



Associate Degree in Nursing Program Review



June 2017

Modesto Junior College

Instructional Program Review

June 2017

Contents

Program Overview	2
Program Overview	2
Response and follow-up to previous program reviews	2
The Mission of Modesto Junior College	3
Student Achievement and Completion	5
College Goal for Student Achievement	5
Success	5
Conferred Award Trends	6
Student Learning Outcomes	8
Student Learning and Outcomes Assessment	8
Curriculum and Course Offerings Analysis	10
Curriculum Analysis	10
Course Time, Location and Modality Analysis	11
Program Analysis	12
Program Personnel	12
Faculty Assignments	13
Departmental Productivity Measurements	14
Long Term Planning and Resource Needs	15
Long Term Planning	15
Resource Request and Action Plan	17
Evaluation of Previous Resource Allocations	20
Appendix	21
Optional Questions	21
Review Process Feedback	22
Executive Summary	23

Program Overview

Instructions

Supplemental information, links to previous reviews, and dashboards can be accessed from the review, please ensure your pop-up blocker is turned off, or use Ctrl-Click to bypass it.

Please review each question below, following the prompts and links given in the help text. Additional help, and a list of frequently asked questions is available on the [Program Review Instructions](#) page.

Program Overview

Please list program awards that are under this department according to the college catalog. Next to each program award listed;

- Please denote if it should be included here, or should be listed elsewhere.
- Answer yes or no, if the program has external regulations
- Additional lines, if needed, may be added by typing the tab key while in the last cell
- Any additional notes can be added in the box below the table

[\[addl help\]](#)

Program Awards	Include in Review (yes/no)	External Regulations (yes/no)
Successful students earn an Associate of Science Degree in Nursing. Program graduates are eligible to take the National Council Licensing Examination (NCLEX) to become a registered nurse (RN).	Yes	California State Board of Registered Nursing The Hospital Joint Commission who accredits each of our hospital partners and therefore, influences hospital policies which regulate nursing practice. The Joint Commission has accredited hospitals for more than 60 years and today it accredits approximately 4,168 general, children's, long term, acute, psychiatric, rehabilitation and specialty hospitals, and 378 critical access hospitals, through a separate accreditation program. The Joint Commission recognizes accredited hospitals and critical access hospitals that attained and sustained excellence in accountability measure performance.

Response and follow-up to previous program reviews

On the [Curricunet website](#), please locate your department and the previous program review. After reviewing, please complete the following questions;

Briefly describe the activities and accomplishments of the department since the last program review.

Activities and Accomplishments:

- Expanding the Articulation Plan with CSU, Stanislaus - planning for sequential enrollment of MJC ADN students
- Implemented a 4-day NCLEX Live Review from KAPLAN to assist graduates in NCLEX success
- Implemented KAPLAN content mastery exams for each semester
- Implemented new Geriatric course and expanded students' clinical opportunities
- Human Patient Simulation Lab (HSPL) instructors presented at a national conference
- Strong Workforce proposal was submitted - received five medication machines with electronic medical records
- Awarded Song-Brown grant to purchase equipment - IV simulator, one classroom headwall and a simulation manikin
- Received RAC funds to purchase two new simulation manikins
- Expanded mental health clinical facilities and broadened opportunities for students
- Expanded pediatric clinical facilities and broadened opportunities for students
- Hosted high school career day with four major high schools and 14 RN speakers – approximately 250 in attendance
- Hosted four free CE conferences - invited nursing faculty from neighboring colleges and nurses from industry
- Continued outreach to community high schools
- Partnered with MJC drama students for standardized patient scenarios in simulation
- Improved merit based system to include preparation for BSN articulation
- Expanded Nurse 115 sections to increase FTEs and availability for pre-nursing students
- Expanded services with Survey Monkey for improved data collection
- Designated an Assistant Program Director for collaboration between Skills Lab and HPSL
- Expanded clinical sites for ADN students' summer work experiences
- Expanded the # of acute care hospital contracts - new contract with Central Valley Specialty Hospital
- Employment: **(calculated within one year of graduation for graduates that passed NCLEX).** Class of Fall 2015: 88% reported employment and 88% of grads were employed locally (in Stanislaus or Tuolumne counties). Class of Spring 2016: 91% reported employment and 82% were employed locally. Class of Fall 2016: 86% reported employment and 98% were employed locally. Class of Spring 2017: 93% reported employment and 98% employed locally.
- ADN Program Director employment contract increased from a 10 month (175 days) to 11 month (195 days) contract.
- Director appointed to the California Community College Nursing Advisory Committee (3CNAC)
- Completed the annual report to the Hospital Council
- Completed the annual report to the BRN

The Mission of Modesto Junior College

MJC is committed to transforming lives through programs and services informed by the latest scholarship of teaching and learning. We provide a dynamic, innovative, undergraduate educational environment for the ever-changing populations and workforce needs of our regional community. We facilitate lifelong learning through the development of intellect, creativity, character, and abilities that shape students into thoughtful, culturally aware, engaged citizens.

Provide a brief overview of the program and how it contributes to accomplishing the Mission of Modesto Junior College. (Overview Suggestions: How consistent is the program with the institutional mission, vision, core values and/or goals? How are aspects of the institutional mission addressed within the program? Is the program critical to the pursuit of the institutional mission?)

The mission of the Associate Degree Nursing (ADN) Program is to provide a dynamic educational environment that prepares future nurses to practice competent patient-centered care to diverse populations, and inspires lifelong professional growth. To achieve these goals, we teach nurses to think critically, utilizing the nursing process for competent patient problem solving. We emphasize the importance of transfer to baccalaureate educational programs and a dedication to lifelong learning. We instill the service orientation of the nursing profession and its salient values of caring, advocacy and respect

for human life. The ADN Program is sensitive and responsive to the health care needs of our community. It therefore, collaborates with local agencies in educational partnerships to prepare nurses to practice in dynamic, challenging health care systems.

The Associate Degree Nursing (ADN) Program of Modesto Junior College (MJC) is a four semester nursing program which prepares students for registered nursing (RN) licensure in the state of California. Upon completion, students are eligible to take the National Council Licensure Examination (NCLEX), and when successful obtain RN licensure.

