

## STANDARD I: PROGRAM QUALITY – MISSION AND GOVERNANCE

**Meets Approval Criteria:** Business and Professions Code Article 4, Chapter 6, & California Code of Regulations Article 3, Title 16, Chapter 14, Sections 1424a, 1424b, 1424c, 1424f, 1424g, 1424h, 1424i, 1424j, 1428a, 1430

**Meets College Criteria:** College Strategic Initiative #4

**Definition:** The mission and goals of the program should be congruent with those of the college, should reflect a philosophy and conceptual framework that serves as the basis for nursing education and embody professional nursing standards and guidelines, and should consider the needs and expectations of the community of interest.

**Expected Outcome/Key Performance Standards:**

- 1.1 The mission, goals, purpose, philosophy and conceptual framework for the Associate Degree Nursing Program, inclusive of Distance Learning programming, are congruent with the college, publicly accessible, appropriate to legal requirements/scope of practice and consistent with contemporary nursing practice 100% of the time or those differences are justified by nursing unit purposes.
- 1.2 Faculty, students and administrators of the nursing program will participate as appropriate in the governance of the program and college as evidenced by:
  - a. 90% of the full-time faculty will serve on department/program committees.
  - b. 50% of the full-time faculty will serve on departmental and college committees.
  - c. Students will be represented on departmental committees.
- 1.3 The chief nursing administrator will be qualified to lead the program in its pursuit of accomplishment of the mission, philosophy, goals/objectives and expected outcomes of the program.
  - a. The program Assistant Director is knowledgeable and current regarding the policies and procedures and is delegated the authority to perform the Director's duties in the Director's absence.
- 1.4 The program consistently demonstrates the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the parent institution, as well as with the clinical agencies.
- 1.5 Policies of the department will be consistent with those of the College or justified by the nursing department purpose, published and available 100% of the time.

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD I: PROGRAM QUALITY – MISSION AND GOVERNANCE**

**Expected Outcome/Key Performance Standards:**

1.1 The mission, goals, purpose, philosophy and conceptual framework for the Associate Degree Nursing Program, inclusive of Distance Learning programming, are congruent with the college, publicly accessible, appropriate to legal requirements/scope of practice and consistent with contemporary nursing practice 100% of the time or those differences are justified by nursing unit purposes.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
The philosophy and the objectives of a nursing program must be consistent and serve as the basis of the curriculum structure.	Philosophy/Conceptual Framework updated by Faculty Spring 2011 sent to BRN for approval 7/2011	Pending BRN approval – Fall 2011	Handbook, Exhibit D
Philosophical statement is readily available in writing to students, applicants and the public.	Philosophy included in Student and Faculty Handbook available on Web – reviewed updated Spring 2011. Orientation provided to all FT/PT faculty during August 2011 retreat (PowerPoint Presentation); Student Orientation during August 2011 orientation.	SAC to review Fall 2011 pending BRN approval.	Handbooks, Retreat and Orientation minutes, Exhibit D, O and Web-page
Course objectives are written in clear, behavioral terms and are included in all course syllabi. Philosophy includes faculty’s beliefs about: <ul style="list-style-type: none"> <li>• Person (humanity)</li> <li>• Art and science of nursing.</li> <li>• Nursing education, including the following individual differences among students, <ul style="list-style-type: none"> <li>○ Cultural milieu,</li> <li>○ Ethnic background,</li> <li>○ Learning styles, and</li> <li>○ Support systems.</li> <li>○ Program objectives reflect philosophy.</li> </ul> </li> </ul>	Course objectives to be reviewed as part of BC curriculum review process which is now part of College Annual Program review. All faculty to verify consistency of meeting Program expectations for course objectives and included in each syllabus. Faculty need to be trained on CurricUnet and in-serviced on annual program and curriculum review process.	Fall 2011 semester.	Faculty minutes, Annual Program Review document (college educational master plan), individual course syllabi. Exhibit H, X
Students report consistent implementation of program philosophy in their experiences in the program.	Conceptual framework presented in new student orientation, to be reviewed annually through SAC, faculty to discuss in individual classes. Need to consistently discuss in Program Review. Faculty will need to evaluate student understanding.	To occur in each course every semester.	SAC and Program Review minutes, Summer 2011 retreat minutes. Exhibit R

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD I: PROGRAM QUALITY – MISSION AND GOVERNANCE**

**Expected Outcome/Key Performance Standards:**

- 1.2 Faculty, students and administrators of the nursing program will participate as appropriate in the governance of the program and college as evidenced by:
- a. 90% of the faculty will serve on department/program committees.
  - b. 50% of the full-time faculty will participate in serve on college committees.
  - c. Students will be represented on departmental committees.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Faculty minutes reflects faculty participation by all faculty with regard to: <ul style="list-style-type: none"> <li>• Input into program policy development,</li> <li>• Responsibility for program implementation and outcomes, and</li> <li>• Evaluation of all aspects of program.</li> </ul>	Faculty and Retreat minutes demonstrate consistent FT faculty involvement at set achievement level. PT Faculty attendance at semi-annual retreats with 90% attendance, monthly department meeting attendance is virtually non-existent. To improve communication with PT faculty will send Faculty minutes to all PT faculty via BC email.	Implement Fall 2011	Faculty Minutes, Retreat Minutes, Program Evaluation Plan Exhibit H, K
Campus committee minutes reflect faculty participation in campus activities.	Campus committee involvement is less than 50% of all FT faculty – must be noted that less than 50% of FT faculty had tenure status and it is not recommended for non-tenured faculty to participate in committees. PT Faculty non-participative in campus activities. As part of KCCD Evaluation process will encourage Faculty participation on campus committees	Faculty Evaluation Process per HR scheduled timelines	Public Folders – Campus Committee minutes, Faculty Evaluations
There is active student participation formally or informally with the faculty in the identification of policies and procedures related to the students in the nursing program. <ul style="list-style-type: none"> <li>• Avenues for student input, such as:</li> <li>• Committee membership(s) and whether students have voting privileges,</li> <li>• Method used to collect written student course evaluations,</li> <li>• Utilization of student nurses organization if applicable, and</li> <li>• Any other avenues open to students for input into program.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting Minutes reflect student involvement (SAC/Faculty Council/Program Review) – attendance needs to be improved.</li> <li>• CSNA Membership reflects 83% membership. Student attendance at CSNA convention supported by Program through grants.</li> <li>• Students evaluate all aspects of courses using class climate – class climate return rates are less than 25%.</li> <li>• Must improve student involvement in committee meetings – faculty to discuss, discuss at SAC.</li> <li>• Must improve Class Climate return rate</li> </ul>	Class Climate return rate – Fall 2011 Planning with Spring 2012 implementation to address improvements needed.	SAC, Retreat, Faculty Minutes, Class Climate Results Exhibit H, R, S

