

STANDARD 4: CURRICULUM

The curriculum supports the achievement of the end-of-the program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

4.1 Consistent with contemporary practice, the curriculum incorporates established professional nursing standards, guidelines, and competencies and has clearly articulated end-of-program student learning outcomes.

The California Board of Registered Nursing (BRN) has approved the current curriculum. The last approval was spring 2017 (Appendices 4C & 4D). The curriculum is reviewed utilizing the Nurse Practice Act guidelines, the Nursing Program Plan (Appendix 6A), the Curriculum Committees of the nursing program, and college to assure compliance with the above criteria. The end-of-program student learning outcomes (EPSLO) described in Standard 6 are based on the organizing framework that is derived from the required curriculum of the BRN and the National League of Nurses roles of the Associate Degree nurse. The curriculum and thus EPSLO are consistent with the Massachusetts Nurse of the Future Nursing Core Competencies.

Curriculum and Student Learning Objectives

The curriculum is designed so that a graduate completing the program will have the knowledge and skills necessary to function in accordance with minimum standards for competency set forth in Section 1443.5 of the California Nurse Practice Act. By comparing the Nurse Practice Act competencies with the program design and curriculum, it is evident that the curriculum design and objectives prepare the graduate for the minimum standards of competent performance outlined in Nurse Practice Act, Section 1443.5 (Appendix 4E: Interrelatedness Between Scope of Nursing and Required Curriculum).

Instructors integrate multiple concepts required by the BRN throughout the curriculum. These concepts are identified as program threads (Table 4.1.1). These threads include; nutrition, pharmacology, legal and ethical considerations, socio-cultural needs of the client, client advocacy, nursing process, caring, and cultural diversity.

Course Student Learning Outcomes (CSLOs) are established through the Moorpark College Program Plan process, and each course's CSLO achievement is recorded and reviewed annually to guide adjustments to curriculum.

Table 4.1.1:

BRN Required Content and Curriculum Location

Content	Location within the Curriculum	Program Outcomes, Course Objectives, and/or Module Objectives
Alcohol & Chemical Dependency	NS 3: Psychiatric Nursing	<ul style="list-style-type: none"> ● <u>NS3 Course objective</u>: “...to identify self-care deficits of individuals in the elder and mentally ill population” Course Outline of Record (COR). ● <u>Course Content NS3 part 2t</u>: Module 6. <ul style="list-style-type: none"> ○ <i>Identifies the principles for maintaining the client’s <u>universal requisites, comfort and safety</u> (Exhibit XIII: NS 3 Syllabus)</i> ○ <i>Recalls the principles for providing caring, safe nursing care to 1-2 adult/elder clients; with common and chronic:</i> <ul style="list-style-type: none"> ○ <i>health care needs related to alterations in body systems of integumentary, musculoskeletal, respiratory, cardiovascular, gastrointestinal, genitourinary and neurological (NS 3 Syllabus)</i> ○ <i>Recalls the <u>principles for the nursing and medical interventions needed</u></i>
Legal Aspects	<p>NS 1: Introduction to legalities of nursing practice and ethical issues.</p> <p>NS4: Application and advocacy of legal aspects of nursing.</p>	<ul style="list-style-type: none"> ● <u>NS1 Course objectives</u>: “recall the ethical and legal framework which affects nursing care in the United States” (COR). <ul style="list-style-type: none"> ○ <i>Recalls the <u>ethical and legal framework for the practice of nursing and identifies these values as central to nursing</u>: caring, integrity, ethical practice, diversity, education, service and quality</i> ○ <i>Recalls the parameters of confidentiality and Health Insurance Portability and Accountability Act (HIPAA)</i> ● <u>NS4 Course objectives</u>: “Discuss the nurse’s responsibility in preventing liability, negligence, and malpractice,” “Describe the key regulations and relate the Nursing Practice Act to your nursing practice,” “Discuss how ethics relate to commitment to the client, personal excellence, and nursing as a profession.” (COR).
Nutrition Pharmacology, Ethical Considerations, Socio-Cultural aspects, Client Advocacy, Nursing Process, and Caring	Program Threads	<p>Terminal objectives</p> <ul style="list-style-type: none"> ○ <i>Maintain client’s <u>universal self-care requisites</u></i> ○ <i>Accurately prepare and <u>administer medications and intravenous therapy</u></i> ○ <i>Use effective communication skills with clients of all <u>developmental ages, support system, and groups</u></i> ○ <i>Demonstrate these values: caring, integrity, ethical practices, diversity, education, service, quality</i> ○ <i>Practice within the <u>legal and ethical framework of nursing</u></i>

Table 4.1.1 *continued from previous page*

Content	Location within the Curriculum	Program and Course Objectives
Personal Hygiene	NS1L and included in all levels of clinical courses based on client's actual or potential self-care hygiene deficit	<p>Critical Competency #1: All course levels</p> <ul style="list-style-type: none"> ○ <i>Comprehend (NS1) /Examine and explain (NS2) /Predict and relate(NS3) /Evaluate and critique(NS4) client's universal requisites, safety and comfort</i>
Cultural Diversity	Program Thread	<ul style="list-style-type: none"> ● Students are required to perform a Cultural Assessment in the clinical setting and include as part of the nursing care plan. <p>Critical Competency #2.4: All course levels</p> <ul style="list-style-type: none"> ○ <i>Provide (NS1) /Continue to provide (NS2-4) patient-centered care with sensitivity and respect for the diversity of human experience.</i>
Human Sexuality	<p>NS1 Health History & Physical Assessment</p> <p>NS2 Growth and Development Issues</p> <p>NS3 Normal vs. Dysfunctional</p>	<ul style="list-style-type: none"> ● NS1 Course objective: "identify the components of nursing assessment including objective and subjective data in gathering the nursing history, including the physical, cultural, emotional, and spiritual health status of the client." (COR). "Identify the various nursing roles in maternity nursing and the medical advances and ethical issues affecting maternity care." (COR). ● NS2 Course objective: "Identify etiology, assessment findings, nursing actions, developmental and health deviations for children in the following systems:...sexuality..." (COR), "Recall the nursing actions involved in the care of clients with sexually transmitted diseases" (COR). ● NS3 Course objective: "...Relate the nursing process as a systematic approach: to identify self-care deficits of individuals in the elder and mentally ill population, all sociocultural, and all spiritual backgrounds," (COR). Course Content: Module 4. <ul style="list-style-type: none"> ○ <i>Demonstrate caring and implement the nursing process by providing competent nursing care to... individual...s across the life span and across a variety of clinical settings...</i>