The program has an annual application period in May but accepts students biannually in the fall and spring semesters of each year using a Multicriteria Screening Process to evaluate and select applicants for admission. Specified criteria used to evaluate applicants includes, but is not limited to, academic degrees, healthcare work, volunteer experience, military healthcare work experience, life experiences, special circumstances, foreign language proficiency, and the Test of Essential Academic Skills. Points from nursing applicants are tabulated electronically. Applicants with the highest points are selected.

The applicant pool has become increasingly diverse. Fall 2016 to spring 2017 included 517 applications for the ADN program. The population of male students accepted into the program was 28%. Disproportionate impact for students accepted to the program was reflected in African-American, Asian Indian, Filipino and two or more races. These ethnicities may have been imbedded in the two or more races category. Program applicant demographics remain reflective of the community.

The program operates a satellite cohort (Columbia Satellite) of 40 students in Tuolumne County on the Columbia College (CC) campus which is part of Yosemite Community College District (YCCD). The program continues to work with the Hospital Council/Hospital consortium (HC) which is comprised of the main acute care facilities in the region, to respond to the needs of the community. The Hospital Council funds approximately 24% of the program. In addition, the program utilizes enrollment growth grant funding from the State Chancellor's office and Song-Brown grant funding.

According to the National Council State Board Nursing (NCSBN), from April 2016 through March 2017, MJC's ADN program's NCLEX pass rates ranked higher in comparison to the state and national rankings. MJC's first time pass rate was 91%. The pass rate for programs throughout the jurisdiction (all RN graduates within the state) was 89%. All similar programs (RN grads from the same type of program throughout the nation) pass rate was 83% and the national pass rate (all RN graduates within the fifty states, the District of Columbia, and the U.S. territories) was 85%. The attrition rate for MJC ADN students averaged 5% which is below the desired standard of less than 15% and below state and national averages.

The lives of nursing students are transformed when they enter our program and are exposed to a dynamic, progressive and highly technological environment with the latest teaching strategies and styles. The program's environment is supportive, yet rigorous with high standards. Lives are transformed through exposure to a diverse nursing faculty with a wealth of experience and exposure to patients in the clinical settings. Students witness real world situations and life and death experiences. The clinical setting is the classroom of real individuals needing complex treatments, procedures and lifesaving care. Our students perform these skills under the watchful eyes of their RN instructors or staff nurses. Lives are transformed when nursing graduates pass the NCLEX and begin employment earning a wage that is considerably higher than minimum wage, i.e. \$38.00-\$42.00 per hour. This increase in income changes the ability for graduates to provide for themselves and their families. The majority of our graduates serve in our regional communities as engaged citizens.

The nursing program advocates for volunteer and work experiences even before students enter the program and awards points in the selection process for nursing applicants for these types of activities. Throughout the program, nursing faculty stress that lifelong learning is imperative for the registered nurse and the importance of continuing on for a BSN is emphasized throughout every semester,. Nursing leadership from CSU, Stanislaus is invited each semester to present to graduating fourth semester students and the articulation agreement between MJC and CSU, Stanislaus is strengthened.

Throughout lecture discussions and in the clinical setting, students are required to assess culture on every

patient within their care. Students participate in cultural presentations during class, the college health fair and during the Aging Summit for the elderly population. All of these activities shape our students into thoughtful, culturally aware, engaged citizens and are examples of how the nursing program contributes to the college's institutional mission, vision and core values.

Student Achievement and Completion

College Goal for Student Achievement

Increase Scorecard Completion Rate for Degree and Transfer

The College has a primary aspirational goal of increasing the Completion rate from 43% to 53% on the **CCCCO Scorecard Completion Rate for Degree and Transfer [\[view\]](#) by 2022**. The completion rates in the Scorecard refers to the percentage of degree, certificate and/or transfer-seeking students tracked for six years who completed a **degree, certificate, or transfer-related outcomes (60 transfer units)**.

As you answer the questions below, please consider how your program is helping the college complete this aspirational goal of increasing the MJC Degree, Certificate, and Transfer Completion rate by 10% on the CCCCCO Scorecard by 2022.

Success

The following questions refer to data from the Department Success Rates Dashboard. Use the filters to examine both departmental and course level data. Charts will be included for the record by Research and Planning once the review is submitted.

Locate your department success rates on the [Success Rate Data Dashboard](#) and consider your department success rates trends over time, especially the last two years. Also, consider the data detailing the variance of success rate of courses across sections. Are these rates what you expected? Are there any large gaps? Is there anything surprising about the data? What do you see in the data?

First and foremost, this is a review of the Associate Degree Nursing (ADN) Program which only accounts for courses that students take while enrolled in the ADN program. The current ADN courses are listed as Nurse 270-Nurse 275 & Nurse 278. Nursing courses listed from 260-267 are no longer active. Nurse 115, Nurse 259, and Nurse 299A are courses within the department of nursing but are not a part of the ADN curriculum. Those particular courses should be reviewed separately.

The rate of success is 95% or greater for both fall and spring semesters over the past two years. These success rates are excellent and expected. There are no large gaps. Two areas of noticeable decline were in the fill rates for Nurse 274 and Nurse 275 in spring 2017. Nurse 274's fill rate declined because the capacity was set too high. The capacity for that course at the time should have been set at 55 not 60. The fill rate for Nurse 275 declined because there was a shortage of qualified licensed vocational nurses (LVNs) to enter third semester of the ADN program.

What is your set goal for success? Do your department and individual course rates meet this goal?

The program's goal for the generic cohort is a success rate of 85% or higher. The generic cohort is defined as the cohort of students that begin together in the first semester of the ADN program. This goal is in line with the Board of Registered Nursing's threshold of less than 15% attrition. The ADN program at MJC meets and exceeds this goal. In addition, all individual nursing courses meet this goal.

If your rates for success are lower than your goals, what are your plans to improve them?

Not applicable.

Locate your department equity rates on the [Success Rate Data Dashboard](#) (by pressing on the equity tab). Examine these rates, disaggregated by ethnicity and gender, over the last two years. If there are differences in success across groups, how do you plan on addressing issues of student equity? In other words, how do you plan on closing achievement gaps across student populations?

