complete a clinical rotation in NS M02L will achieve a grade of 75% or higher in each of the five critical competencies. **Target:** 95% of students		
C02 Demonstrate - demonstrate the five critical competencies of: 1. Safety & Technical Skills 2. Critical Thinking & Clinical Reasoning (previously Nursing Process) 3. Communication Skills 4. Responsibility & Accountability 5. Organization & Prioritization Skills **CLO Status:** Active			

NS M003:Intermed. Nursing Science II

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Acquire - Students will acquire the knowledge and theoretical concepts of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of adult and geriatric patients with common to complex, acute and chronic health and self-care needs in common and emerging healthcare settings. The focus of the adult patients is on health deviations of the renal/urinary, male reproductive, endocrine, advanced gastrointestinal, and neurologic systems. **CLO Status:** Active	**Quiz/Exam/Test -** 50% of 3rd semester students (NS M03) will perform at a Level 2 proficiency or better on the ATI RN Adult Medical-Surgical Nursing proctored assessment test. (Active) **Target:** 50% of students		
C02 Level 2 - Students will perform at a level 2 proficiency or better on the ATI RN Adult Medical-Surgical Nursing proctored assessment test. **CLO Status:** Active			
INACTIVE NS M03 - 3rd semester students (NS M03) will perform at a Level 2 proficiency or better on the ATI RN Adult Medical-Surgical Nursing proctored assessment test. **CLO Status:** Inactive **Inactive Date:** 11/21/2016	**Quiz/Exam/Test -** 50% of NS M03/M03L students will perform at a level 2 proficiency or better on the ATI RN Adult Medical-Surgical proctored assessment test. **Target:** 50% of NS M03/M03L students	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes Spring 2015: 53.8% (21/39) of NS M03 students performed at a level 2 proficiency or better on the adult medical-surgical assessment test. (04/27/2015) **Semester Reported:** 201407 - Fall 2014 **Target Met:** Yes Fall 2014: 50% (20/40) of NS M03 students performed at a level 2 proficiency or better on the adult medical-surgical assessment test. (10/27/2014)	

NS M003L:Int Clinicl Nurse Lab II

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Acquire - Acquire the knowledge, skills, and attitudes of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of patients with common, acute, and chronic disorders/conditions of the adult and geriatric client in extended/rehabilitation population and medical-surgical populations in common and emerging healthcare settings. **CLO Status:** Active	95% of students that complete a clinical rotation in NS M03L will achieve a grade of 75% or higher in each of the five critical competencies. **Target:** 95% of students		
C02 Demonstrate - demonstrate the five critical competencies of: 1. Safety & Technical Skills 2. Critical Thinking & Clinical Reasoning (previously Nursing Process) 3. Communication Skills 4. Responsibility & Accountability 5. Organization & Prioritization Skills **CLO Status:** Active			

NS M004:Advanced Nursing Science

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Acquire - Students will acquire the knowledge and theoretical concepts of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of patients with common to complex, acute and chronic health and self-care needs in acute medical/surgical healthcare settings. The focus is on patients with advanced respiratory, cardiovascular, and multisystem health deviations. **CLO Status:** Active	**Quiz/Exam/Test -** 95% of 4th semester students (NS M04) will achieve a score on the ATI RN Comprehensive Predictor proctored assessment test retake that indicates at least 85% predicted probability of passing the NCLEX nursing licensure exam. **Target:** 95% of 4th semester students.		
INACTIVE NS M04 - 4th semester students (NS M04) will achieve a score on the ATI RN Comprehensive Predictor proctored assessment test that indicates a good probability of passing the NCLEX. **CLO Status:** Inactive **Inactive Date:** 11/21/2016	**Quiz/Exam/Test -** NS M04/M04L students will achieve a score of 60% or better on the ATI RN Comprehensive Predictor proctored assessment test which indicates a 85% predicted probability of passing the NCLEX. **Target:** 85% predicted probability of passing the NCLEX.	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes Spring 2015: 95% (38 of 40) students scored >60% on the ATI RN Comprehensive Predictor proctored assessment. (05/26/2015)	
		Semester Reported: 201407 - Fall 2014 **Target Met:** No Fall 2014: 82.4% (28 of 34) students scored >60% on the ATI RN Comprehensive Predictor proctored assessment. (12/10/2014)	**Action:** Discussion revealed that the students were not preparing themselves to take the exam and may have been not fully committed to achieving their best results on the exam due to there not being a personal consequence for doing poorly. Decision made to incentivize success on the ATI RN Comprehensive Predictor by associating the exam with class points, starting with those that test during the Spring 2015 class. (01/12/2015)