Table 4.1.1 *continued from previous page*

Content	Location within the Curriculum	Program and Course Objectives
Client Abuse	NS1: Client NS2: Children NS3: Spousal, Geriatric	<ul style="list-style-type: none"> • <u>NS1 Course objective</u>: “recall the ethical and legal framework which affects nursing care in the United States.” (COR). Course Content: Module 1. • <u>NS2 Course objective</u>: “Apply concepts of the nursing process to the care of the gynecological, maternity and pediatric patients.” (COR). Course Content: Module 12. • <u>NS3 Course objective</u>: “to identify problem areas of support systems and groups...” (COR). Course Content: Module 7. <ul style="list-style-type: none"> ○ <i>Maintain client’s universal requisites, safety</i> ○ <i>Promote psychological safety in interpersonal relationships</i> ○ <i>...implement ...process...competent nursing care...<u>across the life span and across a variety of clinical settings</u></i>
Nursing Leadership/ Management	NS4: Management/ Delegate Leadership NS4L: Clinical Preceptorship	<ul style="list-style-type: none"> • NS4 Course objectives: “Explain the differences between nursing management and nursing leadership,” “Classify and describe types of conflict and describe how personal beliefs, values and biases might contribute to conflict and techniques used to resolve conflict.” (COR). • NS4: perform as team leader in 4L (4L students have a leadership/ managerial role in the clinical setting overseeing the 3L students) <ul style="list-style-type: none"> ○ <i>Demonstrate <u>leadership and management in providing care to multiple clients</u></i> ○ <i><u>Delegates</u> aspects of care to team members commensurate with their preparation</i> ○ <i>Demonstrates <u>accountability</u> for nursing care</i>

(Exhibits XI, XII, XIII, XIV)

Comparison of Competencies: The Moorpark College Nursing Program and the National League of Nurses

The faculty support the competencies developed by the National League for Nursing for graduates of Associate degree pre-licensure programs and believe that the Associate Degree Nursing (ADN) graduate of Moorpark College fulfills the roles of provider of care, manager of care, and member within the nursing discipline. The roles have been incorporated into the terminal objectives of the program, encompassing five critical competencies. The graduate demonstrates proficiency in:

- Safety/technical skills
- Critical Thinking and Clinical Reasoning
- Communication
- Responsibility and Accountability
- Organization and Prioritization

The terminal objectives are leveled to allow for progression of the student towards the proficiency required of a graduate. The detailed terminal objectives of the nursing program are articulated in the Faculty Handbook, Student Handbook, Clinical Portfolio, and course syllabi (Exhibits I, II, III, XI, XII, XIII, & XIV). The nursing program combines professional standards and governing body requirements within our curriculum model and philosophy, to develop the program's themes and threads with the goal of meeting the student learning outcomes (Appendices 4F & 4G: Required Curriculum Criteria; and Competency and the Curriculum Unifying Theme and Design).

Comparison of Competencies: The Moorpark College Nursing Program and the Massachusetts Nurse of the Future Nursing Core Competencies

The Moorpark College Associate Degree Nursing program is based upon an organizing framework. The Massachusetts Nurse of the Future Nursing Core Competencies: Registered Nurse (NOF-NCC) March 2016 revision is considered current practice, having been developed with input from nurse leaders from a variety of practice settings, educators from a variety of academic settings, and representatives from the Department of Higher Education, the Board of Registration in Nursing, the MA Center for Nursing, the MA Association of Colleges of Nursing, the MA/RI League for Nursing, and other national accrediting agencies including the National League for Nursing Accrediting Commission and the Commission on Collegiate Nursing Education (2016, pg. 2). The NOF-NCC utilized standards from the Accreditation Council for Graduate Medical Education, American Association of Colleges of Nursing, Commission on Collegiate Nursing Education, Institute of Medicine, International Council of Nurses, National Council of State Boards of Nursing, National League for Nursing, Quality and Safety Education for Nurses (QSEN), among others.

The table below compares the organizing framework of the Moorpark College nursing program to the MA Nurse of the Future Nursing Core Competencies (NOF-

NCC). Each of the nursing program’s critical competencies matches with multiple of the NOF-NCC. Each of the three roles of the associate degree nurse in the organizing framework is also able to be matched to multiple of the NOF-NCC. The table demonstrates the nursing faculty’s analysis that the Moorpark College organizing framework and thus curriculum framework is current (Faculty Retreat minutes, 5/15/19).

Table 4.1.2:

Comparison between the Massachusetts Nurse of the Future Nursing Core Competencies and Moorpark College A.D.N. Organizing Framework

Nurse of the Future Nursing Core Competencies: Registered Nurse	Moorpark College Associate Degree Nursing Program
<p><u>Patient-Centered Care:</u> The Nurse of the Future will provide holistic care that recognizes and individual’s preferences, values, and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe and effective care.</p>	<p><u>Critical Competencies:</u> Safety & Technical Skills, Critical Thinking & Clinical Reasoning, Responsibility & Accountability, Organization & Prioritization</p> <p><u>Provider of Care:</u> Patient-Centered Care, Patient Advocacy</p> <p><u>Member within Nursing Discipline:</u> Values, Ethical/Legal Considerations, Practice in Diverse Settings</p>
<p><u>Professionalism:</u> The Nurse of the Future will demonstrate accountability for the delivery of standard-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.</p>	<p><u>Critical Competency:</u> Responsibility and Accountability</p> <p><u>Provider of Care:</u> Caring, Confidentiality</p> <p><u>Member within Nursing Discipline:</u> Professional Behavior, Lifelong Learning Values, Ethical/Legal Considerations, Nursing Standards of Practice</p>
<p><u>Leadership:</u> The Nurse of the Future will influence the behavior of individuals or groups of individuals within their environment in a way that will facilitate the establishment and acquisition/achievement of shared goals.</p>	<p><u>Critical Competency:</u> Critical Thinking & Clinical Reasoning, Organization & Prioritization</p> <p><u>Manager of Care:</u> Management/Leadership</p>