Overall student success rates are 95%+. There is a lower success rate for African Americans in the program in comparison with other listed ethnicities. All other ethnicities have a success rate greater than 90%, while African American students in our program have a success rate of 69%. We do not have a specific plan in place to address African American nursing students as they represent less than 1% of our student population in the nursing program. We utilize grant funding to offer tutoring to all nursing students and practice early referral for academic assistance. We provide nursing alumni scholarships and emergency loans to students struggling financially. Nursing advisors do outreach at area high schools and provide academic advising. We are aware of the disproportionate impact in our program and continue recruitment efforts; however, the program is reflective of the disproportionate impact of African Americans at the college and in the community at large.

Approximately 22% of nursing students are male with a success rate of 96.9% while females in the program have a success rate of 96.3%.

If distance education is offered, consider any gaps between distance education and face-to-face courses. Do these rates differ? If so, how do you plan on closing the achievement gaps between distance education and face-to-face courses?

The nursing program offers distance education to a cohort of nursing students at Columbia College via videoconferencing. The delivery modality for nursing education is generally face to face with a 96.4% success rate. Videos are archived and can be accessed at a later date for review and/or remediation. The gaps occur when there are technology difficulties or failures and when there are shortages of qualified technicians to assist in classroom and simulation technology needs.

Conferred Award Trends

Review the [Program Awards Dashboard](#), using the drop-down filters to focus the analysis on your department. Starting with identifying the year, please supply degrees and certificates awarded. These charts will be attached by Research and Planning before being posted publicly.

What is your set goal for degrees and certificates awarded? Do your rates meet this goal?

In 2015-2016 there were 109 AS degrees in Nursing awarded. In 2016-2017 there were 106 AS degrees in Nursing awarded.

We started with an original cohort of 50 students each fall and spring = 100. We added approximately 10 LVNs to the original cohort in third semester. We aim to award 120 students overall; however, our goal of 85% success (less than 15% attrition per the Board of Registered Nursing) would be 102 nursing students graduating each year and therefore, our goal was met.

If your rates for degrees and certificates awarded are lower than your goals, what are your plans to improve them?

One change recently made in the program for improvement is to accept licensed vocational nurses (LVNs) educated from private schools into second semester rather than into third semester of the program. LVNs coming from private schools have minimal obstetrics and pediatric training which is offered in the second semester of our program. By taking them into second semester, the LVNs have more time to acclimate to more rigorous curriculum, learn the program expectations, review critical curriculum content, and improve

skills prior to taking their state board examination. LVNs have a higher rate of completing the program behind schedule; therefore, this change was made with the goal of improving the LVN student's success rate as well as preparation for employment.

Student Learning Outcomes

Instructions

This section of the Program Review measures student learning.

PLO / GELO / ILO Outcomes

To ease in analysis, trending charts have been created by Research and Planning on the [Learning Outcomes Dashboard](#) website. Using these charts, you can identify your current success rates in student achievement towards the outcomes. Considering your current outcome success rates, and previous semester, set a department aspirational goal, and examine what your outcome success rates are currently. Later you will be asked to outline a plan to achieve this threshold, but for now, simply supply the Goal % and Current % for each level.

Note: If the dashboards do not show your Learning Outcomes, please ensure that they have been mapped in eLumen. Each course will need to be mapped to each applicable PLO, GELO, and ILO. The Outcome Assessment Workgroup has created a web page detailing the work already done -> [PLO, ILO, and GELO Assessment grids](#). For additional assistance, review [the Course Learning Outcome Assessment](#) web pages, or contact Nita Gopal at gopaln@mjc.edu.

Student Learning and Outcomes Assessment

Please review your Learning Outcomes data located on the [MJC Student Learning Outcomes Assessment](#) website and below, in regards to any applicable Program, Institutional, and General Education Learning Outcomes.

For each ILO that your course learning outcomes inform, you will find your overall rate. On the MJC Student Learning Outcomes Assessment website, you will also see that overall rate disaggregated across student populations; you can use this information to understand how different student populations are learning in your courses.

After you have examined your rates and disaggregated data, reflect on the data you encountered. Please address the program outcomes (PLO), general education outcomes GELO (if any), and institutional outcomes (ILO) in your analysis.

Program Learning Outcomes (PLO)

What is your set goal for PLO success? Do your overall rates meet this goal?

The program's goal for Program Learning Outcome (PLO) success is 80% or greater. We met this goal with every PLO in every demographic. The lowest performance rates we had were in the African American ethnicity; 83% in PLO #1 that dealt with client advocacy and 80% in PLO #2 that dealt with delegating tasks to subordinates based on the legal scopes of practice. These are interesting findings in conjunction with the finding of lowered course success rates for African American nursing students. This warrants discussion in the nursing leadership team about the need for a different kind of support that recognizes the possible personal barriers facing African American nursing students.

General Education Learning Outcomes (GELO)

If your program has General Education outcomes, what is your set goal for GELO success? Do your overall rates meet this goal?

Our program does not have GELOs.

Institutional Learning Outcomes (ILO)

What is your set goal for ILO success? Do your overall rates meet this goal?

The program's goal is 80% in achieving Institutional Learning Outcomes (ILO). This goal was met in every ethnicity with African Americans rating 80% in creative, critical and analytical thinking and personal and professional development. Native Americans also rated at 80% in personal and professional development. Interestingly, African American's rated 100% in Information & Technology Literacy which could be indicative of the way we need to proceed in helping African American students succeed.

Continuous Quality Improvement

If your rates for success for any PLOs, GELOs, and ILOs are lower than your goals, what are your plans to improve them?

Not applicable

Equity and Success

Do your rates for your PLOs, GELOs, and ILOs vary across student populations? How do you plan on addressing issues of equity? In other words, how do you plan on closing the learning gaps across student populations?

There is some variance as mentioned above with African American students and Native American students. The lowest areas of achievement were ILO # 2, creative critical and analytical thinking and in ILO #5, personal and professional development. These are areas we can address in the nursing leadership team; however, the ILO outcomes for the nursing program are exceedingly higher than the general population at the college.

