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March 23, 2012

Cheryl Jacobson, MS, RN, CS
Director
Maurine Church Coburn School of Nursing
Monterey Peninsula College
980 Fremont Street
Monterey, CA 93940

Dear Ms. Jacobson:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 1-2, 2012. The Board of Commissioners granted the associate nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2019.

Deliberations centered on the Self-Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following strengths and areas needing development:

Areas of Strength by Accreditation Standard

Standard 1 Mission and Administrative Capacity

- Partnership between Monterey Peninsula College and the Community Hospital of the Monterey Peninsula (CHOMP)

Standard 5 Resources

- Collaboration with Community Hospital of the Monterey Peninsula (CHOMP) Foundation and Monterey Peninsula Foundation
- State-of-the-art technology for the Learning Resource Center and the Simulation Center

Monterey Peninsula College
Page 1

Areas Needing Development by Accreditation Standard

Standard 2 Faculty and Staff

- Facilitate the timely completion of graduate study for faculty currently enrolled.

Standard 3 Students

- Ensure consistency within the publications related to the required number of total credits for the program of study.

Standard 4 Curriculum

- Clarify the correct curricular expectations related to the computer literacy courses (LIBR 50 and LIBR 80) for nursing students.

Standard 6 Outcomes

- Ensure that all expected levels of achievement are measurable and assessment methods are appropriate for the component.
- Implement and evaluate the effectiveness of identified strategies to address job placement and program completion rates.

On behalf of the Board of Commissioners, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please contact me.

Sincerely,



Sharon J. Tanner, EdD, RN
Chief Executive Officer

cc: Janet A. Kramer, Program Evaluator
Sarah Pacheco, Program Evaluator
Leslie Dalton, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

**SELF-STUDY REPORT OF THE
MAURINE CHURCH COBURN SCHOOL OF NURSING**

at

Monterey Peninsula College



Fall 2011 Site Visit

October 18 – 20, 2011

National League for Nursing Accrediting Commission

*This Self-Study Report was prepared by and reflects the beliefs
of the faculty of the Maurine Church Coburn School of Nursing
at Monterey Peninsula College:*



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August, 2011

Table of Contents

Section One: Executive Summary

General Program Information

Introduction	1
History of the Nursing Education Unit	3
Summary of Standards and Criteria	4
Analysis and Summary of Strengths and Areas Needing Development	7

Section Two: Standards 1-5

Standard 1 Mission and Administrative Capacity	12
Standard 2 Faculty and Staff	34
Standard 3 Students	42
Standard 4 Curriculum	66
Standard 5 Resources	98

Section Three: [Standard 6 Outcomes](#).....112

Section Four: Appendix

APPENDIX A MCCSN Organizational Structure	
APPENDIX B MCCSN Budget and Memorandum of Understanding CHOMP and MPC	
APPENDIX C Demographic Data of Accepted Students	
APPENDIX D MCCSN Curriculum Conceptual Model	
APPENDIX E MCCSN Program Requirements	
APPENDIX F Systematic Plan for Evaluation, Standards 1-6	
APPENDIX G List of Exhibits Available to Site Visitors	
APPENDIX H Glossary of Terms	

Section One: Executive Summary

General Information

<u>Type of Program</u>	Associate Degree Nursing Program
<u>Purpose of Visit</u>	Reaccreditation, 2008 Standards and Criteria
<u>Date of Visit</u>	October 18-20, 2011

Name, address, and telephone number of Governing Organization

Monterey Peninsula College (MPC)
980 Fremont Street
Monterey California, 93940
(831) 646-4258

Name and title of chief administrative officer of Governing Organization

Dr. Douglas Garrison, EdD, Superintendent/President

Regional Accrediting Body

The Accrediting Commission for Community and Junior Colleges (ACCJC), Western Association of Schools and Colleges (reaffirmation of accreditation received June 30, 2010 with 8 commendations and 4 recommendations)

Name and Address of Nursing Education Unit

Maurine Church Coburn School of Nursing at Monterey Peninsula College (MCCSN)
980 Fremont St.
Monterey, CA 93940