Table 4.1.2 <i>continued from previous page</i>	
<p><u>Systems-Based Practice:</u> The Nurse of the Future will demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on work unit resources to provide care that is of optimal quality and value.</p>	<p><u>Critical Competencies:</u> Communication, Responsibility & Accountability, Organization & Prioritization.</p> <p><u>Manager of Care:</u> Continuity of Care, Collaboration, Collegiality</p> <p><u>Member within Nursing Discipline:</u> Practice in Diverse Systems</p>
<p><u>Informatics and Technology:</u> The Nurse of the Future will be able to use advanced technology and to analyze as well as synthesize information and collaborate in order to make critical decisions that optimize patient outcomes.</p>	<p><u>Critical Competencies:</u> Communication, Critical Thinking & Clinical Reasoning</p> <p><u>Manager of Care:</u> Informatics</p>
<p><u>Communication:</u> The Nurse of the Future will interact effectively with patients, families, and colleagues, fostering mutual respect and shared decision making, to enhance patient satisfaction and health outcomes.</p>	<p><u>Critical Competencies:</u> Communication</p> <p><u>Provider of Care:</u> Caring, Patient-Centered Care, Confidentiality,</p> <p><u>Manager of Care:</u> Delegation, Collaboration, Collegiality, Continuity of Care</p> <p><u>Member within Nursing Discipline:</u> Professional Behavior</p>
<p><u>Teamwork and Collaboration:</u> The Nurse of the Future will function effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision making, team learning, and development.</p>	<p><u>Critical Competencies:</u> Communication, Responsibility & Accountability</p> <p><u>Manager of Care:</u> Delegation, Collaboration, Management/Leadership, Collegiality</p> <p><u>Member within Nursing Discipline:</u> Professional Behavior</p>
<p><u>Safety:</u> The Nurse of the Future will minimize risk of harm to patients and providers through both system effectiveness and individual performance.</p>	<p><u>Critical Competencies:</u> Safety & Technical Skills, Responsibility & Accountability</p> <p><u>Provider of Care:</u> Critical Thinking/Clinical Reasoning, Self-Care Concepts, Patient Advocacy</p> <p><u>Member within Nursing Discipline:</u> Values, Ethical/Legal Considerations, Nursing Standards of Practice, Self-Evaluation, Professional Behavior, Practice in Diverse Settings, Teaching/Life-long Learning</p>

Table 4.1.2 <i>continued from previous page</i>	
<p>Quality Improvement: The Nurse of the Future uses data to monitor the outcomes of care processes, and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems.</p>	<p><u>Critical Competencies:</u> Responsibility & Accountability</p> <p><u>Provider of Care:</u> Evidence-Based Practice, Critical Thinking/Clinical Reasoning</p> <p><u>Manager of Care:</u> Informatics</p> <p><u>Member within Nursing Discipline:</u> Ethical/Legal Considerations, Nursing Standards of Practice, Education/Service/Quality</p>
<p>Evidence-Based Practice: The Nurse of the Future will identify, evaluate, and use the best current evidence coupled with clinical expertise and consideration of patients' preferences, experience and values to make practice decisions.</p>	<p><u>Critical Competencies:</u> Critical Thinking & Clinical Reasoning</p> <p><u>Provider of Care:</u> Caring, Evidence-Based Practice</p> <p><u>Member within Nursing Discipline:</u> Education/Service/Quality, Nursing Standards of Practice, Teaching/Lifelong Learning</p>

4.2 The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.

The organizing framework of the nursing program guides the curriculum in which the five critical competencies of Safety and Technical Skills, Critical Thinking and Clinical Reasoning, Communication Skills, Responsibility and Accountability, and Organization and Prioritization Skills are the student learning outcomes. These outcomes prepare the student for the registered nurse roles of provider of care, manager of care, and member within the nursing discipline. These student learning outcomes (SLOs) ensure consistency and demonstrate progressive development in the knowledge, skills, and attitudes within the range of these five critical competencies. Student learning outcomes are determined by the faculty in accordance to established professional standards, guidelines, and competencies as described in Section 4.1.

Incorporating Program and Student Learning Outcomes into the Curriculum

The end-of-the-program student learning outcomes (EPSLOs) encompass five critical competencies as well as additional outcomes. Program outcomes, as they were defined at the time, were refined in fall 2013. They are clearly stated in the Student Handbook and on the program website. The program outcomes are evaluated on an

annual basis through the Systemic Plan for Program Evaluation (Exhibit XLIX: Moorpark College Decision-Making Handbook 2017 – 2020, pg. 26). Conducting and reviewing the program plan allows for continual evaluation of program effectiveness (Appendix 6A: Nursing Program Plan).

Program outcomes are the structure upon which program curriculum, course design, delivery methods, and learning activities are conducted. Substantial revision to all course outcomes occurred in spring 2013. Objectives for each clinical level were revised using Bloom's Taxonomy language to differentiate the expected outcomes for each course. Changes to course learning outcomes were implemented in fall 2013. The Course Outlines of Record (CORs) 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. Course Outlines of Record (CORs) describe and link course objectives with student learning outcomes and take into account programmatic outcomes.

Learning activities described in the COR and each course's syllabus promote the attainment of the student learning outcomes (Exhibits XI, XII, XIII, & XIV: Course Syllabi). The latest COR update in fall 2017 involved minor changes only. Each lecture course has Web Enhanced status, meaning all regular class meeting times are on campus. Web enhancement delivery method 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. In fall 2017 the college changed the online course management system from Desire 2 Learn to Canvas. For online activities the program utilizes Canvas, ConferZoom, and Assessment Technologies Institute (ATI) online resources.

Adaptive Changes Made in the Classroom

Starting in fall 2017, faculty eliminated conducting the "group exams" or 1:1 review in the theory courses (Exhibit XVII: End of Year Retreat Minutes, 5/17/2017). The change in practice was guided by desire to promote academic integrity. As a replacement, the focus review of the content missed by significant percentage of the students is conducted by the instructor in a different manner, per instructor's choice. It may be implemented in the form of the case studies, practice questions, or additional

content review in the classroom or online setting. Analysis of final exams in five critical competencies was implemented starting fall 2015 (with retroactive analysis to fall 2014) to monitor students' achievement of course outcomes across the program's lecture courses (Exhibit V: Faculty Meeting Minutes, 11/24/2014, 1/12/2015, and 9/28/2015).