Curriculum and Course Offerings Analysis

Saving your Work

Before clicking links to dashboards, please click the **Save Draft** button to save your work without submitting.

Curriculum Analysis

Courses that have not been reviewed, or not scheduled to be reviewed, are listed on the Curriculum Committee web pages. To aid in use, please [view this filtered spreadsheet](#), using the drop down menus along the field headings, to view just your department. On opening the spreadsheet, click the Enable Editing and Enable content buttons that should appear across the top menu bar.

Considering those courses that have not been reviewed within the last five years, please address these below.

Provide your plans to bring courses into compliance with the 5-year cycle of review. If your department is compliant, please state that.

Our department is compliant and on track for continuing CLO completion. In fall 2017 the third semester of the program will be completing their CLOs as planned.

Provide your plans to either inactivate or teach each course not taught in the last two years.

Not applicable

Does the College Catalog accurately display the descriptions and requirements of all the courses and educational awards (degrees/certificates) overseen by this program? If not, please describe your plans to correct.

The college catalog accurately displays the descriptions and requirements of the courses and educational degree of the nursing program.

Are there plans for new courses or educational awards (degrees/certificates) in this program? If so, please describe the new course(s) or award(s) you intend to create.

There are no plans for new courses.

What needs or rationale support this action, and when do you expect to submit these items to the Curriculum Committee?

Not applicable

Course Time, Location and Modality Analysis

Please follow this link and review the [Course Attributes](#) in regards to when, where, and in which method the courses in this program are taught. Use the filters to focus the report on your department. Then answer the following questions.

Location/Times/Modality Trend Analysis:

Consider and analyze your location, time, and modality trends. Discuss any program plans that address more efficient and beneficial location, modality and/or time of day trends.

The ADN program includes seven courses offered every fall and spring semester. All classroom times are during the day, Monday thru Saturday. A small percentage of students are assigned clinical time in the health care facilities on Saturdays and occasionally Sundays during the preceptorship. During the last five weeks of the fourth semester the nursing students participate in a preceptorship where they spend one-on-one time with a registered nurse (RN) for five weeks of twelve-hour shifts (162 clinical hours). During this period the student is in the hospital any day of the week on day shifts or night shifts, as they follow the work schedule of their preceptors. Theory classes are not traditionally scheduled in the evenings. Clinical preparation generally takes two-three hours the evening prior to the clinical day. This preparation time makes attendance in an evening theory class nearly impossible. In addition, students need a good night's rest to provide safe patient care.

There are three-four sections of a pre-nursing class also offered every fall, spring and summer and a licensed vocational nursing (LVN) transition course offered every fall and spring.

It is possible to offer the pre-nursing classes (Nurse 115) online; however, the preference is for face to face connection with students in this class.

Program Personnel

Please refer to the [Department Faculty and Sections Dashboard](#) to supply the names of faculty and adjuncts for the periods requested. Use the dashboard filters to focus on your individual department. Due to the complexity of payroll accounts and assignments, those listed may not match known individuals, please note any discrepancies.

Additional comments or narrative can be added below.

Faculty Name	Full-Time or Part-Time (adjunct)	Hire Date (optional)
Adkins, Antoinette	Full Time	
Bailey, Elizabeth	Full Time	
Brunn, Sandra	Full Time	
Butler, Kelly	Full Time	
Chaffee, Sally	Full Time	
Coats, Gloria	Full Time	
DeFreitas, Laura	Full Time	
Fondse, Suzanne	Full Time	
Hester, Kimberly	Full Time	
Love, Leta	Full Time	
Macias, Jennifer	Full Time	
Ramsey, Jill	Full Time	
Rapetti, Danise	Full Time	
Rasmussen, Catherine	Full Time	
Riggs, Lisa	Full Time	
Robinson, Tonya	Full Time	
Schmidt, Cynthia	Full Time	
Anderson, Katherine	Adjunct	
Arellanez, Michelle	Adjunct	
Barnes, Angela	Adjunct	
Buck, Erika	Adjunct	
Chowdhary, Anita	Adjunct	
Cole, , Christine	Adjunct	
Cornelius-Ellis, Sharon	Adjunct	

Costello, Bonnie	Adjunct	
Eichert, Carol	Adjunct	
Fernandez, Dinorah	Adjunct	
Forbes, Brian	Adjunct	
Hall, Patricia	Adjunct	
Humphries, Margie	Adjunct	
McCullough, Krista	Adjunct	
Olson-Rodriguez, Rose	Adjunct	
Pope, Megan	Adjunct	
Robertson, Cindy	Adjunct	
Stammer-Edling, Julie	Adjunct	
Stanford, Donna	Adjunct	
<p>Four of the faculty members listed under as ADN faculty members were actually faculty in the Nurse Assistant program. James Palmer was notified via email.</p> <p>In fall 2015 there were 17 FT and 15 PT faculty members. In spring 2016, there were 16 FT and 17 PT faculty (one FT faculty was on FMLA). In fall 2016 there were 17 FT and 16 PT faculty members. In spring 17, there were 17 FT and 16 PT faculty members.</p>		

Faculty Assignments

Please refer to the [Department Faculty and Sections Dashboard](#) to supply the number of faculty and adjuncts for the past two years of regular terms. Use the dashboard filters to focus on your individual department. Due to the complexity of payroll accounts and assignments, those listed may not match known individuals, please note any discrepancies. Please note that summer positions are all shown as adjunct due to payroll categories.

Enter figures for each term, to add additional rows, click in last cell on right and push tab on the keyboard.

Additional comments or narrative can be added below.