Name, title, contact information for nurse administrator of the nursing unit

Cheryl Jacobson, MS, RN, CS
Director, School of Nursing
Phone: 831-646-3067 direct line; 831-646-4258 nursing office
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Section One: Executive Summary

General Information (cont'd)

State Board of Nursing

California Board of Registered Nursing (BRN)

1747 North Market Blvd., Suite 150, Sacramento, CA 95834

(916) 322-3350

www.rn.ca.gov

Mailing Address:

P.O. Box 944210

Sacramento, CA 94244-2100

BRN approval status: Continued Approval: February, 2004

Next Approval visit: December, 2011

NLNAC Approval Status

Full approval received following 2003 visit

Introduction

Monterey Peninsula College (MPC) is a comprehensive community college located in the city of Monterey, 120 miles south of San Francisco and 345 miles north of Los Angeles, in Monterey County. The main campus is situated on 87 acres atop a bluff overlooking the Monterey Bay.

As part of California's community college system of 110 campuses and 2.9 million students, MPC serves the residents of the Monterey Peninsula College District, responding to the cultural, educational and recreational needs of the community. The MPC district encompasses 665 square miles, roughly 18% of the total area of Monterey County, and includes the communities of Monterey, Carmel-by-the-Sea, Carmel Valley, Seaside, Marina, Sand City, Del Rey Oaks, Pacific Grove, Big Sur, and Pebble Beach. The main industries of the area are tourism and agriculture.

The college offers occupational educational programs, preparation for transfer to four-year institutions, and skill development programs, as well as life-long learning enrichment courses for the general public. Approximately 12,500 full and part-time students registered for classes during spring semester, 2010. The student body is diverse, reflecting the makeup of the district: 56% Caucasian; 11% Asian, Filipino, or Pacific Islander; 25% Hispanic/Latino; 5% African American; 1% Native American; and 2% multi-racial. There are 120 full-time and approximately 250 adjunct faculty, as reported in the MPC Institutional Self Study in Support of Reaffirmation of Accreditation, 2010 (Exhibit ES1). The Maurine Church Coburn School of Nursing (MCCSN) has six full time faculty, two permanent part time faculty, and two temporary part time (adjunct) faculty. There are currently 58 students enrolled in the nursing program: 32 students are entering the program in fall, 2011; 26 are completing the second level of the program. The demographics of the currently enrolled nursing student body are reflective of those of the college and of the region that the college serves. Students range in age from 21-58 years, with 84.5% female and 15.5% male.

In addition to the main campus in Monterey, MPC opened the Education Center at Marina on the former grounds of Fort Ord in 2007. The center offers residents of northwestern

Monterey County an opportunity to pursue a college education close to home. Class offerings include English as a second language, basic skills, general education, and business.

MPC is governed by a local district-elected Board of Trustees, and funded through coordination with the State of California Chancellor's office. The enrollment fee for all California community colleges is established by state legislature, and is anticipated to be \$36 per semester unit for the 2011-2012 academic year.

The college is administered through three distinct but complementary branches – Academic Affairs, Student Services, and Administrative Services – each headed by a Vice-President. Instructional programs are organized into eight divisions, each with their own chairperson (or Director, in the case of the School of Nursing) under the umbrella of Academic Affairs: Business and Technology, Creative Arts, Humanities, Life Sciences, Physical Education, Physical Sciences, Social Sciences, and the MCCSN. Division chairs provide leadership to their respective divisions by overseeing scheduling, instructor evaluations, program reviews, and division meetings, where institutional information is conveyed to all faculty and staff of the college.

The Academic Senate and the Curriculum Advisory Committee are the primary groups at the college that deal with academic and professional matters. Membership in each of these groups includes a representative from each instructional division including the School of Nursing. The Curriculum Advisory Committee forwards its curricular recommendations directly to the Board of Trustees. The Academic Senate is active in board policy development and revision, development of student learning outcome (SLO) processes for MPC, and providing a faculty voice in issues such as distance education, basic skills, and development of learning communities. It makes recommendations to the College Council on issues of institutional importance, but has the right to communicate with and get a written response from the Board of Trustees if it disagrees with institutional decisions on academic and/or professional matters.