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD I: PROGRAM QUALITY – MISSION AND GOVERNANCE**

**Expected Outcome/Key Performance Standards:**

- 1.3 The chief nursing administrator will be qualified to lead the program in its pursuit of accomplishment of the mission, philosophy, goals/objectives and expected outcomes of the program.
- a. The program Assistant Director is knowledgeable and current regarding the policies and procedures and is delegated the authority to perform the Director’s duties in the Director’s absence.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Chief nursing administrator shall meet all requirements of CCR Section 1425(a).	BRN Approval Form/CV/Job Description reflects compliance. KCCD Evaluation not conducted since 2008.	Annual Update of CV	BRN Approval Forms, J Faculty Handbook, O Job Description, N
Dedicated time for administration of the program is sufficient time for the director to perform the functions described in CCR section 1420(h). Director functions include the responsibility and authority to: <ul style="list-style-type: none"> <li>• Develop and implement the program budget,</li> <li>• Plan, manage and evaluate all aspects of the program including, but not limited to: <ul style="list-style-type: none"> <li>○ Faculty and staff,</li> <li>○ Curriculum development and implementation,</li> <li>○ Compliance with Board rules and regulations, and</li> <li>○ Act as a student advocate.</li> </ul> </li> </ul>	Dean is educational administrator responsible for Nursing/Allied Health (Rad Tech/CNA/EMT-1/EMT-P)/Fire Technology Programs, also serves as Program Director for RN/VN Programs. Job description reflects all areas of responsibility/accountability except Fire Technology.	Assess workload as needed per evaluation process.	KCCD Evaluation process, Job Description Exhibit N
The Assistant Director meets the qualifications as stated in CCR Section 1425(b) and is knowledgeable and current regarding the program and polices and has sufficient time to perform administrative duties.	BRN Approval Form/CV/Job Description reflects compliance. Asst. Director is not provided re-assigned time to assist with the administration of duties. To meet succession planning it is needed that Asst. Director be provided with training and time to conduct administrative duties. Need to continue discussions with administration and CCA regarding the possibility of re-assigned time.	Will continue discussions with administration/CCA regarding reassigned time.	BRN Approval Forms, J Job Description, N Faculty Handbook, O

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD I: PROGRAM QUALITY – MISSION AND GOVERNANCE**

**Expected Outcome/Key Performance Standards:**

1.4 The program consistently demonstrates the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the parent institution, as well as with the clinical agencies.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Nursing organizational chart reflect the manner by which the program functions; including but not limited to, lines of authority, channels of communication within the program, between the program and other administrative segments of the institution, and the clinical agencies.	Organizational chart updated summer 2011, included in Faculty Handbook reflects compliance. Will need to educate all faculty as to its location. BC Org chart reflects institutional relationship.	Annual review	Faculty Handbook. Public Folders Outlook  Exhibit O
Administrators, faculty and students verify authority and communication lines as indicated on organizational chart.	Verified through discussions with faculty/students	Annual review	Faculty, SAC Minutes Exhibit R, H
Summary of minutes reflect identified relationships and communication: <ul style="list-style-type: none"> <li>• faculty meetings</li> <li>• interdepartmental meetings</li> <li>• interagency meetings</li> </ul>	Advisory/ACNL Minutes/Faculty/Interdepartmental/CCPS meeting minutes reviewed reflect relationships. CCPS has been integrated into Advisory Council and membership expanded to include Nurse Educators from Healthcare facilities.  CCPS continues to enhance consistency of scheduling and communication with partnering agencies.	Annual review	Advisory/ ACNL/ Faculty/ Interdepartmental meeting minutes  Exhibit G

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD I: PROGRAM QUALITY – MISSION AND GOVERNANCE**

**Expected Outcome/Key Performance Standards:**

1.5 Policies of the department will be consistent with those of the College or justified by the nursing department purpose, published and available 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Written policies and procedures are available to student on the following activities: Admissions' Promotion; Retention; Graduation; Dismissal; Grievance policies' Transfer and Challenge policies.</p> <ul style="list-style-type: none"> <li>Review Student Handbooks</li> </ul>	<p>ADN Student Handbook updated Summer 2011 inclusive of KCCD Board Policy. All students received addendum on new policy changes, must sign acknowledgement of read and receipt.</p>	<p>Annual Review</p>	<p>ADN Handbook, KCCD Board Policy, BC Student Handbook BC Catalog Exhibit D, E, N, B</p>
<p>Students state they are aware of policies and procedures of the program and that they are universally applied</p>	<p>Must discuss as part of SAC, Faculty need to address in their individual courses.</p>	<p>Fall 2011 plan</p>	<p>SAC minutes, discussion with students  Exhibit R</p>

## STANDARD II: PROGRAM QUALITY – FACULTY

**Meets Approval Criteria:** Business and Professions Code Article 4, Chapter 6, & California Code of Regulations Article 3, Title 16, Chapter 14, Sections 1424c, 1425a, 1425b, 1425c, 1425d, 1425e, 1425f, 1425.1a, 1425.1b, 1425.1c, and 1425.1d, 1424g, 1424h, 1424i, 1242j

**Meets College Criteria:** College Strategic Initiative #1, 3

**Definition:** The faculty enables the achievement of the mission, philosophy, goals/outcomes and expected results of the program.

**Expected Outcome/Key Performance Standards:**

1. The faculty has the primary responsibility of for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program 100% of the time.
2. 100% of full-time and part-time faculty will have appropriate education, certification, and approval.
3. Faculty will maintain expertise in areas of teaching, practice and service, and assist in the coordination, role development, and/or clinical management of the program in area of expertise 100% of the time.
4. The number and utilization of faculty is adequate to meet the needs of the department and regulatory requirements 100% of the time.
5. To insure ongoing professional development and competence:
  - a. 100% of full-time faculty is evaluated per the KCCD/CCA contract guidelines.
  - b. The Lead Instructor evaluates all part-time clinical faculty after each semester of service.
6. 100% of Faculty will participate in an orientation program

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD II: PROGRAM QUALITY – FACULTY**