Term (Year Term, e.g. 2016)	# Sections Offered / Term	# Taught by FT Faculty	# Taught by Other Faculty	Program Fill Rate %
Fall 2015-Spring 2016	16 (8 in the fall and 8 in the spring)	16 (all theory courses taught by FT. Adjunct teach the lab portion of these courses)	14 (adjunct teach in conjunction with the FT faculty in every course except pharmacology which is offered both fall and spring semesters. This accounts for the reduction).	Fall 2015 – 98% Spring 2016 – 97%

Fall 2016-Spring 2017	14 (7 in the fall and 7 in the spring) The reason the # of sections decreased from one academic year to another is because two of the courses (Advanced Medical-Surgical and Preceptorship) were combined to form one course called Advanced Medical-Surgical.	14 (all theory courses taught by FT. Adjunct teach the lab portion of these courses)	14 (adjunct teach in conjunction with the FT faculty in every course except pharmacology which is offered both fall and spring semesters.	Fall 2016 – 101% Spring 2017 - 95%
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This does not take into account the introductory nursing course (Nurse 115) or the LVN transition course (Nurse 259) as they are not a part of the ADN program. There are generally three to four sections of Nurse 115 offered every semester and the course is taught by one full time faculty per section. There is one section of Nurse 259 offered each semester which is taught by three FT faculty members per section.

Departmental Productivity Measurements

If not pre-filled, please complete for **two years** the following table of indicators, as listed on top of the [Productivity Dashboard](#). A picture of this dashboard will be supplied by Research and Planning. Please enter one term per line; to add an additional line, click in last cell and use the Tab key.

The space below is available for comments and narratives.

Term	FTEF	FTES	FTES/FTEF	WSCH/FTEF
Fall 2015	19.66	131.38	6.68	200.46
Spring 2016	20.18	127.17	6.35	190.54
Fall 2016	21.57	141.93	6.58	197.41
Spring 2017	21.69	166.34	7.67	230.10

Nursing programs are costly due to the student/faculty ratio in the clinical setting. The student nurse to faculty ratio at MJC averages ten students per one faculty member. The BRN's recommendation is that the number of adjunct faculty should not exceed the number of full-time faculty; therefore, we maintain a ratio of 1:1 full-time and adjunct faculty numbers while trying to balance the student enrollment to meet the Hospital Council contract requirements. Approximately 2/3 of a full-time faculty member's instruction hours are spent in the clinical setting. Full time equivalent faculty (FTEF) numbers decreased since 2011-2012 because of a reduction in the Hospital Council funding. This reduction mainly affected adjunct faculty. We presently need additional adjunct support in the skills lab as students from the LVN transition course and the nurse assistant course use the skills lab with increasing frequency; this impacts the skills lab coordinator with demands from three different allied health programs.

Long Term Planning and Resource Needs

Long Term Planning

Provide any additional information that hasn't been addressed elsewhere in this program review, such as environmental scans for opportunities or threats to your program, or an analysis of important subgroups of the college population you serve.

View the [Program Review Instructions](#) page for reference and inspiration.

Taking into account the trends within this program and the college, describe what you realistically believe your program will look like in three to five years, including such things as staffing, facilities, enrollments, breadth and locations of offerings, etc.

Threat to the Program: Updated technology

A constant level of frustration lies with the technology needs for our program. To sustain the videoconferencing from MJC to Columbia College, classroom/laboratory technology needs to be updated, serviced and repaired. For this to happen, we need funding and knowledgeable technical support. To run simulation according to the International Nursing Association for Clinical Simulation and Learning (INACSL) standards, we need an adequate number of trained personnel. A trend in simulation is for instructors to become certified and specialists in their field.

In addition to classroom technology, faculty office computers are outdated, slow and substandard to the needs of the course management systems and programs we use at the college. Faculty express discouragement and frustration when trying to do their job with equipment that stalls, freezes, closes down, and is exceedingly slow. At least 50% of nursing faculty do not have a printer in their office and run back and forth to the centralized printer which is inconveniently located. Faculty state that often their printed documents are missing by the time they attempt to retrieve them. Some faculty members have purchased their own printers, which is not acceptable by the college and many purchase their own ink cartridges. Computer and printer replacements are on the top on our resource priority list. We would like to purchase ten "thin" computers for the Redbud computer lab in Columbia, then take the ten four-year-old computers from Redbud and use them for faculty replacements; that will leave us an additional 14 computers to purchase for full time and part time faculty offices. According to Romeo Zardo, Information Systems Technician, the college will not support inkjet printers in faculty offices because the ink dries out damaging the print head. The college will support color laser printers because the toner is dry and will last much longer than the inkjet cartridges; therefore, color laser jet printers have been added to the resource list.

Threat to the Program: Recruitment and Retaining Nursing Faculty

Historically, instructors with a "teaching background" hired at Modesto Junior College (MJC) are granted "year for year" credit with the highest initial placement possible being Step 10" on the YCCD salary schedule. In comparison, instructors with related experience, i.e. Registered Nurses (RN) are granted "**one half year**" credit for each year, and a one-time credit, one year only, for supervisory experience." Placement on the salary scale using this premise infers that the professional experience of the RN is valued at half that of an instructor from an academic setting.

The nursing shortage is looming and one key concern in alleviating this pending shortage is having enough qualified nursing faculty. The nursing literature supports the pending shortages of nursing faculty; however, RNs take significant pay cuts to leave industry and come to academia and therefore, this is a great deterrent in recruiting qualified nursing faculty. While some pay reduction is expected as related to a decrease in overall contracted days, the drastic HOURLY cuts are keeping nurses away from academia. This is not only a problem at MJC but across the state. Nursing faculty are not asking for a raise in pay; what they are asking for is fair and equivalent placement on the salary scale upon initial employment.

The following are key points to support placing RNs at an equivalent level with instructors for initial placement on the YCCD salary scale.

- All full time Registered Nurses (RNs) hired to teach at MJC's school of nursing are required to have a master's degree. A master's degree is **not** required in all vocational fields and this sets nursing apart in requirements.
- The California State Board of Registered Nursing (BRN) will not approve an RN to teach in a school of nursing without evidence of recent (within five years) clinical experience.
- Section 1426 (c) 1 of California Code of Regulation states ***The curriculum shall include at least the following number of units***

in the specified course areas: Art and Science of Nursing, 36 semester units, of which 18 semester units will be in theory and 18 semester units will be in clinical practice. This translates into 324 theory hours and 972 clinical (lab) hours. The clinical aspect of the required curriculum is **two thirds** of the required curriculum in a school of nursing. RNs employed by MJC without clinical experience will not be approved by the BRN and would not be qualified to teach. In the profession of nursing, by the BRN and in the eyes of industry partners, **a nurse's clinical experience is the equivalent to a teacher's teaching experience.** The clinical experience IS the classroom.