"Flipped classroom" strategies were implemented across the program starting in fall 2015 (Exhibit V: 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 was collected in an effort to evaluate the effectiveness of the strategy. The students reported that the strategy was satisfactory and should continue (Exhibit XVII: End of Year Retreat Minutes, 5/18/2016).

Faculty has updating the ATI Assessment Plan since spring 2018. ATI augments student learning with interactive online offerings in the forms of the skills and module review as well as practice assessments. A faculty work group was formed to develop an ATI Policy Development Plan to enhance usage of the ATI resources among faculty and students (Exhibit XVII: End of Year Retreat Minutes, 5/16/2018).

Structure of the Clinical Experience

In the clinical setting, Level I (Nursing Science 1 and Nursing Science 2) and Level II (Nursing Science 3 and Nursing Science 4) objectives (Exhibit XXVI: Level I, II, and Terminal Objectives) frame the student's performance and expected outcomes. The objectives are progressive in nature across the all levels and include the program's five critical competencies. They assist in providing consistency in evaluating the student performance as well as guide the learning activities.

The progressive nature of the expected outcomes and their relationship to the learning activities are well demonstrated with the different types of the clinical journals used throughout the program. Daily Journals are utilized in NS1 and NS2 medical-surgical courses, the Critical Thinking and Clinical Reasoning Journal is utilized during NS3 Part 1, and, finally, the Team Leader journal is utilized during NS4 Part 1 (Exhibit VII: Clinical Journals). The daily journal (last updated spring 2017) and Team Leader journal (last updated fall 2014) have been used in the program for several years, while Critical Thinking and Clinical Reasoning journal (CTCRJ) was recently developed with an effort to enhance critical thinking competency and address the corresponding program

outcome among Level II students. It was first piloted and currently fully utilized among level II students in medical-surgical courses. CTCRJ was last updated in spring 2018.

During the first year of the nursing program, students are led in the practice of skills, 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. 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 to reinforce the five basic and extended rights, correct patient identification according to National Patient Safety Goals, and documentation. In fall 2014, the medication administration documentation using a simulated the electronic health record was implemented using the training software developed by the nursing program.

Supplementing the Clinical Experience with Simulation

Simulation has been integrated into each semester with beginning to complex scenarios for pediatrics, obstetrics, psychiatric, and medical-surgical patients. Case scenario clinical simulations are used as supplements to clinical experiences at agencies. Third semester students have hepatic and renal failure case scenario simulations, while fourth semester students have an advanced cardiac event simulation. These complex scenarios primarily strengthen the critical competency of critical thinking/clinical reasoning. In spring 2014, the faculty agreed to revise all case scenario clinical simulations that are offered throughout the program to encompass all five critical competencies as a basis for evaluating student performance. The clinical simulation clinical judgement rubric was updated in spring 2018 to increase weight in debriefing based on simulation best practices and match the program's five critical competencies (Exhibit V: Faculty Meeting Minutes, 1/8/2018). Starting fall 2014, data have been collected in five competencies for clinical simulations, as well as on theory final exams in order to assess and evaluate student performance.

To address the critical competency of communication and prepare the students to use an EHR in the clinical agencies, a mock EHR is utilized during the fundamentals

portion of NS1, as well as for remediation purposes at all levels (Exhibit XXVII: EHR). The currently used mock EHR was developed in-house after two different commercially developed mock EHRs were purchased and utilized with some challenges. The in-house mock EHR is not a program, but instead is a series of Word documents that are linked to each other. It allows for charting by system, and has a Kardex, education assessment and record, and a page for interdisciplinary notes.

The Changing Clinical; New Options

While the program clinical rotation sites have expanded/changed over the last few years, faculty has been developing appropriate learning activities that fit those new clinical experiences and address program outcomes. Starting in fall 2017, the NS2 Part 2 clinical course includes out-rotation to a wound care center. Starting in fall 2018, the NS2 Part 2 pediatric portion of the course includes out-rotations to the college's child development center and school nurse observation experience. As a result, Wound Care Center, School Nurse Experience, and Child Development Center Experience journals have been developed to outline the objectives and guide those out-rotations (Exhibit VII: Clinical Journals). Further analysis of the end-of-program outcomes are located in Standard 6 as well as in the ACEN Systematic Plan for Program Evaluation.

4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.

The nursing faculty at Moorpark College strive to partner with service in developing curriculum that include outcomes to support and enhance the nursing profession. The new graduate is expected to effectively function in a complex acute care environment with a management of care theory base, and perform effectively as a leader in the health care environment.

Keeping the Curriculum Current, Rigorous, and Compliant

Utilizing the Nurse Practice Act approval guidelines and the Moorpark College Program Plan, the curriculum is reviewed yearly to assure compliance, rigor, and currency. Full-time and part-time faculty members, along with students, participate in curriculum development and implementation on an ongoing basis at the college, collaborating with external county and regional policy and standards. As a result of the program review, the Curriculum/Admissions Committee, composed of nursing faculty,

staff, and student representatives, initiates the proposals for curriculum and/or policy/procedure revisions. The proposals for changes are forwarded to the Faculty for approval during formal meetings. When curriculum changes occur, they require a tiered approval process; (1) Moorpark College Curriculum Committee, (2) District Curriculum Committee, and (3) Board of Trustees.

On an annual basis, the faculty and the Coordinator meet with managers and staff of each of the clinical facilities for a formalized summation meeting. These summation meetings allow for a review of the clinical educational experience of the academic year, provide information to the program on the current trends and needs of industry, and stimulate planning for the upcoming academic year. The summation meeting serves as another opportunity for data collection as well as a venue to share and discuss the program, faculty, and student survey results with the agency representatives (Exhibit VIII: Clinical Agency Summation Minutes).