**Expected Outcome/Key Performance Standards:**

2.1 The faculty has the primary responsibility of for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Faculty minutes reflects faculty participation by all faculty with regard to: <ul style="list-style-type: none"> <li>• Input into program policy development,</li> <li>• Responsibility for program implementation and outcomes, and</li> <li>• Evaluation of all aspects of program.</li> </ul>	Faculty minutes reflect compliance. Total Program Evaluation conducted by Faculty during Summer 2011 retreat. College Annual Program Review process also demonstrates faculty responsibility for all components of Program Review.	Annual completion of Total Program Evaluation occurs during Summer. College Annual Program Review completed during Fall 2011 semester	Faculty and Retreat minutes. Total Program Evaluation Forms, College Annual Program Review Forms, College Educational Master Plan. BRN Annual Reports, Exhibit H, K
The evaluation process assesses the effectiveness of the total educational program, including the effectiveness of the evaluation plan as a quality improvement tool. Evaluation of results to include patterns, trends, analysis, outcome of analysis (change/resolution): <ul style="list-style-type: none"> <li>• Attrition rates/patterns</li> <li>• Surveys – students, graduates, employers</li> <li>• NCLEX pass rates</li> <li>• Student issues/complaints</li> </ul>	Total Evaluation Plan includes analysis and outcomes analysis for Student Success.  Student Complaint process per KCCD Board Policy, Student Handbook. Dean of Nursing/Allied Health works collaboratively with Dean of Students and/or Executive VP.	Total Program Evaluation conducted annually.  Total Program	Total Program Evaluation Forms, BRN Annual Report, Student Handbook Exhibit D, F, K. N  Total Program
The faculty, as a whole, analyzes data collected and makes appropriate changes based on that input and the continuing evolution of nursing/health care theory and practice.	Faculty, Retreat minutes demonstrate that faculty analyzed data obtained from Total Program Evaluation process and College Annual Program Review.	Evaluation conducted annually.  Total Program	Evaluation Forms and Annual Program Review Exhibit K Total Program
Faculty utilizes a system to track problems and responses over time.	Included as part of Total Program Evaluation Process.	Evaluation conducted annually.	Evaluation Forms, College APR



Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD II: PROGRAM QUALITY – FACULTY**

**Expected Outcome/Key Performance Standards:**

2.2 100% of full-time and part-time faculty will have appropriate education and certification.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Faculty members teaching in the nursing program will meet qualification listed in CCR 1425(c), (d) or (e).</p> <ul style="list-style-type: none"> <li>Faculty profiles include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &amp;/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency.</li> </ul>	<p>BRN approval forms match current Faculty CV's. All faculty CV's to be updated annually, will need to conduct a review of all Faculty files to ensure compliance.</p>	<p>To be reviewed during Fall 2011 semester.</p>	<p>Faculty files, BRN approval forms, J</p>
<p>Information shall be available on each faculty's current education and experience in teaching theory and clinical.</p>	<p>BRN approval form/CV/Staff Assignment sheet are congruent.</p>	<p>Ongoing review.</p>	<p>CV, BRN approval forms, SAS, J.</p>
<p>Faculty numbers, including the ratio of full-time to part-time faculty, will be sufficient to safely implement the curriculum.</p>	<p>BRN Annual report, Full-time to Part-time ratio at 50.5% (are FT). Program able to replace faculty resignation with FT faculty member to start 2011/2012. Program continues to have "young" faculty with only 65% having tenure. Will continue to promote professional development.</p>	<p>Ongoing review</p>	<p>BRN Annual Report, Total Program Evaluation</p>
<p>The Program shall have at least one approved Content Expert per content area as required in CCR Section 1424(h), who has been identified by education and clinical experience.</p>	<p>BRN approval forms match current Faculty CV's. Faculty Assignments reflect Content Expert compliance.</p>	<p>Ongoing review</p>	<p>Exhibit W Staff Assignment Sheets College Schedule Job Desc, O BRN Approval Forms, J</p>

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD II: PROGRAM QUALITY – FACULTY**

**Expected Outcome/Key Performance Standards:**

2.3 Faculty will maintain expertise in areas of teaching, practice and service, and assist in the coordination, role development, and/or clinical management of the program in area of expertise 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Faculty approval forms will accurately reflect minimum requirements for each faculty member.	BRN faculty approval forms reviewed and meets stated objective. Need to update Faculty Job Descriptions included in Faculty Handbook.	To be updated Fall 2011	BRN Faculty approval forms, CV, Faculty Job Descriptions  Exhibit J, O
Faculty profiles include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). <ul style="list-style-type: none"> <li>• Resumes/CV's current</li> <li>• Current RN license</li> </ul>	Faculty profiles to be updated including current CV's, discussed in retreat (Summer 2011).	To be updated Fall 2011	Faculty CV's
CE hours, Flex hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency.	Faculty consistently document clinical competency through continuing education/conference attendance and concurrent work. Need to see increased professional development activities in nursing education practices for faculty. PT faculty provided education principles during PT faculty retreat. Retreat rosters document 90% attendance by PT faculty.	Ongoing.	KCCD Evaluation process – faculty portfolio, Flex forms, CV's. Exhibit N
Completed faculty remediation plans.	None required during last 5 years.	None needed	N/A

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD II: PROGRAM QUALITY – FACULTY**

**Expected Outcome/Key Performance Standards:**

2.4 The number and utilization of faculty is adequate to meet the needs of the department and regulatory requirements 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Written evaluation of adequacy of appropriateness of faculty numbers.</p> <p>Compliance with BRN Faculty-Student Ratios</p> <p>Written process for determining student/teacher ratio in all clinical sites is followed.</p> <p>Review Preceptorship Plan:</p> <ul style="list-style-type: none"> <li>• Course Policies</li> <li>• Preceptor Policy</li> <li>• Required records for preceptors</li> <li>• Communication plan</li> </ul>	<p>Total evaluation plan reflects analysis of adequacy of faculty numbers, also included as part of College Annual Program Review and budgetary processes. College has been supportive of faculty needs with appropriate support and hiring replacements. Grants have supported new positions and College has followed with institutionalization of these positions. Program has maintained clinical Faculty to Student ratio of 1:10 in most clinical areas, however will need to continue to address as acuity of clients change with average length of stay decreasing in most clinical areas. Full time to Part time faculty ratio is 37%:63% - continues to be problematic in the large number of Part time faculty utilized with the majority of these adjuncts with only an AS degree.</p> <p>BRN Faculty-Student ratio policy followed, have included policy in Faculty Handbook and as part of Orientation process.</p> <p>Preceptors used in NURS B27 (Pediatrics) and NURS B28 (Advanced Medical Surgical Nursing), and Advanced leadership rotation in NURS B29. Preceptorship Plan has not been reviewed in several years needs to be evaluated by faculty and included in Faculty Handbook after appropriate in-service for faculty.</p>	<p>Ongoing</p> <p>Fall 2011 to be assigned to Lead Faculty for N27/N28 and N29.</p>	<p>Faculty Handbook, O Clinical Schedules, W</p> <p>Faculty Minutes, Faculty Handbook</p> <p>Exhibit H, L, O</p>

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD II: PROGRAM QUALITY – FACULTY**

**Expected Outcome/Key Performance Standards:**

- 2.5 To insure ongoing professional development and competence:
- a. 100% of full-time faculty is evaluated per the KCCD/CCA contract guidelines.
  - b. The Lead Instructor evaluates all part-time clinical faculty after each semester of service.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Review for completeness/competency: <ul style="list-style-type: none"> <li>• Faculty personnel files;</li> <li>• Clinical Instructor evaluations</li> <li>• Student Evaluations of instruction</li> </ul>	100% compliance with KCCD evaluation process and time requirements. Tenured faculty participates in faculty evaluation process. Students participate in Faculty evaluation process, all results shared with faculty.	Ongoing	Faculty personnel files, KCCD Evaluation – Board Policy Manual, Program Faculty Handbook  Exhibit N, O



### STANDARD III: PROGRAM QUALITY – STUDENTS

**Meets Approval Criteria:** California Code of Regulations Article 3, Title 16, Chapter 14, Section 1424b2, 1424d, 1429a, 1429b, 1429c, 1443.5

**Meets College Criteria:** College Strategic Initiative #1, 2, 3

**Definition:** The program's teaching and learning environment is conducive to student academic and/or career achievement and lifelong learning.