- The RN's clinical experience is the bridge and glue to industry partners. There is no "teaching" without the knowledge and experience of having been a nurse in the field. Without clinical experience, respect from industry partners diminishes as does the ability to advocate for program needs. This partnership supports the ongoing consortium and reputation of MJC's ADN program.
- Every nurse is a teacher and therefore, every nurse hired by the college comes with teaching experience. "Nurse as teacher" is a basic premise taught in nursing school. The nurse's classroom is different, but the teaching aspect of nursing is present with every patient, every family member, every student nurse, every resident physician, and every health care team member. Nurses teach.
- On average, teachers have approximately three months off per year in traditional academic settings. Over the course of 10 years, this equates to 30 months off. An experienced RN has at most, two weeks off per year. Over the course of 10 years, this equates to approximately five months off. Experienced teachers are given year for year credit when being placed on the initial salary schedule while having considerable less experience in their area of expertise than an RN coming with the same number of years' experience in their area of expertise.
- The salary for RNs has dramatically increased over the past ten years. Nurses desiring to leave industry and come to academia previously sacrificed pay for a more desirable schedule, however; the increasing pay deferential has decreased the number of nurses willing or able to make this transition. In addition, the 12 hour shift offered in industry provides greater time off and more flexibility. This has decreased the number of younger nurses willing to compromise pay for schedule.
- MJC nursing screening committees are not seeing enough qualified applicants or even double digit numbers of applicants for a worthy candidate pool. This trend has necessitated extending application deadlines and outreach. In spring 2017, Deputy Sector Navigator Valerie Fisher from the Health Workforce Initiative confirmed with then Dean Patrick Bettencourt that he was the sixth college that had contacted her for assistance in recruiting nursing faculty. Her statement is as follows: "I am truly at a loss on how to recruit more people into teaching." According to a recent article in Inside Higher Education (Smith, 1/27/16), "finding instructors willing to work in the community college can be even harder" and the greatest reason for this was "mostly due to the salary disparity."

There will be several retirements of MJC nursing faculty over the next five years. In order to recruit and obtain qualified nursing faculty to the college, initial placement on the salary schedule needs to be improved and competitive. The salary schedule for NEW nurses starting in industry with an Associate's degree is comparable to the new YCCD certificated salary scale for RNs with multiple certificates, significant related experience and an advanced degree. The district needs to reconsider the practice of how instructors with related experience, i.e. RNs are placed on the salary scale and change this practice so that RNs employed in MJC's school of nursing be granted year for year of full time experience on the salary scale as equivalent to experienced instructors and so that the RN's experience is valued and recognized as imperative to student and program success.

Trends within this program

With the incorporation of simulation and advanced technology in classroom and laboratory settings, there is an ongoing need to financially support the program; To do this, it is crucial to support grant writing. An option to consider is employing an adjunct faculty member whose primary role would be to author and manage grants and be self-supportive by grant funding.

The instructional support technician position is currently supported by fund 12 (soft monies) moved into fund 11 (supported by the college). We see these positions as being integral in meeting the ongoing program and technology needs for the students, the classrooms, skills lab, HPSL and health care settings. Simulation will not just be limited to the HPSL, but will venture into the classroom setting for inactive learning which will further necessitate trained technicians.

We have had turnover in our instructional support specialist and instructional support technicians for a variety of reasons, i.e. part time status, lack of benefits, pay. Losing these technicians hurts the ADN program because we lose their valuable training and experience in the HPSL, and with our program's overall technology needs. With the increase in advanced technology in education and healthcare, highly trained and reliable technicians will be in demand and are imperative for faculty and student success.

The predictive trends are 1). An increase in demand for trained technicians in the classroom and in simulated laboratory settings, 2). Increase in the need for support for professionals who are utilizing these resources.

Trend: Program Accreditation

A possible trend is to employ an adjunct faculty member who can seek program accreditation in addition to authoring and managing grants. The ADN program is currently approved by the BRN and falls under the college's accreditation standing from WASC. Some nursing programs have their own accreditation through the Accreditation Commission for Education in Nursing (ACEN) or the National League for Nursing (NLN) accreditation. These accrediting bodies are initially costly, however, they enable a nursing program to apply for more substantial grants and give status to the program and the college.

In addition to cost, one reason MJC's nursing program has not sought out NLN or ACEN accreditation is because accredited programs must hire nurses educated at the baccalaureate level or higher. This is more difficult in the central valley and could make recruiting adjunct faculty more difficult. In light of the push for higher education however, and the growing number of BSNs in the region, this is something the program should consider for the future. The work involved in attaining initial accreditation is time intensive and laborious.

Resource Request and Action Plan

Priority	Name	Resource Type	Estimated Cost	Estimated Total	Objective
1	Thin Computers for Redbud computer lab at Columbia College	Samsung NX-N2-T NX Series Network 512 MB RAM, No HDD, Black Processor: 1 x teradici Tera2321	\$184.38/computer	10 @ \$200 = \$2000	For priorities 1-23, 27 & 28 Faculty will be able to: 1. Effectively access information and critically evaluate sources of information. 2. Analyze, synthesize and apply information in professional and academic contexts. 3. Identify, utilize and evaluate the value of a variety of technologies relevant to academic and workplace settings.
2	Computers for faculty offices	OptiPlex 7050, Mini Tower, Intel i5-7500, 8GB RAM, M.2 256GB PCIe Class 40 Solid State Drive, Intel integrated graphics, No optical drive, wired KB and mouse, 5-year Onsite warranty, \$1075 Options: Case options: Standard - Mini Tower. Special use case options - Small or Micro Form Factors	\$1075/computer	14 @ \$1100 = \$15,400	
3	Computer monitors for faculty offices	Dell P2217H – 22" monitor with stand, \$179.39 (standard)	\$179.39/monitor	24 @ \$200 = \$4800	
4	Computers for instructor workstations in	Dell Optiplex 7040 Model: D10U	\$1700.00/computer	2 @ \$1700.00 = \$3,400	