Division chairs and the Director, School of Nursing, along with other select representatives of groups on campus, are also members of the Academic Affairs Advisory Group (AAAG). The AAAG makes recommendations for action to College Council on issues of policy (including Board Policy), planning, and resource allocation, and also makes recommendations to the Vice President for Academic Affairs on operational issues.

MPC received continued accreditation from the Accrediting Commission of Community and Junior Colleges (ACCJC) in 2010 with eight commendations, including two for the School of Nursing (see Analysis and Summary of Strengths at the end of the Executive Summary). The ACCJC Accreditation Team Report March 8-11, 2010 can be found at www.mpc.edu/information/accreditation and is available on site as Exhibit ES 1.

History of the Nursing Education Unit

In 1982-1983, MPC was selected as the site for the Maurine Church Coburn School of Nursing (MCCSN), established with a grant from the Maurine Church Coburn Charitable Trust, which is administered through the Community Hospital Foundation (CHF). The first class graduated in 1984, and since that time more than 1,200 graduates have become registered nurses (MCCSN 25-Year Anniversary Brochure, Exhibit ES 2).

In August 1988, the engineering building was remodeled to include a Learning Resource Center (LRC), funded by the Community Hospital of the Monterey Peninsula (CHOMP). In 1997, renovations were made to integrate technology into the operation of the school, and a 21-station nursing computer lab was installed with dual capacity to allow access to CHOMP and MPC intranets. In 2001, the second floor of the International Center was remodeled to meet office and multi-media classroom space needs. In 2007, a grant from CHOMP provided a Clinical Simulation Center (CSC) with 2 adult, 1 pediatric, and 1 infant simulator. Another private donation in 2011 provided for manikin and software upgrades.

MCCSN is administered as a shared partnership between the Community Hospital Foundation and Monterey Peninsula College. This partnership is overseen by a Steering Committee comprised of leaders from both institutions, including the Director, School of Nursing. The school offers an Associate of Science degree in nursing, which can be completed in four semesters with 38 units, following completion of 35 units of prerequisite courses. Curriculum requirements are listed on the school's webpage www.mpc.edu/academics/nursing/Pages/default.aspx.

The MCCSN received initial approval from the California Board of Registered Nursing (BRN) in 1981, and has maintained full approval since that time. Initial NLNAC accreditation was

received in fall, 1990 and accreditation has been maintained since that time. The most recent NLNAC visit occurred in October, 2003.

The nursing program is offered entirely on the main campus; there are no satellite sites. The School does not offer any nursing courses through distance education, although students may complete prerequisite courses through distance or alternative methods of instructional delivery.

Summary of Standards and Criteria

Standard 1

The mission and philosophy of Monterey Peninsula College are congruent with the nursing education unit. The School of Nursing philosophy, authored by the faculty, reflects concepts which are aligned with the values of the governing organization. The College is governed by a publicly elected Board of Trustees that works closely and effectively with the college and community to implement the College's Strategic Plan. All School of Nursing policies are congruent with those of the College except when variance is necessary to meet State Board of Nursing or clinical agency requirements for health and safety. Admission, progression, clinical performance, attendance, clinical attire, immunizations, and background checks are examples of such policies.

The health care community, faculty, administrators, students, and the public have many avenues to communicate their input about the nursing education unit: e-mail, letters, public comments at Board of Trustees meetings, employer satisfaction surveys, and Nursing Program Advisory Committee representation. Students evaluate courses, faculty, clinical sites, and facilities at the end of each course. Students evaluate the entire program at the end of their final nursing course. Students have the opportunity to meet with faculty and the Director as desired. Faculty have the opportunity to meet with the Director, School of Nursing, to convey their goals and experiences through professional dialogue. The Director, School of Nursing, has administrative ability to effectively direct the nursing program and achieve identified outcomes.

Monterey Peninsula College (MPC) and the nursing education unit ascribe great importance to community partnerships. Representatives from facilities where students have clinical

experiences are members of the Nursing Advisory Committee. The principle partnership with Community Hospital Foundation provides funding and support to the School of Nursing. Grant funding and state and regional organization membership also enhance the success of the nursing education unit.