**Expected Outcome/Key Performance Standards:**

1. 100% of student policies are developed by faculty, with student input, and are congruent with the college and state and national standards: are publicly accessible, non-discriminatory, and consistently communicated and applied; differences in policies are justified by the nursing departments purpose.
2. 100% of students, including students at satellite sites, are aware of and have access to student support services that are administered by qualified individuals.
3. 100% of students requesting the LVN to RN (30-unit option) state that the programs policies are congruent with State standards and regulations.
4. 100% of students are knowledgeable and informed of the student grievance process

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD III: PROGRAM QUALITY – STUDENTS**

**Expected Outcome/Key Performance Standards:**

3.1 100% of student policies are developed by faculty, with student input, and are congruent with the college and state and national standards: are publicly accessible, non-discriminatory, and consistently communicated and applied; differences in policies are justified by the nursing departments purpose.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Minutes reflect there is active student participation formally or informally with the faculty in the identification of policies and procedures related to the students in the nursing program. Avenues for student input, such as:</p> <ul style="list-style-type: none"> <li>• Committee membership(s) and whether students have voting privileges,</li> <li>• Method used to collect written student course evaluations,</li> <li>• Utilization of student nurses organization if applicable, and</li> <li>• Any other avenues open to students to have input into program activities.</li> </ul> <p>Total Evaluation reflects student input/participation – through evaluation surveys, program review, SAC minutes, NSNA.</p> <p>Review Policies: Transfer and Challenge Determining student/teacher ratio in clinical Use of Preceptors Repeat/Red-Admission/Withdrawal</p>	<p>Students encouraged to participate in multiple Faculty committees, Student Governance committees (SAC, CSNA local chapter and semester cohort governance). Student attendance has not been consistent. Must develop methods to increase student attendance will discuss as part of SAC.</p> <p>Program Review conducted with Dean and graduating students every semester with 95% attendance and active participation</p> <p>Students participate in instructor, clinical site and course evaluations every semester using the class climate system – student return rate per course is less than 25% with very little student comments. Need to improve Student return rate – could be done through combining of questions into one form or in coordination with Faculty evaluation process.</p> <p>NSNA membership is at 83%, enhanced coordination between student membership and curriculum is needed. To discuss as part of faculty council.</p> <p>All Policies reviewed and updated annually.</p>	<p>Fall 2011</p> <p>Fall 2011</p>	<p>Faculty/SAC minutes; Student Governance Rosters; CSNA rosters Exhibit R, H (1&amp;2)</p> <p>Program Review minutes, Exhibit K</p> <p>Class Climate Evaluations and Analysis, S</p> <p>NSNA rosters</p> <p>Exhibit B, D, E, L, O,</p>

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD III: PROGRAM QUALITY – STUDENTS**

**Expected Outcome/Key Performance Standards:**

3.2 100% of students, including students at satellite sites, are aware of and have access to student support services that are administered by qualified individuals.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement	Follow-up/Time Frame	Evidence
<p>There are adequate resources, including use of technology, to assist the students to achieve the program objectives. Review:</p> <ul style="list-style-type: none"> <li>• Printed Material – website, Student Handbook,</li> <li>• Student Success Manager, Student Tutors, Faculty Advisors evaluations</li> <li>• Faculty minutes – to include a review of all technology resources available to students</li> <li>• Counseling, DSPS, Testing Accommodations, Student Health Center</li> </ul> <p>Faculty have identified and sought to mitigate any limitations in resources or any barriers students’ experience in accessing resources. Review:</p> <ul style="list-style-type: none"> <li>• Faculty Minutes – Confidential Students</li> <li>• Program Review Minutes</li> </ul>	<p>Majority of Program Material is available on Department website, majority of faculty have individual websites to provide student course materials. Student Success Manager available telephonically and electronically makes periodic visits to distance sites. Testing accommodations and Student Health center services provides at sister colleges. Program Review demonstrated student concern with availability of Skills Lab at Porterville campus, Program has hired a Professional Expert to provide 8 hours/week of Simulation time for PC students – began Spring 2011. Cerro Coso students not reporting issues. Distance Education program to end with Porterville College December 2011. Faculty include DSPS statement as part of syllabus.</p> <p>Students continue to verbalize issues with misinformation from BC Counseling despite continued meetings with Program Advisor and Counselors.</p> <p>Internet based student tracking system (CertifiedBackground on-line portfolio) implemented summer 2011 to ensure student compliance with all healthcare facilities mandatory health and safety documentation.</p>	<p>Ongoing</p> <p>Summer 2012- Dean/Office Supervisor</p>	<p>Nursing Website, Student Handbook, Faculty Handbook, Program Review Minutes, Faculty Minutes</p> <p>Exhibit D, H, K, O</p>



Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD III: PROGRAM QUALITY – STUDENTS**

**Expected Outcome/Key Performance Standards:**

3.3 100% of students requesting the LVN to RN (30-unit option) state that the programs policies are congruent with State standards and regulations.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Program offers objective counseling of LVN-RN 30 unit option and evaluates each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. Review:</p> <ul style="list-style-type: none"> <li>• Written material – informational brochure, College Catalogue</li> <li>• RN Annual Report – exams number of graduates, attrition rates, NCLEX pass rates</li> <li>• Program Review Minutes</li> </ul>	<p>Dean meets with all students requesting LVN-RN option to discuss options. Program maintains written brochure – reviewed annually. Need to include written policy in Faculty Handbook.</p> <p>Program has not had any LVN-RN 30 unit option students in last 5 years.</p>	<p>Ongoing review. Update Faculty Handbook Fall 2011.</p>	<p>Informational Brochure, Faculty Handbook, College Catalogue, Exhibit B, C, O, T</p>

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD III: PROGRAM QUALITY – STUDENTS**

**Expected Outcome/Key Performance Standards:**

3.4 100% of students are knowledgeable and informed of the student grievance process

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Written procedure for resolution of student grievance is consistent with the educational institution. Review: <ul style="list-style-type: none"> <li>• Student Handbook, BC Student Handbook, KCCD Board Policy</li> <li>• Student Advisory Minutes</li> </ul>	Student Grievance/Complaint Process included in Student Handbook is identical to KCCD/Bakersfield College Student Grievance/Complaint Process. All students referred to process upon meeting with Dean. Dean serves as Ad Hoc Chair for College Student Conduct Hearing Panel. SAC to review every semester.	Ongoing Review  SAC Review Fall 2011 semester	Program Student Handbook, BC Student Handbook, KCCD Board Policy Manual, Student Advisory Minutes  Exhibit D, E, N, R

## STANDARD IV: PROGRAM QUALITY – INSTITUTIONAL COMMITMENT AND RESOURCES

**Meets Approval Criteria:** Business and Professions Code Article 4, Chapter 6, & California Code of Regulations Article 3, Title 16, Chapter 14, Sections 1424c, 1424d, and 1424e

**Meets College Criteria:** College Strategic Initiative #4, 3, and CTE Program Review Criteria 2

**Definition:** The parent institution demonstrates ongoing commitment and support by providing adequate fiscal resources, physical facilities and learning resources necessary to accomplish its mission, philosophy, goals/objectives and expected results at each site.