	Glacier Hall (GH) 101 & 201				
5	Printers for faculty offices	HP Color Laser Jet Pro M452dn Energy Star	\$449.99/printer	24 @ 449.99 = 10,799.76	
6	Back up Recorder for GH 101	Extron SMP 352 3G-SDI - 400 GB SSD Dual Recording w/3G-SDI – 400 GB SSD 60-1634-12	\$6,954.20	1 = \$6,954	
7	Video Switching Board for GH 101	Blackmagic ATEM 1 M/E Production Studio 4K MFR # SWATEMPSW1ME4K	\$2,370.25	1 = \$2,370.25	
8	Video Switcher for GH 101	Blackmagic Design ATEM 1 M/E Broadcast Panel MFR # SWPANEL1ME	\$4,745.25	1 = \$4,745.25	
9	Streaming device for GH 101	Extron Mediaport 200HDMI and Audio to USB Scaling Bridge 60-1488-01	\$1,966.20	1 = \$1,966.20	
10	Audio Processor for GH 101 & 201	Audio Processor	\$3,000.00	2 @ \$3000 = \$6000	
11	HTMI Splitter for GH 101	KanexPro 1x4 HDMI HDMI Splitter	\$100.00	1= \$100	
12	Transmitter to send USB signal in GH 101	Extron USB Extender Plus T p/n 60-1471-12	\$400.20	1 = \$400.20	
13	Receiver for the USB signal in GH 101	Extron USB Extender Plus R p/n 60-1471-13	\$400.20	1 = \$400.20	
14	Transmitter for the video signal in GH 101	Extron DTP T HD2 4K 330HDMI Tx - 330 feet (100 m) (with loop through) 60-1491-52	\$516.20	1 = \$516.20	
15	Receiver for the video signal in GH 101	Extron DTP HDMI 4K 330 Rx HDMI Rx - 330 feet (100 m) 60-1331-13	\$319.00	1 = \$319.00	
16	Converting cable for GH 101	ATEM 1M/E or 2M/E switcher requires a Blackmagic Design Audio Breakout Cable to interface with the switcher's DB-15HD connector. MFR # CABLE- ATEMAUDIO Production Switchers (2')	\$85.00	1 = \$85.00	
17	Camera video converters for GH 101	SDI to HDMI Mini Converter MFR # CONVMBSH	\$185.25	1= \$85.00	
18	Converter box for GH 101	Mini Converter HDMI to SDI MFR # CONVMBHS2 Blackmagic Design	\$185.25	1= \$185.25	

19	Adaper Cable for GH 101	BlueRigger High Speed HDMI to DVI Adapter Cable (6.6 Feet/ 2 Meters) 6.6 feet	\$7.99	1= \$7.99	
20	Adapter Cable for GH 101	BlueRigger High Speed HDMI to DVI Adapter Cable (3 Feet/ 1 Meters) 3 Feet	\$6.99	1= \$6.99	
21	Adapter Cable for GH 101	Canare 3 Feet black L-3CFW RG59 HD-SDI Coaxial Cable with Male BNCs from MFR # CA35HSVB03	\$19.95	1= \$19.95	
22	Extension Cords for GH 101	Stellar Labs 2 pack , 6 Inch Black Extension Cord with Flat Rotating Plug B01CXJSUS	\$24.96	3@\$24.96= \$74.88	
23	Printer for GH hall office	Equipment, not computer	\$500.00	1 @ \$500	
24	FT or PT Administrative Assistant	Personnel – Classified Staff	\$50,000	\$50,000	1. Effectively access information and critically evaluate sources of information. 2. Provide support to Allied Health faculty
25	Adjunct faculty for grant writing and accreditation	Personnel – Certificated	\$50,000	\$50,000	Effectively access information and critically evaluate sources of information. 2. Provide support to the ADN faculty and program
26	Instruction Support Technician	Personnel – Classified	\$60,000	\$60,000	Effectively access information and critically evaluate sources of information. 2. Provide support to the ADN faculty and program
27	Apollo Manikin	Midline Tan color Gender Neutral PC-based lab top with Vevo tablet & wireless monitor	\$60,000	1= \$60,000	
28	Warranty for Apollo Manikin	Platinum warranty from CAE	\$18,000	1= \$18,000	
Grand Total				\$299,136.12	

Evaluation of Previous Resource Allocations

Below is a list of resource allocations received in previous Program Reviews. Please evaluate the effectiveness of the resources utilized for your program. How did these resources help student success and completion?

(<https://www.mjc.edu/governance/rac/documents/ielmallocationsummary20142015.pdf>)

The Evaluation / Measured Effectiveness can be typed in another program and pasted here, or typed directly in to the box below. The box will expand with additional text, and paragraphs (hard returns) can be added by using Ctrl+Enter.

Resource Allocated	PR Year	Evaluation / Measured Effectiveness
Student Lab Scanner	2016-2017	Students were able to scan patient armbands in the lab which simulates the practice in the clinical setting. There were no reported safety issues associated with students scanning arm bands on real patients in the clinical setting. 97% of students in the program agreed that skills lab equipment and materials for practice and testing of skills was adequate in number and quality.
Two Apollo Manikins	2016-2017	Students were able to utilize two new wireless high fidelity manikins for practicing patient scenarios in a safe setting. 98% of the students in the program agreed that they felt better prepared to care for patients; they felt more confident in recognizing changes in real patients' conditions. 97% felt their assessment skills improved and that they felt more confident in decision making skills. Overall responses regarding simulation were very positive.
Tricaster Repair	2016-2017	The tricaster was sent for repair and upon its return, was accidentally taken to E-waste. The college is in the process of replacing the tricaster. Unable to evaluate.

Appendix

Optional Questions

Please consider providing answers to the following questions. While these are optional, they provide crucial information about your equity efforts, training, classified professional support, and recruitment.

What strategies do you use to recruit, support and retain students from disproportionately impacted groups?