Additionally, at the end of the academic year the nursing department conducts their own summation meeting for strategic planning, curriculum review, and program development. Faculty have a shared responsibility for complete and ongoing program development, which includes developing guidelines and procedures, planning, organizing, implementing, and evaluating all aspects of the program. This is articulated in the charge of the Moorpark College Academic Senate, whose scope is derived from the California Education Code section 53200. All faculty are represented and charged by the Academic Senate with making recommendations to the college administration and Board of Trustees on academic and professional matters. The matters specific to curriculum include:

- curriculum, including establishing prerequisites and placing courses within disciplines
- degree and certificate requirements
- grading policies
- educational program development
- standards or policies regarding student preparation and success
- faculty roles and involvement in accreditation processes, including self-study and annual reports

- policies for faculty professional development activities
- processes for program review

(Exhibit XLIX: Making Decisions at Moorpark College 2017 – 2020, Moorpark College Academic Senate webpage <https://www.moorparkcollege.edu/faculty-and-staff/academic-senate>).

Using Input from Meetings to Inform Program and Curriculum Changes

All nursing faculty have a shared responsibility for ongoing program and curriculum management, which includes developing and refining guidelines, processes and procedures, and planning, implementing, and evaluating all aspects of the program. All full-time faculty are required by contract to perform an average of five hours per week of service for instructional related activities, which includes program, department, division, and curriculum development meetings. Part-time faculty are required and compensated to attend and participate in these activities directly related to program development. Part-time faculty are compensated up to six hours per eight weeks for committee participation, and four hours for final evaluation of students. Since there are no clinical rotations scheduled on Mondays, all program meetings are held on Mondays to facilitate attendance by all faculty members. Faculty Meetings are held monthly, and are chaired by the Coordinator in order to facilitate discussion and faculty decision making. All full-time and current part-time faculty members are expected to attend the meetings from 3:15 – 4:30 pm. Curriculum and Admissions Committee meetings are held twice a semester, and are chaired by either the Coordinator or assistant to the Coordinator. The meetings are attended by the faculty as mentioned above and student representatives from each current 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 nursing practice.
- Solicit information and suggestions from faculty and students regarding correlation of theory and clinical practice.
- Review syllabi to assure essential content is covered and examine overall curriculum for overlap and consistency from course to course with respect to departmental policies.

- Facilitate student input into the decision-making process.
- Ensure that the curriculum meets graduation requirements for the Associate Degree in Nursing, the eligibility criteria for the Registered Nursing examination and the requirements of the BRN for continued accreditation.
- Receive recommendations from faculty and students concerning content changes and new ideas for pattern and sequence of instruction.
- Provide faculty and students with information on content covered in the total curriculum (conceptual framework, course revisions, evaluation policy, math proficiency testing, etc.)

(Exhibit LIII: Moorpark College Nursing BRN Re-approval Self-Study, 2017).

The meetings inform faculty and students regarding pertinent college and healthcare community information and changes. The Curriculum and Admissions Committee meetings are a venue for college committee reports by faculty and student input, which informs recommendations or updates to the Faculty Meeting. The Faculty meeting acts as the decision-making body. Minutes of these meetings are available for review (Exhibit IV & V).

Team Meetings occur every three to four weeks, and are chaired by the lead instructors. The meetings follow the Faculty or 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 syllabus. For a detailed description of the lead instructor's responsibilities refer to Appendix 2C1. The objectives of the meeting are to enhance communication between team members, provide instructional consistency in teaching, determine teaching strategies, review student progress and need for remediation, identify problems and discuss corresponding solutions. Team Meeting minutes are available for review (Exhibit VI).

The Faculty Program Review Retreat, also called the Faculty Summation 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 BRN and ACEN standards, attrition as well as NCLEX pass rate statistics, curriculum

review and initiate appropriate revisions. The recommendations for curriculum revision are then submitted to the College Curriculum Committee, the Board of Registered Nursing and the ACEN as appropriate for approval. There have been no major curriculum revisions per the definition of the BRN nor a substantial change to curriculum per the definition of the ACEN since the last ACEN re-approval. Goals for the coming year are identified as well. Meeting minutes are available for review (Exhibit XVII).

Course Outline of Record (COR) Review and Modification Schedule

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 reviewed in September 2017. Course revisions are submitted to the Moorpark College Curriculum Committee for review, recommendation, and eventual approval. . The college Curriculum Committee is a standing committee that reviews all modifications to existing courses and programs, and graduation requirements (Exhibit XLIX: Making Decisions at Moorpark College 2017-2020). Faculty and representatives from across the college's programs are identified as members of the Curriculum Committee. For their minimum 2-year commitment to the committee, they are trained in curricular requirements and the review process. The committee's charge includes matters as identified in Education Code 53200(c):

- curriculum, including establishing prerequisites and placing courses within disciplines
- degree, certificate requirements, proficiency awards
- educational program development

A flow chart describing the curricular review process may be found on page 16 of the document, Making Decisions at Moorpark College 2017 – 2020 (Exhibit XLIX).

Enriching the Curriculum: Case Studies, Simulation, QSEN

The curriculum is enriched through the implementation of a variety of clinical case simulations for each semester that present high risk, low volume, and complex clinical situations. Faculty utilize high fidelity and low fidelity manikins to assist with this process. Skills Lab simulation scenarios specific for each semester have been developed by content experts and fully integrated (Exhibit XLII: Clinical Case Scenarios Notebooks). Content experts review simulation effectiveness on an annual basis.

The Nursing Coordinator and assistant to the Nursing Coordinator attend

meetings and conferences of regulatory and professional organization bodies, and return with updates to standards prompting curricular shift. These updates are disseminated to and discussed amongst faculty and student representatives during the Curriculum & Admissions meetings. In addition to the QSEN competency implementation described above, in fall 2017 NS 4 began utilizing computer testing to administer module exams to ease the transition from paper/pencil testing to computer testing keeping in alignment with NCLEX examination processes.

As stated previously, BRN approved content experts are faculty who meet the criteria as specified in BRN standard 1425(f). 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. These environmental scans are utilized in the annual Program Plan for program revisions and recommendations (Appendix 6A: Nursing Program Plan).

4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.

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 physical environment, culture, and society in which they live. It supplements the nursing courses in developing critical competencies, such as communication; and promotes the program’s values of caring, ethical practices, integrity, and diversity. In addition, general education promotes students’ self-awareness and capacity to adapt to an ever-changing and global environment (Exhibit XXI: College Catalog, pg. 231).