**Expected Outcome/Key Performance Standards:**

1. 75% of budgetary requests will be provided for the department; budgetary allocation will be commensurate with other departments of the institution 100% of the time.
2. Administrative and clerical support for the nursing department is sufficient 100% of the time.
3. Learning Resources are comprehensive, current, developed with nursing faculty input, and accessible to faculty and students 100% of the time; 80% of faculty and students will rate learning resources as good to excellent; Department Learning Resources committee confirms the adequacy and accessibility of learning resources annually.
4. 80% of faculty and students will rate the physical environment as good to excellent.
5. If CTE Core Indicators are not being met, departmental budget will be supplemented by VTEA funding 80% of time

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD IV: PROGRAM QUALITY – INSTITUTIONAL COMMITMENT AND RESOURCES**

**Expected Outcome/Key Performance Standards:**

4.1 75% of budgetary requests will be provided for the department; budgetary allocation will be commensurate with other departments of the institution 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Comparison of budget requests versus actual budget allocation versus budget expenditures. Review:</p> <ul style="list-style-type: none"> <li>Budget Request, Approved Budget and expenditures; College Annual Program Review, Total Program Review plan</li> </ul>	<p>Due to college budget constraints the department budget has only increased to support sustainment of faculty positions for RN program expansion and negotiated salary changes. Dept. budget has not increased for equipment, or for non or instructional supplies usage during the last 2 year budget cycles. Need Department instructional and non-instructional supply budget to be increased by 25% to keep up with rising healthcare equipment costs. Soft money has been able to sustain instructional needs but money will end in 2 years. College has improved Annual Program Review Process to drive budget making decision processes, to commence with 2012/2013 academic budget year. Increased use of simulation equipment is necessitating need for enhanced warranties, equipment repairs, technology upgrades for personnel and equipment/software. Budget impact at college has not been able to address this need.</p>	<p>Ongoing review.</p>	<p>Inventory Lists, Instructional Supply (PAR) Lists, Learning Resources Committee Minutes</p>

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD IV: PROGRAM QUALITY – INSTITUTIONAL COMMITMENT AND RESOURCES**

**Expected Outcome/Key Performance Standards:**

4.2 Administrative and clerical support for the nursing department is sufficient 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Review: Annual Unit Plan, Staff evaluations, Program Review minutes</p>	<p>Clerical staff numbers supported by College general funds have not changed over the last 10 years, despite the Program doubling in size.</p> <p>Clerical support needs have increased in complexity due to the demands of clinical facilities (student tracking for required JCAHO regulations). Contractual agreements with healthcare facilities have become increasingly more complex and require frequent contract negotiation, district support has not decreased workload rather it has increased the complexity. Tracking of faculty compliance for meeting hospital requirements is not being done by HR so must be maintained by Department staff. Diminished Counseling support has increased number of telephone calls or walk-in questions, declared majors for Registered Nursing has increased to 2200 declared majors.</p> <p>Through grant funds the Program has been able to hire a Program Manager/Educational Advisor (11 month FT employee) and a Dept. Asst. 1 (10 month 19 hour employee). The college must sustain both of these positions once grant funds are no longer in place, 2 years.</p> <p>CCCCO and BRN mandated tracking has increased clerical workload; College has not been able to support these demands through Institutional Review.</p>	<p>Ongoing Review</p>	<p>Annual Program Review, Total Program Review, College Budget and Personnel Vetting Processes, Learning Resources Committee</p> <p>Exhibit K</p>

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD IV: PROGRAM QUALITY – INSTITUTIONAL COMMITMENT AND RESOURCES**

**Expected Outcome/Key Performance Standards:**

4.3 Learning Resources are comprehensive, current, developed with nursing faculty input, and accessible to faculty and students 100% of the time; 80% of faculty and students will rate learning resources as good to excellent; Department Learning Resources committee confirms the adequacy and accessibility of learning resources annually.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement	Follow-up/Time Frame	Evidence
Faculty assess adequacy of resources. Review: <ul style="list-style-type: none"> <li>Learning Resources Committee minutes, Program Review minutes, Graduate Surveys</li> </ul>	<p>2009/2010 Program Review indicated that students were not satisfied with availability of the Skills Lab; Program developed and implemented a mini lab at the Weill Institute which is shared between RN and EMT programs. Lab contains full service high fidelity simulation equipment – baby/kid/adult mannequins with AV recording and a control room. Main campus skills lab upgraded to include more mid-fidelity simulation equipment. Program Review verifies that students are satisfied with adequacy of resources. Students continue to verbalize that both labs are impacted during day hours, despite opening lab in evening hours the lab is not highly used during these times.</p> <p>Faculty verify that Program Resources are adequate – enhanced software and AV media availability in all classrooms via imaging of computers in all classrooms. All AV equipment updated in classrooms. WiFi antennas placed on all buildings that nursing courses offered so that student access to internet improved. Program purchased 80 Netbooks to support online testing requirements.</p>	Ongoing	Program Review minute, Graduates Surveys; Learning Resource Committee minutes  Exhibit F, K

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD IV: PROGRAM QUALITY – INSTITUTIONAL COMMITMENT AND RESOURCES**

**Expected Outcome/Key Performance Standards:**

4.4 80% of faculty and students will rate the physical environment as good to excellent.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Review graduate surveys, program review minutes, College Annual Program Review	80% or greater of students rate physical environment as good.  Faculty state that they are concerned as to quality of classrooms, carpet in disrepair and not replaced in 15 years, building interior and exterior not painted in over 15 years. College has not demonstrated a successful maintenance plan. It must be noted in comparison to other buildings the quality of the AH building is in better shape. The quality of routine cleaning of the building both interior and exterior is fair to poor, response time for work orders to repair items can take as long as 1 year.	Ongoing	Graduate Surveys, Total Program Review Minutes, College Annual Program Review, Total Program Review, Learning Resources Committee,  Exhibit F, H, K