Standard 2

The nursing unit has one administrator (Director, School of Nursing) who holds a Master of Science degree in nursing. She is also a Clinical Nurse Specialist in Mental Health. There are six full time faculty; five hold a Master of Science degree in nursing, and one of these five holds a second Master of Science degree in Education. One full time faculty member holds a Master of Arts in Psychology and is scheduled to graduate with a Masters in Nursing in December, 2011. There are two part-time faculty; both hold a Master of Science degree in nursing. Two adjunct faculty provide instruction; one holds a Master of Science degree in nursing, the other holds a Bachelor of Science degree in nursing. All faculty are approved to teach nursing by the California Board of Registered Nursing, have current nursing licenses, and meet minimal qualifications of the college.

The faculty bring a wealth of diverse clinical experiences that enhance their expertise in teaching students and in providing the necessary leadership to attain the outcomes of the nursing education unit. All full- and part-time faculty attend level and faculty meetings and flex day activities. New nursing faculty are oriented to their role expectations at the School of Nursing by level coordinators and by the Director, School of Nursing. New faculty are also assigned a mentor for additional support as needed throughout the semester. The nursing program maintains a student-to-instructor ratio of 8:1 in the clinical setting for the first semester, and a ratio of 10:1 in subsequent semesters, in order to safely and effectively accommodate the learning needs of students.

Standard 3

MPC faculty are committed to fostering student success as emphasized in the mission statement. All policies and services support the goals and outcomes of the nursing education unit. All students have access to college policies that are available in the college catalog, online at the college's website, and in various student service departments. The student policies for the

nursing education unit are found primarily in the Nursing Student Handbook (Exhibit 1.1A) which is reviewed and revised (as needed) annually by the nursing faculty. A wide variety of support services are available for all students at MPC. The college provides Admission/Guidance Services, Financial Aid, Scholarships, Health Care Services, Student Organizations and Activities, Child Care Center, and Student Support Services. The college complies with the Higher Education Reauthorization Act, Title IV. The MCCSN Learning Resource Center (LRC) provides a skills practice area and a computer lab. The School of Nursing also houses a state of the art Clinical Simulation Center (CSC). The college provides an e-mail account for all students. All faculty have access to technology support from the Instructional Technology Specialist dedicated specifically to the School of Nursing.

Standard 4

The MCCSN faculty, MPC and CHOMP administrators all value NLNAC accreditation as a standard of excellence. The School of Nursing has been continuously accredited since 1990. The philosophy of the nursing education unit provides the framework for the curriculum which is guided by learning outcomes, and organized from simple to complex, based on Maslow's Hierarchy of needs, adult learning theories and the nursing process. The curriculum integrates professional standards, competencies, state and national guidelines from The Joint Commission National Patient Safety Guidelines, the NLN Graduate Competencies, the California BRN Standards of Competent Performance, and Quality and Safety Education in Nursing. There are four major nursing courses in the nursing program. Clinical experiences are provided in two local acute care hospitals, as well as several community-based health care sites for geriatric and mental health. All sites are within a 20 mile radius from the college. Clinical contracts are in place for all sites and are current.

Standard 5

The MCCSN has exemplary resources to promote the goals and outcomes of the nursing education unit. The partnership between CHOMP and MPC provides the majority of the fiscal budget. Grant funding has been obtained to supplement the budget as needed. Based on program needs, the Director, School of Nursing creates an annual budget proposal for the school and submits it to the Steering Committee for approval.

MCCSN has state of the art physical and learning resources, as demonstrated by three smart classrooms, a computer lab and skills lab, and a Clinical Simulation Center. Accessibility to the skills lab is extended to evening and weekend hours to allow students flexibility in scheduling their skills practice. Supplies are available in sufficient quantities to meet student needs and equipment is regularly maintained and updated.

Standard 6

The Director, School of Nursing, and all faculty participate in the Total Program Review (TPR), a meeting held at the end of every spring semester, to discuss all aspects of the nursing program. The nursing education unit has utilized a Systematic Plan for Evaluation for many years as an organized method to assess mission, governance, students, faculty, resources, curriculum and outcomes. Program outcomes are measured using NCLEX pass rates, employer satisfaction surveys, graduate satisfaction surveys, and program completion rates, and are utilized to make program improvements. Data from a variety of evaluation instruments are used to measure student success in meeting the broadly defined nursing education unit outcomes. Faculty make curricular decisions with student input through curriculum committee meetings, level and faculty meetings all held regularly during the fall and spring semesters. The MCCSN graduates consistently exceed state and national averages for first-time writers of the NCLEX-RN. The MCCSN is praised by the community for the quality of its graduates and for an ADN curriculum that excels in meeting the standards.