Table 4.4.1

General Education Requirements for Nursing Students

Course	Course Name	Units
PSY M01	Introduction to Psychology	3
COMM M01	Introduction to Speech	3
SOC M01 or ANTH M02	Introduction to Sociology or Cultural Anthropology	3

MATH M03	Intermediate Algebra Math M15 Statistics required for transfer to Cal State System	5
Physical Science	Recommend CHEM M11 (5 units)	3
American History/Institutions	Student's choice	3
Humanities		3
KIN or Dance activity		1
Fine/Performing Arts		3

4.5 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

Cultural, ethnic, and social diversity is integrated into the program's organizational philosophy, framework, and terminal objectives, and is utilized in each nursing course as a program thread. Each clinical course requires students to assess and identify their patients' social diversity, spiritual, ethnic, and cultural needs with each clinical contact (Exhibit VII, Clinical Journal). A detailed evaluation of a patient's cultural assessment is performed by the students with each rotation's Nursing Care Plan assignment. NS M03 students, during the E.R. rotation, identify social classification for each of their clients.

Moorpark College holds an alternative day of instruction called Multicultural Day. All students in NS M01 – NS M03 are required to attend. Depending on semester of entry to the program, students attend Multicultural Day once or twice while they are nursing students. Multicultural Day promotes global understanding through presentations and performances about diverse cultures as well as vendors of ethnic food and arts.

Since 2006, Moorpark College faculty and staff adopted a "Year of" theme, which incorporates a specific social concept into the academic atmosphere. Several guest lectures, activities, and performances are scheduled throughout the academic year for the students and the public to attend. Past "Year of" themes include: Year of Service, Year of Democracy, Year of the Environment, and Year of the Economy. This year's theme has not yet been announced by the college.

4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and current standards of practice.

The curriculum is based on cognitive, psychomotor, and affective objectives. The

objectives utilize the educational theory of Bloom's Taxonomy as a guide for progressive knowledge acquisition and increased complexity. This theory is incorporated into the faculty approved exam development and evaluation process (Appendix 4I: Exam Procedures). All clinical sections weave the Benner philosophy of Novice to Proficient practitioner into the course performance/evaluation process (Exhibit III: Clinical Portfolio). Since 2003, all courses have used an online course management system (WebCT, Blackboard, Desire 2 Learn, Canvas) to enhance communication, resource, and instructional delivery. All faculty have completed the college course series for online teaching which includes application of the technology and online pedagogy.

Curriculum Incorporation throughout the Program

Students are evaluated on their interdisciplinary collaboration through Critical Competency and Organization and Prioritization (Exhibit III: Clinical Portfolio). Students are guided to be a collaborative care manager working with various disciplines during their clinical experience in order to take responsibility for full management of care during their terminal preceptorship clinical section. Another example of interdisciplinary collaboration is within the group simulation process (semesters 2-4), when students role-play various health care specialties for a given clinical situation, working on collaborative and effective communication in a team environment.

In the skills lab section of the first semester, students start researching current nursing practices and discussing scholarly articles. Every eight weeks, students submit a clinical care study and/or teaching plan which incorporates current research (within five years) into developing client specific care objectives (Exhibit XXVIII: Nursing Care Study). During the gerontology clinical section in NS3 Part 2, the students present a current research/best practice article for the geriatric population each clinical day. In the final semester, the graduating students submit a research paper on various current nursing practice/leadership issues or trends (Exhibit XIV: Nursing Science 4/4L Syllabus). Since fall 2011, QSEN objectives were integrated into all courses.

Faculty content experts maintain their role through current practice and/or continuing education within their content specialty. Faculty content experts review curriculum/exams for content and rigor every year. Faculty liaisons solicit current standards of practice from the assigned clinical agency educators, and information is

shared at the end-of-year faculty retreat to incorporate into the curriculum objectives for the upcoming year (Exhibit VIII: Clinical Agency Summation Minutes).

4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.

Peer-Reviewed Exams

The standards and professional best practices of the BRN guide evaluation methodologies. In 2010 faculty agreed to have exams periodically peer-reviewed for grammar, spelling, and appropriateness of content. In spring 2018, faculty agreed on expanding the review process. The decision to cross-review all exams on an annual basis – odd-numbered exams in fall semesters and even-numbered exams in spring semesters was made (Exhibit V: Faculty Meeting Minutes, 1/08/2018). Review of the exams incorporates grammar, spelling, content, percentage of alternative format questions and Bloom’s Taxonomy mix. Percentage of the alternative format questions and Bloom’s Taxonomy mix progress from one course to the next to ensure that there is a logical, sequential, and incremental increase in difficulty and complexity of course content throughout the program (Exhibit XVII: End of Year Retreat Minutes, 5/17/2017; Appendix 4I: Exam Procedures). Regular exam analysis is performed to evaluate congruence of testing to current practices. Final exam analysis is completed by evaluating students’ performance in each critical competency.

Assessment of Students’ Clinical Progress

Assessment of clinical performance has been based on the five critical competencies using Benner’s model of novice to proficient as a rating scale for a number of years. The students receive faculty feedback regarding their performance in these five competencies on a weekly basis (Exhibit III: Clinical Portfolio). Data is compiled by the department on student clinical failures by critical competency on an annual basis and shared at the End-of-the-Year meetings (Exhibit XVII: End-of-the-Year Retreat 5/16/2018). Refinements to theoretical and clinical instruction are made according to analyses of data.

The student’s progression and measurement of achievement of clinical competence is documented and tracked in their clinical portfolios. The clinical portfolio

is a permanent record of the student's clinical performance during the four semesters of the nursing program. The portfolio includes the nursing program outcomes, descriptions of grading criteria, progress reports, and all clinical evaluations with clinical grades (Exhibit III: Clinical Portfolio).