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD IV: PROGRAM QUALITY – INSTITUTIONAL COMMITMENT AND RESOURCES**

**Expected Outcome/Key Performance Standards:**

4.5 If CTE Core Indicators are not being met, departmental budget will be supplemented by VTEA funding 80% of time

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Review: Career and Technical Education Program proposal , Annual CTE Core Indicators Analysis</p>	<p>Annual VTEA proposal for the RN program was completed April 2010. The RN program was granted funds to support:</p> <ul style="list-style-type: none"> <li>• outreach activities focusing on nontraditional participants</li> <li>• student success (completions)</li> </ul> <p>We successfully held 3 outreach activities. Plan: continue to explore a variety of strategies which focus on nontraditional students (males). Attend workshops/conferences that focus on strategies geared towards increasing nontraditional populations.</p> <p>We were able to purchase net books for the use of Electronic Health Records. This provides the student with the opportunity to develop and improve their critical thinking and documentation skills leading to improved clinical success. The net books also support the growing need for electronic documentation, browser-based learning modules, and NCLEX practice tools. Plan: Continue use of net books to support student success</p>	<p>Fall/Spring 2011-continue outreach activities.</p> <p>Continue integration of netbooks in all aspects of the RN program</p>	<p>2010 VTEA proposal and 2010-11 VTEA Final report (Nursesshare)</p>



## STANDARD V: PROGRAM QUALITY – CURRICULUM AND TEACHING/LEARNING PRACTICES

**Meets Approval Criteria:** Business and Professions Code Article 4, Chapter 6, & California Code of Regulations Article 3, Title 16, Chapter 14, Sections 1424g, 1425.1a, 1425.1c, 1426a, 1426b, 1426c, 1426.1c, 1426d, 1426e, 1426f, 1426g, 1427a, 1427b, 1427c, 1427d, 1429c, 1430, 1443.5

**Meets College Criteria:** College Strategic Initiative #1

**Definition:** The curriculum is developed in accordance with clear statements of expected results derived from the mission, philosophy, and goals/objectives of the program with clear congruence between teaching-learning experiences and expected results. The environment for teaching, learning, and evaluation of student performance fosters achievement of the expected results by students.

**Expected Outcome/Key Performance Standards:**

1. The curricula a) are developed by faculty; b) have an organizing framework which consistently reflects the departmental purpose, philosophy, goals/objectives; c) flow in a logical progression of course outcomes and learning outcomes; and d) reflect state and national standards 100% of the time
2. Program design provides opportunities for students to achieve program objectives and acquire knowledge, skills, values and competencies needed for practice 100% of the time.
3. Practice (clinical) learning environments are a) selected and monitored by faculty, b) provide appropriate and diverse learning opportunities for students 100% of the time.
  - a. 100% of all clinical sites have BRN approval and a KCCD Allied Health agreement
  - b. Clinical schedule reflect student placement 100% of the time.

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD V: PROGRAM QUALITY – CURRICULUM AND TEACHING/LEARNING PRACTICES**

**Expected Outcome/Key Performance Standards:**

5.1 The curricula a) are developed by faculty; b) have an organizing framework which consistently reflects the departmental purpose, philosophy, goals/objectives; c) flow in a logical progression of course outcomes and learning outcomes; and d) reflect state and national standards 100% of the time

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>The faculty is responsible and accountable for instruction, evaluation of students, and planning and implementing curriculum content. Review:</p> <ul style="list-style-type: none"> <li>• Faculty Assignments – SAS, College Class Schedule, Clinical rotation schedules</li> <li>• Meetings – Curriculum, Faculty Council</li> <li>• Faculty Job Descriptions – Lead Instructor, Content Expert</li> <li>• Program Policy – Full-time to Part-time policy</li> <li>• Student Evaluations</li> </ul>	<p>Conceptual Framework revised during Spring 2011 semester to BRN, pending approval. Syllabus template, clinical evaluation tools revised to reflect new framework. Based on the outcomes of the College Assessment Process, the Program Student Learning Outcomes were revised to reflect student success measurement – Handbooks revised. In-service provided to all new incoming students and to Faculty.</p> <p>Curriculum review process changed to an annual college review process and included in Annual Program Review. Faculty to be trained on CurricUNET during Fall 2011 semester.</p> <p>Faculty Job descriptions need to be reviewed.</p> <p>Full-time to Part-time policy statement to be included in Faculty Handbook. Full-time to Part-time Faculty ratio 37%:63%, continues to be problematic with the majority of PT faculty having only AS degree.</p>	<p>Pending BRN approval</p> <p>Training during Fall 2011 semester.</p> <p>Fall 2011 semester</p>	<p>Faculty Council minutes, Curriculum Minutes, SAS, Class Schedule, Clinical Schedules, Faculty Handbook – Job Descriptions. Retreat Agenda’s and Minutes. New Student Orientation PowerPoint. Exhibit O, W, D, O</p>

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD V: PROGRAM QUALITY – CURRICULUM AND TEACHING/LEARNING PRACTICES**

**Expected Outcome/Key Performance Standards:**

5.2 Program design provides opportunities for students to achieve program objectives and acquire knowledge, skills, values and competencies needed for practice 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Review program design for adherence to standards and regulations (1426 (a,b,c,d,e,f,g):</p> <ul style="list-style-type: none"> <li>• Course Descriptions/course outlines</li> <li>• Course Syllabi</li> <li>• Student Evaluations of Course, clinical, instructor</li> <li>• Comprehensive Assessment results – CARP</li> <li>• Program Review Minutes</li> <li>• Schedule of classes and clinical rotations</li> <li>• College catalogue</li> <li>• BRN Forms – EDP-P-05A/EDP-P-05/EDP--P06R</li> <li>• Clinical Evaluation Tools</li> <li>• Course Final Exams</li> </ul> <p>Curriculum is relevant to current nursing practice and reflects standards of competence. Review:</p> <ul style="list-style-type: none"> <li>• NCLEX pass rates and trends</li> <li>• Graduate and employer surveys</li> <li>• Program Review</li> </ul>	<p>As part of curriculum review process all faculty to review individual courses for adherence to standards and regulations 1426, through review will also evaluate instructional syllabi.</p> <p>BRN Forms are current and match approved curriculum.</p> <p>Clinical Evaluation tools match current curriculum and conceptual framework.</p> <p>Program uses standardized syllabus template – updated summer 2011 to match revised Student Learning Outcomes. Faculty must verify that they are using the current approved forms.</p> <p>Skills lab policy /procedure manual created to facilitate consistency for faculty; in-service provided at summer 2011 retreat.</p> <p>Internet based student tracking system (CertifiedBackground on-line portfolio) implemented summer 2011 to ensure student compliance with all healthcare facilities mandatory health and safety documentation.</p> <p>2010-11 NCLEX pass rates – 88.0%</p> <p>Program Review reflects that students still want more consistency in leveling between semesters with specific emphasis on Care Plan expectations, level of preparation for</p>	<p>Faculty – Fall 2011</p> <p>Faculty – Fall 2011</p> <p>Summer 2012-Dean/Office Supervisor</p> <p>Content Experts – Fall 2011</p>	<p>Course syllabi, Class Climate Results; NCLEX Pass rates; Program Review Minutes; Faculty Minutes; Clinical Schedules; BRN Forms; Student Files audit; Employer and Graduate Surveys; Curriculum Committee Minutes; CARP Results; Student Handbook policies</p> <p>Exhibit B, D, F, H, X, Y, S, K, J</p>