Analysis and Summary of Strengths

1. MCCSN is the exclusive beneficiary of a substantial bequest of the Maurine Church Coburn Trust, established to support the school in perpetuity.
2. A unique feature of the School of Nursing is that the Director, School of Nursing and the Faculty are employed by the Community Hospital Foundation. A major advantage of this arrangement is that nursing faculty salaries keep pace with those of industry standards, since faculty are included in the hospital's annual marketplace salary survey.
3. In 2010 the Accrediting Commission for Community and Junior Colleges (Western Association of Schools and Colleges) accredited MPC with eight commendations including

“The college is commended for the development of community/educational partnerships, as evidenced by the positive relationship between the Nursing program at MPC and the Community Hospital of the Monterey Peninsula, and the nationally-recognized Men in Nursing program that addresses careers for non-traditional student populations.” The American Assembly for Men in Nursing named MCCSN the Best School or College of Nursing for Men in 2009. <http://aamn.org/awschool.shtml>

4. MCCSN has maintained a longstanding clinical alliance with two acute care facilities. One is a county teaching hospital affiliated with University of California San Francisco (UCSF); the other is a nonprofit community hospital.
5. MCCSN has selected a variety of clinical sites in the community to offer a rich source of student learning opportunities in which to meet course objectives. Clinical schedules are structured around times that offer the strongest clinical experiences for students.
6. The faculty has developed a strong student success program with multiple facets and points of intervention managed by a designated Student Success Coordinator.
7. The program attracts a culturally diverse student population which reflects the local resident, college, and patient demographics. Faculty demonstrate an ongoing commitment to the integration of cultural and ethnic considerations in the curriculum and seek out experiences with other cultures in their faculty practice.
8. The program utilizes a state-of-the-art fully equipped Clinical Simulation Center that has been embraced by faculty and students as an integral component of the curriculum.
9. MCCSN nurtures a strong collaborative relationship with student-service departments on campus to promote student success. The School of Nursing received a commemoration Spring, 2011 as “Collaborators of the Year” by the Support Services department on campus.
10. MCCSN faculty advocate for students in financial need through numerous community affiliations and private faculty-coordinated scholarships which yielded more than \$100,000 in student awards for academic year 2010-2011.
11. 100% of the graduating Class of 2010 passed NCLEX on their first attempt.
12. An average of 97% of employer surveys reported satisfaction with all performance indicators over the past 3 years.

Analysis and Summary of Areas Needing Development

1. Due to an unprecedented crisis in the California state budget this current year, MPC has responded with budget tightening efforts that include faculty and classified staff salary cuts, elimination of some positions, and other budgetary reductions. As this self-study is being written, these changes have not yet been fully implemented. The budget allocated to support the core program of the School of Nursing has not been directly affected, although reductions in college wide support services will probably have some affect on the type and quality of support provided to nursing students and pre-nursing students on campus. Faculty who teach adjunct (non-core) courses have experienced a 3.84% reduction in hourly salaries as of July 1st, 2011.
2. Due to the economic downturn of 2008, the operating budget for fiscal year 2009-2010 lost over \$600,000, necessitating a 40% reduction in nursing program faculty. Through creative rescheduling and the use of college adjunct course funds, all students were accommodated for the 2009-2010 academic year. To adjust to the new financial reality going forward, admission has been reduced from 50 students to 32 students per year. A substantive change report (Exhibit ES 3) was submitted to the NLNAC in 2009. The follow-up materials to that report are available as Exhibit ES 4.
3. The Director position at the School of Nursing was abruptly vacated in March, 2011. The Assistant Director of 15 years, who also served as the Learning Resources Coordinator and Simulation Lab Operational Instructor, subsequently stepped into the Director role in April, 2011. Faculty faced an urgent need to manage administrative responsibilities and to shift faculty assignments mid-semester to accommodate the sudden changes in organization. The new Director has spent the past few months learning her role, developing the budget for the upcoming academic year, and leading the faculty in self-study preparation for both NLNAC accreditation and California BRN re-approval in fall, 2011.
4. Admissions procedures have not always been clear to applicants. Web site information and written materials have not been entirely consistent. The use of the State Chancellor's Success Index Score by both the pre-nursing counselor to guide students in course selection