In keeping with a philosophical theory base for the program, the Benner philosophy of Novice to Proficient Practitioner is woven into the philosophy and portfolio. This theory also enhances and enriches the program's conceptual framework by encouraging faculty to use developmental processes in the education of the student (Appendix 4B: Conceptual Framework). This developmental approach can be seen in the clinical portfolio with the clinical grading system that follows the student throughout the two years. This innovative approach places the student in charge of his/her own learning. The student is responsible for self-evaluation which is validated by the faculty (Exhibit III: Clinical Portfolio). This concept of the clinical grade, which is based on measurable student behaviors, reinforces a basic concept concerning professional development. The student is responsible and accountable for his/her actions.

Throughout the four semesters of the nursing program, students learn and practice skills in the skills lab prior to caring for patients in the clinical setting. Simulation has been integrated into each skills lab with beginning to complex scenarios for pediatrics, obstetrics, and medical-surgical patients. They are progressive in nature depending on the subject content and the level of semester. Graded simulations in NS3L Part 1 and NS4L Part 1 courses are utilizing the same simulation grading rubric that was refined in spring 2018 to increase weight on reflecting/debriefing based on simulation best practices (Exhibit V: Faculty Meeting Minutes, 1/08/2018). At the beginning of each clinical course starting with NS1 Part 2, students must master a medication proficiency exam. The policies for passing the medication proficiency exam and procedures for remediation are congruent through the program (Exhibit II: Student Handbook).

Clinical Objectives, Level I and Level II

In the clinical setting, the Level I and Level II objectives frame the student's performance and expected outcomes (Exhibit XXVI: Level I and Level II Objectives). The objectives are progressive in nature across all four semesters. There are midterm and final evaluations of the student's clinical performance in all five critical competencies.

Students who are not performing at the level of the objectives are required to remediate in the skills lab or in the clinical setting.

Every clinical course, the student is assigned to complete a Nursing Care Study/ Care Plan. In this assignment, the student demonstrates the progress of their critical thinking and clinical reasoning skills. Students are encouraged to complete the Care Plan for the client with the disease process that is being covered in the theory course at that time. The guidelines and the rubric for this assignment are consistent throughout the program. They incorporate theoretical knowledge, nursing process and evidence-based practice. The rubric for the Care Plans that is currently used was revised by the faculty in spring 2019 (Exhibit V: Faculty Meeting Minutes, 1/07/2019). In summary, the nursing program uses a variety of evaluation methodologies to measure achievement of the end-of-program student learning outcomes.

4.8 The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.

The Moorpark College nursing program has patterned its curriculum content to be concurrent with clinical rotations for content reinforcement (Appendix 4H: Congruency between Theory and Clinical Courses). All nursing science theory courses are separate from co-requisite/concurrent clinical courses, each with an independent grade (Exhibit XXI: College Catalog, pg. 232 - 235). Appendix 4E (Interrelatedness between scope of nursing and required curriculum) connects the BRN Scope of Practice and Curriculum requirements with the nursing program's philosophy, program/level objectives, and course objectives/content. One hour of instruction in a theory class each week is equal to 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 4C).

Reduced Degree Requirements

Degree requirements have been adjusted to comply with AB 1295 and SB 1440. Required program units were reduced to 36 from 37 during spring 2013 (Exhibit V:

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 (Exhibit XI: Fall 2013 NS M01 and M01L Workbook). Clinical hours were also adjusted based on the unit reduction. To further reduce degree units to 36, in fall 2013 biology was eliminated as a pre-requisite and the Biology Department began allowing Anatomy to be taken concurrently with Physiology.

At this time, the Moorpark College Associate Degree in Nursing Program is 72 – 82 semester units, with the variability dependent on the general education courses the student chooses to take. The core nursing program courses total 36 units. The BRN approved the revised curriculum in June 2013. The Nursing Coordinator continues to work with the Department Chairs of the other disciplines to decrease the prerequisite and general education (GE) course units. The nursing core curriculum is already reduced to the minimum recommended units according to the BRN.

Table 4.8.1

Change in Course Unit Distribution for the Associate Degree in Nursing

	Nursing Core Curriculum	Prerequisites	General Education	Total Units
2012	37 units	27.5 units	22 units	86.5 units
Current	36 units	17 units	26 units	79 units

LVN to RN Options

According to the BRN requirements, 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 which is a non-degree pathway. 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: Student Handbook).

Objective counseling is offered to LVNs that choose either the degree or non-degree option. The LVNs are presented with both the degree and non-degree options. Each student’s application with transcripts is evaluated by the Health Sciences Counselor, Nursing Coordinator, and the Advance Placement Committee which currently consists of two full-time nursing faculty. The written information is published in the Advance

Placement Guidelines in the Nursing Student Handbook (Exhibit II: Student Handbook).

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 reapproved by the BRN in spring 2017 (Appendix 4D, BRN Required Curriculum: Content Required for Licensure EDP-P-06).

LVN 30 Unit Option Course Units - Total 27 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

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. The courses include medical/surgical nursing, psychiatric mental health, geriatric nursing, and leadership.

The candidate must have either a high school diploma or a GED Certificate, as both of these are 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.

Military Challenge

To comply with a 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: End of Year Meeting Minutes, 5/18/2016; Exhibit V: 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.

4.9 Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning

outcomes.

All facilities that function as clinical sites are Joint Commission accredited. The nursing faculty is responsible for determining if clinical facilities are appropriate for student learning. Nursing faculty members collaborate with agencies and facilities to select preceptors and mentors who can best facilitate student learning. All learning experiences for students are selected on the basis of course objectives and learning needs of the students. Faculty members evaluate the clinical facilities at least every year via an online survey (Exhibit XIX: Program Review Surveys). The faculty regularly determines if established patient health and safety goals are highlighted in the students' clinical experiences.

Integrating Best Practice, Accountability Measures, and National Patient Safety Goals into the Clinical Setting

Accountability (Core) Measures and National Patient Safety Goals established by the Joint Commission are integrated into each theory course and hospital orientation each rotation (Exhibits XI-XIV: Course Syllabi). During skills laboratory clinical, students learn best practices of nursing which correlates with theory content. Current editions of nursing skills textbooks are used for the NS M01 Part 1 fundamentals nursing course, where the majority of psychomotor nursing skills are introduced. Nationally established safety goals, such as the Joint Commission's National Patient Safety Goals, are incorporated into each theory and clinical skills content. For example, concepts of the National Patient Safety Goals "Prevent mistakes for surgery" for safety of patients in surgery is emphasized in the NS1 theory perioperative nursing module, and incorporated into observational practice with the NS1 surgical services experience (Exhibit XI: Nursing Science 1/1L Part 2 Syllabus). Another National Patient Safety Goal example is the suicide risk assessment which is introduced in the fundamentals course and emphasized in NS 3 during the Psychiatric Nursing portion of the course (Exhibit XI: Nursing Science 1/1L Part 1 Syllabus, Exhibit XIII: Nursing Science 3/3L Part 2 Syllabus).