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

	<p>clinical setting, testing difficulty. Content Experts need to examine exams for level appropriateness.</p> <p>Employer Interviews conducted during summer 2011 indicate that employers are concerned with the quality of some graduates; questioned teaching expectations and amount of clinical time students had.</p>	<p>Faculty to address – Fall 2011</p>	
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Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD V: PROGRAM QUALITY – CURRICULUM AND TEACHING/LEARNING PRACTICES**

**Expected Outcome/Key Performance Standards:**

- 5.3 Practice (clinical) learning environments are a) selected and monitored by faculty; b) provide appropriate and diverse learning opportunities for students 100% of the time.
- a. 100% of all clinical sites have BRN approval and a KCCD Allied Health agreement
  - b. Clinical schedules reflect student placement 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Review: <ul style="list-style-type: none"> <li>• Contracts and agreements for currency</li> <li>• Student site evaluations</li> <li>• Program Review Committee Minutes</li> <li>• Faculty/ Community Advisory minutes</li> <li>• BRN Forms – EDP-P-08, EDP-P-11, EDP-P-14</li> <li>• Summary of interagency meetings – Pre-clinical meeting and Post-Clinical meeting evaluations</li> <li>• Student/Faculty handbooks – Orientation plan for faculty and students to clinical site</li> <li>• Advisory Meetings</li> <li>• Clinical Schedules</li> </ul>	<p>100% sites used have BRN approval and KCCD Contract in place prior to use. Pre-clinical meeting form has been updated (Summer 2011) to further enhance compliance with regulations and to ensure that Faculty are discussing implications for use with appropriate Clinical site managers. Need to improve faculty compliance with submission of forms per Program Policy. On-line clinical placement (CCPS) facilitates clinical scheduling; clinical sites continue to be slightly impacted, will continue to monitor.</p> <p>BRN Forms reviewed with Clinical Schedules.</p> <p>Students evaluate clinical sites each semester, Faculty to conduct analysis of results every semester. Need to improve quality of analysis and student return rates.</p> <p>Clinical schedules are provided to all students prior to clinical and reflect student placement.</p>	<p>Asst. Director or designee</p> <p>Lead Instructor</p> <p>Asst. Director or Designee</p>	<p>Facility contracts, BRN Facility Approval Forms; Pre-Clinical Meeting Forms; Class Climate results; Faculty Handbook Clinical Facility Policy</p> <p>Exhibit G, M, N, O, P, Q, J, W</p> <p>Exhibit S</p> <p>Exhibit W</p>

## STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE

**Meets Approval Criteria:** Business and Professions Code Article 4, Chapter 6, & California Code of Regulations Article 3, Title 16, Chapter 14, Sections 1424b1, 1428a, 1431, 1431a, 1431b, and 1431c

**Meets College Criteria:** College Strategic Initiative #1, 2 and CTE Program Review Criteria 3

**Definition:** The program is effective in fulfilling its mission, philosophy, goals/objectives and expected results. Satisfactory student performance reflects achievement of the expected by students in congruence with the mission, philosophy and goals/objectives of the program as well as with the professional nursing standards and guidelines. Alumni satisfaction and the accomplishments of the graduates of the program attest to the effectiveness of the program. Program effectiveness reflects ongoing improvement. Program integrity is reflected in documents and publications concerning the program.

**Expected Outcome/Key Performance Standards:**

1. An evaluation plan is present and utilized for systematic program evaluation and assessment of educational outcomes as evidenced by:
  - a. The evaluation plan is cohesive, comprehensive and congruent with state and national standards 100% of the time.
  - b. Evaluation plan is used for continuous program improvement 100% of the time.
2. Graduation rates – 90% of all students will successfully complete the program within 2 years.
3. Licensure rates – 90% of all students will be successful on their first attempt of the NCLEX-RN.
4. Job Placement rates – 90% of all graduates, who desire employment, will be employed in staff or comparable positions within 6 months of graduation.
5. Program satisfaction by graduates – 80% of responding graduates will evaluate the program as satisfactory (agree or strongly agree) regarding curriculum, faculty, learning resources, and clinical sites on the Graduate Survey.
6. Program satisfaction by employers – 80% of responding administrators will evaluate the graduate’s performance as satisfactory (agree or strongly agree) regarding judgment, technical performance and effectiveness of nursing interventions.
7. CTE Core Indicator College-Negotiated levels will be met 100% of time

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE**

**Expected Outcome/Key Performance Standards:**

- 6.1 An evaluation plan is present and utilized for systematic program evaluation and assessment of educational outcomes as evidenced by:
- a. The evaluation plan is cohesive, comprehensive and congruent with state and national standards 100% of the time.
  - b. Evaluation plan is used for continuous program improvement 100% of the time.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
<p>Review:</p> <ul style="list-style-type: none"> <li>• Total Evaluation plan               <ul style="list-style-type: none"> <li>○ NCLEX Pass rates/trends</li> <li>○ Student Satisfaction Surveys</li> <li>○ Program Review Minutes</li> <li>○ Advisory Board Minutes</li> <li>○ CARP Results</li> <li>○ Employer Satisfaction Surveys</li> <li>○ Student Success and Retention data/trends</li> <li>○ Attrition Rates/On-time completion rates</li> </ul> </li> <li>• Annual Program Review</li> <li>• CTE Program Review</li> <li>• Student Learning Outcomes Assessment Plan</li> <li>• Students participating in professional organization</li> </ul>	<p>Using results of College Program Review and Assessment Review updates – the ADN Total Program Evaluation Plan was updated to show the linkages between college review processes and required elements per the BRN regulations. Faculty were oriented to the new evaluation form during the Summer 2011 retreat and were required to compare the document with the Approval Criteria used by the BRN during a self-study visit. Modifications were done to the form and all faculty were to complete the form as to level of achievements.</p> <p>The Plan does include all local, state and national requirements.</p> <p>The results of this exercise demonstrated that there is a strong need for education for all Faculty.</p> <p>The document was shared with College Faculty and Administrators and even though the ADN Total Program Evaluation Plan is more detailed, the college still requires duplication of efforts with all other review processes.</p> <p>During the 2010-11 year, the NCLEX first-time passage rate was 88.0%. This is a slight decline from last year’s 93.23%, but is consistent with our 88.64% 15-year average</p>	<p>Dean/Asst. Director/Dept. Chair – Fall 2011</p>	<p>Total Program Review Plan; College Annual Program Review, CTE Program Review; Annual Assessment Plan,</p> <p>Exhibit F, G, K, Z</p> <p>Continuing efforts - Hired Student Success Coach? Faculty Retreat Agendas</p>