NS M004L:Adv Clinical Nursng Lab

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 Acquire - acquire the knowledge, skills, and attitudes of the five critical competencies of safety/technical skills, critical thinking/clinical reasoning, communication skills, responsibility/accountability, and organization/prioritization skills. These competencies are essential to the function of the registered nurse in the direct care of patients with common, acute, and chronic disorders/conditions of the adult and geriatric client in extended/rehabilitation population and medical-surgical populations in common and emerging healthcare settings. **CLO Status:** Active	95% of students that complete a clinical rotation in NS M04L will achieve a grade of 75% or higher in each of the five critical competencies. **Target:** 95% of students.		
C02 Demonstrate - demonstrate the five critical competencies of: 1. Safety & Technical Skills 2. Critical Thinking & Clinical Reasoning (previously Nursing Process) 3. Communication Skills 4. Responsibility & Accountability 5. Organization & Prioritization Skills **CLO Status:** Active			

NS M005L:Nursing Science Clinical Review

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 NSM05L - Students completing this course will successfully complete NS M04L. **CLO Status:** Active	100% of students that continue to NS M04L will earn 75% or higher in the five critical competencies of Safety/Technical Skills, Critical Thinking/Clinical Reasoning, Communication, Responsibility/Accountability, and Organization/Prioritization in NS M04L part 1. **Target:** 100% of students		

NS M009:Basic Skills for the Health Care Professionals

No data found for the selected criteria.

NS M011:Nursing Skills Lab I

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Students will report that the Skills Lab provided a foundation for the development of advanced, complex nursing skills. **CLO Status:** Active	**Survey -** 90% of students will respond 3.0 or higher to the course evaluation survey statement that the sequence of recommended activities provided a foundation for the development of more advanced, complex skills. **Target:** 90% of students		
C02 - Students will report that the Skills Lab content correlated with nursing course theory content. **CLO Status:** Active	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statement that skills lab content correlated with nursing course theory content. **Target:** 90% of students		
INACTIVE NS - Students participating in Skills Lab courses (NS M11, M12, M13, M14) will report that the Skills lab provided a foundation for the development of advanced complex skills and that the lab content correlated with course theory content. **CLO Status:** Inactive **Inactive Date:** 06/24/2015	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statements of: 1.The sequence of recommended activities provided a foundation for the development of more advanced complex skills. 2. The skills laboratory content and course theory correlated with each other. **Target:** 90% of students		

NS M012:Nursing Skills Lab II

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Students will report that the Skills Lab content correlated with nursing course theory content. **CLO Status:** Active	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statement that skills lab content correlated with nursing course theory content. **Target:** 90% of students		
C02 - Students will report that the Skills Lab provided a foundation for the development of advanced, complex nursing skills. **CLO Status:** Active	**Survey -** 90% of students will respond 3.0 or higher to the course evaluation survey statement that the sequence of recommended activities provided a foundation for the development of more advanced, complex skills. **Target:** 90% of students		
INACTIVE NS - Students participating in Skills Lab courses (NS M11, M12, M13, M14) will report that the Skills lab provided a foundation for the development of advanced complex skills and that the lab content correlated with course theory content. **CLO Status:** Inactive **Inactive Date:** 06/24/2015	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statements of: 1.The sequence of recommended activities provided a foundation for the development of more advanced complex skills. 2. The skills laboratory content and course theory correlated with each other. **Target:** 90% of students		