An example of best practice occurs during immunization clinics. For all immunization administration opportunities, students are provided with the instructional content for immunizations following the California OSHA Standards and CDC

guidelines. They then are given the opportunity to participate in immunization clinics utilizing these best practices under supervision of nursing faculty.

The Nursing 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 Nursing Anne Simulator, a high-fidelity mannequin. High-fidelity simulation experiences can be recorded for debriefing purposes if desired. The skills lab is utilized during all semesters for skills instruction/demonstration and for simulation scenarios. Upon recommendation by the BRN, the single bed simulation room is being updated to include space modulation for external simulation control and observation. Each faculty led simulation is reviewed annually for rigor and best practices based on researched simulation standards of delivery. In spring of 2019 the program updated the simulation equipment to include multiple high-fidelity units, such as Nursing Anne Simulator and Sim Pads. This new equipment was added to the skills lab and simulation courses that same semester (spring 2019).

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 over bed tables, track curtains between each patient care area, and headwalls with suction, compressed air, and mock oxygen. 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, a linen cart with an ample supply of linens, a pediatric crib, three bassinets, and four specialized patient care carts. These carts include:

- A crash cart fully stocked with standard code equipment, a defibrillator, and simulated medications
- A wound and ostomy cart stocked with a variety of supplies
- 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 various fidelity levels of adult Laerdal manikins. 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, as are static task trainers. Two additional mid-fidelity manikins are available for the pediatric/obstetric portion of the program: SimKid and SimBaby.

4.10 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students

Approval for the placement of nursing students at clinical facilities and agencies is granted by the California Board of Registered Nursing (BRN). This approval is received by the Nursing Coordinator prior to the placement of nursing students at any clinical site. A current contract is maintained for each clinical facility and agency that is affiliated with the nursing program. The original contracts are kept at the Ventura County Community College District (VCCCD), with copies in the Health Sciences Department office (Exhibit XXII: Clinical facilities’ Contracts). 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: Clinical Facility Approvals & Contracts).

Responsibilities of the College and the Clinical Facilities

Each contractual agreement delineates separate and joint responsibilities of the college and facility or agency staff (Exhibit XXII: Clinical Facility Approvals & Contracts). Responsibilities of the clinical faculty are addressed in the formal contractual agreement between the VCCCD and each clinical agency (Exhibit XXII: Clinical Facility Approvals & Contracts). These contractual agreements include the following:

- A. Clearance of physical examination, immunizations, background check, and

drug screen

- B. Current CPR Certification from the American Heart Association
- C. Student Uniform
- D. Schedules and assignments
- E. Instructor certification, licensure, and competence
- F. Instruction and clinical supervision
- G. Liability insurance

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 (BRN Self-Study 2017, Exhibit LIII). All hospitals used as clinical sites by the Nursing Program at Moorpark College follow California Title 22 guidelines for state staffing standards, which have been in place since 2004.

Selection of Clinical Facilities, Scheduling Clinical Time

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 it is done at least annually by online survey (Exhibit XIX). Communication between clinical instructors at faculty and team meetings is an additional means of evaluating the appropriateness of the clinical sites.

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 for Students

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 to the Clinical Site

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: Clinical Orientation Manual). 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.

Clinical Summation Meetings

Annual summation and planning meetings are held with all contracted agencies and facilities (Exhibit VIII: Clinical Agency Summation Minutes). These meetings are attended by faculty members that teach clinical at the facility, the Nursing 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: Clinical Agency Summation Minutes, Exhibit XVII: Faculty End of Year Retreat Minutes).

4.11 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

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 lectures PowerPoints, some with audio embedded, which are available through the online learning management system Canvas; instructor-led online chat discussion, and utilization of the program-specific electronic health record simulation in the Skills Lab. Less online content delivery is utilized in the fundamentals nursing course in order to nurture the beginning student on a more personal level in the classroom environment. Some of the lecture for NS2 Part 1,

Maternal Child Nursing, is presented utilizing a “flipped classroom” concept with online recorded lectures being available to students. The lectures speak to the content delineated by the course objectives, and in the on-ground portion of the course material is reinforced through instructor-led case studies and discussion (Exhibit XII: Nursing Science 2/2L Part 1 Syllabus).

All nursing courses undergo curriculum review through curriculum committee at least every five years. The online supplemental offerings of the courses may include lectures with audio, discussions, electronic copies of course documents, and internet resources. Online learning activities are utilized similarly to on-ground assignments, in that they support the course’s objectives and student learning outcomes. For example, students are required to complete multiple online skills modules through ATI for clinical courses and practice exams for theory course support (Exhibits XI-XIV: Courses Syllabi).

Since 2007, online ATI practice testing has been utilized in all four semesters to assess individual strengths and weaknesses in content covered and in preparation for the NCLEX exam. Along with a proctored online assessment for third semester, there is a proctored comprehensive online assessment in the fourth semester. In spring 2018, the program started the process of reviewing ATI policy and integrating a comprehensive implementation plan of the ATI resources within the program (Exhibit V: Faculty Meeting Minutes, 4/30/2018). The ATI on-boarding process was developed and approved by faculty to be implemented during NS1 P1 course starting fall 2019 (Exhibit XVII: End of Year Retreat Minutes, 5/15/2019).

Starting fall 2017, theory exams in NS4 P1 have been administered through an online proctored testing site to simulate the environment students will be testing for national licensure examination (Exhibit V: Faculty Meeting Minutes, 8/14/17). In spring 2019, the program expanded computer-based course exams to NS4 P2. One of the classrooms in the health sciences department has been converted into an internet-capable computer lab, and faculty have planned for expansion of computer-based course exams through the rest of the medical-surgical courses (Exhibit XVII: End of Year Retreat Minutes, 5/15/2019).