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

	<p>Student satisfaction survey was emailed out on 2 separate occasions to all recent graduates. While the response rates are improved versus using postage mail, they are still too low. Responses are very positive with the clear majority of students happy with their educational experiences and 87% content with their first nursing job after college. 25% of those responding have immediately continued their education and 100% felt the BC curriculum prepared them for the NCLEX. 100% of those responding also claim they would recommend BC's RN program.</p> <p>Using the Assessment Technology Institute's (ATI) Comprehensive Assessment and Review Package (CARP) for over 2 years now, there is valuable data in the review of these results. Beginning with the most important exam, the Predictor, generally, Med-Surge and Pharmacological scores are improving while progress is needed in the specialty areas. Also, more focus must also be placed on critical thinking, prioritization, and patient assessment in the curriculum. The program goal is to have all students above a 72%, indicating a 95% probability of passing the NCLEX on the first attempt. Graduating classes have generally averaged around 70%, but the Spring 2011 class was much lower than desired. The Fall '10 class scored a 75% (88<sup>th</sup> percentile), but the Spring '11 cohort was at a 70% (67<sup>th</sup> percentile). It is believed this exam is a strong predictor of NCLEX outcomes. All leveled exams are reviewed by faculty members and focused reviews are now created for each student based on their personal scores.</p> <p>Like the student satisfaction survey, and administrator survey was emailed out on 2 separate occasions to all employing recent graduates. While the response rates are improved versus using postage mail, they are also still too low. Only 8 nursing managers/administrators responded. Responses are very positive with the clear majority satisfied with graduate abilities in areas of employee &amp; patient interactions, communication, nursing interventions, patient education, general knowledge, and professionalism. Improvements seem</p>		
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Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

	<p>to be needed in areas of prioritization, planning of care, conflict resolution, and time management.</p> <p>Student Retention Rates declined during the 2010-11 year. The majority of students are being delayed in the 1<sup>st</sup> and 4<sup>th</sup> semesters. Most of the early delays were due to personal reasons not controllable by the program, but the 4<sup>th</sup> semester delays were largely because of academic preparedness. Through the use of improved case management methods and available data, it is hoped the faculty will continue to review “Early Alert” trends in proctored exams and <i>warnings</i> in clinical observations. It should be noted that upon review of the large number of Spring ’11 failures (22 students), only 6 were “at level” leaving the 3<sup>rd</sup> semester med-surg course based on their ATI Med-Surg proctored exam score and only 2 of these were LVNs.</p> <p>With on-time completion rates near 90% a year ago, it was troubling to see the on-time rates this year plummet to nearly 76%. A large number of failure occurred during the Spring ’11 4<sup>th</sup> semester with most the cause of academic preparedness. This does seem to be an anomaly but continued review of this case is under consideration and improved documentation efforts are routinely discussed with faculty.</p> <p>Currently, the local chapter of the National Student Nurse Association (NSNA) has 294 members, a membership rate over 70% and the highest total ever.</p>		
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Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE**

**Expected Outcome/Key Performance Standards:**

6.2 Graduation rates – 90% of all students will successfully complete the program within 2 years.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Review: <ul style="list-style-type: none"> <li>• BRN Annual Report – Program Attrition as defined to the BRN is the total number of students who fail to complete the program; Goal &lt; 15%</li> <li>• On-time completion rates</li> <li>• College Retention and Success data</li> </ul>	For reporting period AY 10-11 Our attrition rate is 11%	Dean/Assistant Director – Fall 2011	NCLEX Program Reports

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE**

**Expected Outcome/Key Performance Standards:**

6.3 Licensure rates – 90% of all students will be successful on their first attempt of the NCLEX-RN.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Review: <ul style="list-style-type: none"> <li>• NCLEX First-time pass rates</li> <li>• Comparison of results for program with other comparable schools</li> </ul>	For the reporting period of _____ our 1 <sup>st</sup> time pass rate was _____	Dean Quarterly	NCLEX Report , Z

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE**

**Expected Outcome/Key Performance Standards:**

6.4 Job Placement rates – 90% of all graduates, who desire employment, will be employed in staff or comparable positions within 6 months of graduation.

**EVIDENCE OF RESULTS**

<b>Evidence/Indicators Criteria</b>	<b>Actual Achievement</b>	<b>Follow-up</b>	<b>Time Frame</b>
Review of timeliness of employment information from graduate survey; Program Evaluation Review minutes; anecdotal information from Faculty Council Minutes	Anecdotal statement	Dean, Program Manager/Assistant Director	Exhibit K, F

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE**

**Expected Outcome/Key Performance Standards:**

6.5 Program satisfaction by graduates – 80% of responding graduates will evaluate the program as satisfactory (agree or strongly agree) regarding curriculum, faculty, learning resources, and clinical sites on the Graduate Survey.

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement	Follow-up/Time Frame	Evidence
Review aggregate data from Graduate Surveys and Program Evaluation meeting, Program Review minutes, as well as anecdotal comments from students	Data reviewed _____ Program Review conducted in 5/2011	Dean, Program Manager/Assistant Director	Exhibit F, K

Bakersfield College Associate Degree Nursing Program  
 Total Evaluation Plan – 2010/2011

**STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE**

**Expected Outcome/Key Performance Standards:**

6.6 Program satisfaction by employers – 80% of responding administrators will evaluate the graduate’s performance as satisfactory (agree or strongly agree) regarding judgment, technical performance and effectiveness of nursing interventions.

**EVIDENCE OF RESULTS**

<b>Evidence/Indicators Criteria</b>	<b>Actual Achievement/Analysis</b>	<b>Follow-up/time Frame</b>	<b>Evidence</b>
Review aggregate data from Employer Surveys and Program, Community Advisory minutes, as well as anecdotal comments from parties of interest	Anecdotal statement	Dean, Assistant Director Fall 11/Sp 12	Exhibit F, G

Bakersfield College Associate Degree Nursing Program  
Total Evaluation Plan – 2010/2011

**STANDARD VI: PROGRAM EFFECTIVENESS – STUDENT PERFORMANCE**

**Expected Outcome/Key Performance Standards:**

6.7 CTE Core Indicator College-Negotiated levels will be met 100% of time

**EVIDENCE OF RESULTS**

Evidence/Indicators Criteria	Actual Achievement/Analysis	Follow-up/Time Frame	Evidence
Review: CTE Program Review	<p>CTE program review is completed every 2 years. The RN program review was completed 5/2010. The 2010/11 data indicates that top code 1230 is 4.68% below target for the core indicator of 5b (Nontraditional completion).</p> <p>To effectively analyze the data, the data needs to be specific to the <u>RN</u> TOP code. Plan: work with the District to secure the detailed breakdown of the data. Then compare the previous 2 years' worth of data to determine progress.</p>	Fall 2011 review/compare the Core indicator data for RN each semester, continue outreach activities targeting nontraditional participants (males)	CTE Program review report and VTEA Data Binder