High school outreach
Conferences specific to African American population
Attend High School Counselor Day
Host annual career day.
Nursing advising
Early referral to: student success specialist, health services, mental health services, counseling
Grant writing to fund a tutor specifically for the nursing program
Annual nursing alumni fundraiser - raises money for student scholarships and emergency loans
Contact sheets, remediation referrals, improvement contracts
Track disproportionate impact every year
Exit interviews and exit surveys
Biannual demographic surveys

Does your division (or program) provide any training/mentoring for faculty to support the success of students at risk of academic failure?

Training and Mentoring faculty:

All of the following efforts are made to mentor new faculty so that they are better equipped to support ALL students.

Instructor referral - hire nurses that come highly recommended and have demonstrated that they work well with students in the clinical setting

People Admin site – refer all interested nurses to apply on the admin site to develop a quality applicant pool

Director interview – personally meet with every interested applicant under consideration prior to hiring to discuss the demands and expectations of the job

Intake - Complete an intake sheet and process paperwork to communicate to support staff and faculty teams. This allows for early contact and planning

Orientation Modules – Refer new faculty to specific modules to prepare them for the transition i.e. 4faculty HWI site and Nurse Tim Webinars

On site Orientation – created our own orientation for nursing faculty

Meeting with Course Coordinator – meet separately with course coordinator for course specific information

Mentoring - assign a mentor within the team

Weekly Team Meetings – weekly feedback and support in team meetings. Meeting minutes sent out to all faculty team members who cannot attend. Videoconferencing and phone conferencing available

Early Referral and Exposure to help – encourage and train faculty to make early referrals and incorporate mental health and health services into new student orientation. Make early connections with staff members who provide these services so that students and faculty feel supported if/when problems arise.

Feedback meetings – director meets with new faculty twice within the semester to receive feedback

Assistance with Student Contracts – Any student contact sheets or probationary contracts are reviewed by the course coordinator, the level assistant program director and the director of the program to assist faculty in identifying barriers to success, overriding concerns and criteria for improvement

New Faculty Orientation Survey – receive feedback on experiences and make changes accordingly

Mentoring Incentives – reward system for faculty who are mentors

Grant Writing – funding faculty professional improvement activities and conferences!

Gathering evidence. Surveys: New Faculty Orientation Survey; Student demographic survey (has a component for the six success factors); Student Exit interview – every student that exits the program has an exit interview and completes an exit survey to determine the top contributing factors to them leaving the program.

Is there a need for more classified professional support in your area, please describe this need. Indicate how it would support the college mission and college goals for success, and completion.

The ADN program is supported by classified staff members who are essential to the ADN program. The following classified staff members are paid for by soft money: 50% administrative assistant, and two instructional support technicians (one at 75% for 10 months and the other at 100% for 10 months). Without the ongoing support of these positions, which entail technology support for the high-tech classrooms and HPSL, the program, and in particular the Columbia Satellite, would be at risk. In addition to classified staff, five full-time faculty members and approximately five adjunct faculty members are funded by soft monies through the Hospital Council. These full-time faculty members have been employed with MJC for years, yet are still viewed as temporary faculty.

The Allied Health office recently lost an experienced student assistant at the front office. She was reliable and accountable, but her position was short-term. The Allied Health front office is often closed during lunch periods with signs that direct students to the back offices for services. I believe we need to replace the administrative assistant that we lost years ago and adequately staff the front office. The administrative assistant who greets students also has the task of facility contract preparation and contract renewal in addition to coordinating all faculty travel. She prepares rosters for the BRN and student requests for program documentation when they are moving out of the state or country. She schedules all advising for nursing faculty and oversees classroom reservations. Her job necessitates concentration and she is continuously interrupted while doing detailed work. It would behoove the program and division if she received assistance.

What factors serve as barriers to recruiting active faculty to your program(s)?

See **Threat to the Program: Recruitment and Retaining Nursing Faculty** under LONG TERM PLANNING

Review Process Feedback

Please share any recommendations for improvements in the Program Review process, analysis, and questions. Your comments will become part of the permanent review record.

Program review was greatly improved in the ability to access and filter information. Some information that was accessed was incorrect; therefore, a contact number or email should be provided in the event that corrections need to be made so that the document reports accurate data.

The document could be improved by definitions (i.e. **departmental productivity measurements – what do the numbers mean?**) and better explanations of what's being asked. I believe clarification would produce a better "buy in" for faculty completing program review, be of learning value to the program and help faculty to understand certain administrative perspectives.

Executive Summary

Provide an executive summary of the findings of this program review. Your audience will be your Division Program Review Group, the MJC Program Review Workgroup, and the various councils of MJC.

Overall, the ADN program is doing exceedingly well. Course success, fill rates, state board pass rates and employment rates are very good while attrition rates are low. The program is progressive in technology and in teaching methods.

The support staff serves all programs in Allied Health. Programs have expanded and increased in complexity and as they increase, there needs to be consideration for the support staff. When programs expand in student numbers, additional support staff are needed to assist with program administration, responsibilities, faculty support and student success.

Ongoing challenges exist in trying to fund and maintain technology for the classroom, the laboratories and the faculty. In all its advantages, technology has been a significant source of frustration and concern for nursing faculty, the instructional support staff and students. The demands of videoconferencing and simulation have created the need for additional classified personnel and student assistants. Outdated technology that does not interface with updated resources has made working environments tenuous and caused teaching priorities to shift. These frustrations are exacerbated when faculty members are expected to embrace new management systems with substandard resources and minimal support.

There are significant concerns regarding recruiting and retaining nursing faculty as the initial salary placement is not competitive with industry or for that matter, with professional colleagues. This inequity is not justifiable, is discriminatory against vocational educators and contributes to a divide between colleagues and the healthcare community we serve. Approximately 33% of MJC nursing faculty will be retiring within the next five years; therefore, this is an important issue for the college to address. If we don't remedy this issue, and recognize this as an outdated policy, meeting the community's demand for future nurses who need to be educated by nursing faculty may be compromised. The three-year contract with the Hospital Council for 1.9 million dollars will expire in spring 2018. It's important that this institution demonstrate their appreciation to the Council and their commitment to support our healthcare community.