NS M013:Nursing Skills Lab III

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Students will report that the Skills Lab content correlated with nursing course theory content. **CLO Status:** Active	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statement that skills lab content correlated with nursing course theory content. **Target:** 90% of students		
C02 - Students will report that the Skills Lab provided a foundation for the development of advanced, complex nursing skills. **CLO Status:** Active	**Survey -** 90% of students will respond 3.0 or higher to the course evaluation survey statement that the sequence of recommended activities provided a foundation for the development of more advanced, complex skills. **Target:** 90% of students		
INACTIVE NS - Students participating in Skills Lab courses (NS M11, M12, M13, M14) will report that the Skills lab provided a foundation for the development of advanced complex skills and that the lab content correlated with course theory content. **CLO Status:** Inactive **Inactive Date:** 06/24/2015	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statements of: 1.The sequence of recommended activities provided a foundation for the development of more advanced complex skills. 2. The skills laboratory content and course theory correlated with each other. **Target:** 90% of students		

NS M014:Nursing Skills Lab IV

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Students will report that the Skills Lab content correlated with nursing course theory content. **CLO Status:** Active	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statement that skills lab content correlated with nursing course theory content. **Target:** 90% of students		
C02 - Students will report that the Skills Lab provided a foundation for the development of advanced, complex nursing skills. **CLO Status:** Active	**Survey -** 90% of students will respond 3.0 or higher to the course evaluation survey statement that the sequence of recommended activities provided a foundation for the development of more advanced, complex skills. **Target:** 90% of students		
INACTIVE NS - Students participating in Skills Lab courses (NS M11, M12, M13, M14) will report that the Skills lab provided a foundation for the development of advanced complex skills and that the lab content correlated with course theory content. **CLO Status:** Inactive **Inactive Date:** 06/24/2015	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statements of: 1.The sequence of recommended activities provided a foundation for the development of more advanced complex skills. 2. The skills laboratory content and course theory correlated with each other. **Target:** 90% of students		

NS M016:Study Skills/Nursing Students

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - At-risk students will implement strategies learned in this course to be successful in a nursing program **CLO Status:** Active	75% of students identified as "at-risk" who passed NS M16 will successfully complete NS M01 part 1. **Target:** 75% of students		
C02 - Students will describe and demonstrate academic skills that promote success as a nursing student. **CLO Status:** Active	**Quiz/Exam/Test -** 100% of students that complete NS M16 will earn a grade of 80% or higher on the final exam of the course. **Target:** 100% of students		
INACTIVE NS M16 - At risk students who passed NS M16 will successfully complete NS M01 Part 1. **CLO Status:** Inactive **Inactive Date:** 11/21/2016	**Quiz/Exam/Test -** 75% of at-risk who passed NS M16 will successfully complete NS M01 Part 1. **Target:** 75%	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes Spring 2015: No "at risk" students that took NS M16 were enrolled in NS M01. (05/25/2015) **Semester Reported:** 201407 - Fall 2014 **Target Met:** Yes Fall 2014: 100% (2/2) of at-risk students who passed NS M16 have successfully completed NS M01 Part 1. (10/27/2014)	

NS M017:Healthcare Ethics

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Students will demonstrate competency in ethical decision making. **CLO Status:** Active	**Quiz/Exam/Test -** 85% of students will master the written final exam at > 75% demonstrating competency in ethical decision making. **Target:** 85%	**Semester Reported:** 201503 - Spring 2015 **Target Met:** No 25 out of 39 students (64%) achieved the outcome. (05/20/2015)	**Action:** 1. Conduct an online chat to review course objective/concepts 2 weeks prior to the final exam. 2. Provide a course objective/concept review study guide for the students 3 weeks prior to the final exam. 3. Provide students 3 credible web links for course objective review. 4. After 2 complete semesters of data, will look to review SLO from Final exam outcome analysis, to research paper outcome analysis. (09/29/2015)

NS M018:Nursing Skills Summer Laboratory

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Students participating in Nursing Skills Laboratory courses will report that the Skills Lab provided a foundation for the development of advanced complex skills. **CLO Status:** Active	**Survey -** 90% of students will respond 3.0 or higher on a survey regarding whether the sequence of recommended activities provided a foundation for the development of advanced complex skills. **Target:** 90% of students		

NS M019:Medical Terminology

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Upon successful completion, the student will understand medical terminology and apply defining methods to communicate (verbal and written) medical language including body structures and descriptive locations, directions and positions, oncology, and color terms. **CLO Status:** Active **Start Date:** 05/24/2016			
C02 - Upon successful completion, the student will understand medical terminology and apply defining methods to communicate (verbal and written) medical language including each body system's medical language: integumentary, respiratory, urinary, male reproductive, female reproductive, obstetric and neonatology, cardiovascular, immune, lymph, blood, digestive, eye, ear, musculoskeletal, nervous, behavioral, and endocrine. **CLO Status:** Active **Start Date:** 05/24/2016			
C03 - Upon successful completion, the student will understand medical terminology and apply defining methods to communicate (verbal and written) medical language including each system's disease and disorder, surgical, diagnostic, related anatomy and physiology, complementary and common pharmacology terms. **CLO Status:** Active **Start Date:** 05/24/2016			
INACTIVE - Component Parts -	**Quiz/Exam/Test -** 90% of the	**Semester Reported:** 201503 - Spring 2015	**Action:** 1. Continue to work as a

CLOs	Assessment Methods	Results & Use of Results	Actions
Students will be able to analyze the component parts of medical terms built from word parts and define the term based on that analysis. **CLO Status:** Inactive **Inactive Date:** 05/24/2016	students, given the components of medical terms built from word parts will be able to define the term based on analysis. **Target:** 90%	**Target Met:** Yes An average of 91% (126-150 out 152) students, given the components of medical terms in five categories were able to define the terms. (09/23/2015)	team of 2-3 faculty members teaching medical terminology to coordinate, present and measure content so all students completing the course will have the same expectations of competent performance. 2. Identify and present another Course Learning Outcome to measure in Fall 2105 since the current outcome has been met. (09/23/2015)

NS M025:Basic Pathophysiology

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Students will demonstrate and understanding of pathophysiology and its effects on the following body systems: neurological, cardiovascular, respiratory, gastrointestinal, genitourinary, integumentary, hematological, articular, immunological. **CLO Status:** Active	**Quiz/Exam/Test -** 80% of the students will achieve 85% or better on the final exam. **Target:** 80%	**Semester Reported:** 201407 - Fall 2014 **Target Met:** No 13 out of 25 (52%) students achieved = 85% on the final exam. (09/29/2015)	**Action:** 1. Provide live lectures so students can participate and ask questions to clarify questions. 2. Revise the study guide for the final exam. (09/29/2015)

NS M030:Basic Cardiac Dysrhythmia Interpretation

CLOs	Assessment Methods	Results & Use of Results	Actions
C01 - Upon completion of the course, students will be able to correctly analyze and interpret basic cardiac dysrhythmias. **CLO Status:** Active **Start Date:** 05/16/2016			
C02 - 80% of students will achieve 80% or better on the final exam. **CLO Status:** Active **Start Date:** 09/12/2016			

NS M11-14:Nursing Skills Laboratory

CLOs	Assessment Methods	Results & Use of Results	Actions
INACTIVE 201505 NS M11 - Students participating in Skills Lab courses (NS M11, M12, M13, M14) will report that the Skills lab provided a foundation for the development of advanced complex skills and that the lab content correlated with course theory content. **CLO Status:** Inactive **Inactive Date:** 06/24/2015	**Survey -** 90% of students will respond with a score of 3.0 or higher to the course evaluation survey statements of: 1.The sequence of recommended activities provided a foundation for the development of more advanced complex skills. 2. The skills laboratory content and course theory correlated with each other. **Target:** 90% of students	**Semester Reported:** 201503 - Spring 2015 **Target Met:** Yes 1. 98% (78/80) reported sequence of recommended activities provided a foundation for the development of more advanced complex skills. 2. 99% (79/80) reported skills laboratory content and course theory correlated with each other. (05/18/2015) **Semester Reported:** 201407 - Fall 2014 **Target Met:** Yes 1. 95% (80/84) reported sequence of recommended activities provided a foundation for the development of more advanced complex skills. 2. 95% (80/84) reported skills laboratory content and course theory correlated with each other. (12/15/2014)	

NS M122:Independent Study- Nursing Science

No data found for the selected criteria.