and application strategies, and later within the Nursing program application screening process, has produced occasional disparate results, and an occasional student has come forward to complain. A thorough revamping of written and electronic communication to applicants has begun to correct these issues, and an online application process is being developed to address inconsistencies, with implementation expected in fall, 2012.

5. Methods of data collection regarding student demographics and other required reportable information have been inconsistent and labor intensive. The Director, School of Nursing has consulted with the college Office of Institutional Research to assist in designing an efficient, user-friendly and comprehensive database to track and query all reportable program data. The project is currently underway, and will result in a user friendly electronic data collection application which will be accessible to all faculty and staff. The first roll out is scheduled for fall 2011.

Future Plans

1. The faculty have developed a projected staffing plan through spring, 2013 outlining the number of specific faculty needed to provide for a given number of students (Exhibit ES 5) The Director will use this plan to adjust quickly to budget changes without compromising the quality of the program. If grant or bequest monies are used to augment the budget, faculty will identify what activities the monies support, so in the event of cutbacks or losses within these categories, it will be clear what activities will be affected, without compromising the core mission of the program.
2. The two Assistant Directors are currently orienting to the Director role and routinely attend planning sessions that will affect the nursing program. This redundancy will provide for smooth leadership transitions in the future. Both Assistant Directors have received a substantial amount of release time to assimilate their new leadership roles this coming academic year.
3. Admissions processes are being evaluated and improved. An Admissions committee has recently been developed that includes the pre-admissions counselor, the Director, and key faculty, with student representation. The mission of the committee will be to ensure the

systematic planning, implementation, evaluation of all admissions policies and procedures, and effectiveness of the selection processes.

4. Retention rates have dropped below the expected outcome of 85% this year in both classes. Faculty are in the process of evaluating data regarding this phenomenon, and are looking at the admissions process to identify selection criteria that best predict success.
5. In collaboration with the MPC Director of Institutional Research, the Director, School of Nursing, and the Instructional Technology Specialist will create processes and procedures for systematic collection of data utilizing software that will allow a number of staff and faculty to input and access data regarding students and outcomes. A plan is in development to use data retrieval and collection system to render reports, queries and tables relevant to the measuring and reporting of program outcomes and other demographics. The goal is to use a graphic user interface that will allow students to fill in personal data, and then allow faculty and staff to add information to the database regarding student success measurements and other pertinent data, which will enhance data driven decision making.

Section Two: Standards 1 - 5

Standard 1 Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

The Maurine Church Coburn School of Nursing (MCCSN) is governed by two institutions: Monterey Peninsula College (MPC), which houses the school and administers it as an educational entity, and its partner Community Hospital of the Monterey Peninsula (CHOMP), a subsidiary of the Community Hospital Foundation, which serves as the employer of record for the Director and faculty. Both institutions are supportive in their unique roles in advancing nursing education, and are compatible with the purpose of the MCCSN in their missions, goals and strategic intents.

The MCCSN complies with all California State Board of Nursing (BRN) regulations of the California Code, Title 16, Article 3, pertaining to pre-licensure nursing programs. Copies of the following are available on site as Exhibit 1.1:

- Documentation of the most recent BRN Approval visit (2003)
- Report of the most recent BRN Interim Visit (2007)
- Report of most recent BRN curriculum approval (December 2009)

1.1 Mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.

The philosophy statement of the MCCSN is found in the Student Handbook (Exhibit 1.1A), and addresses nursing practice, the practice of associate degree graduates, and nursing education. Faculty review and affirm the philosophy annually (Faculty Minutes in the Committee Minutes Notebook, August 18, 2010, Exhibit 1.2F). The Mission and Institutional

Goals of the governing organization, Monterey Peninsula College, are found on p. 6 of the 2011-2012 MPC College Catalog (Exhibit 1.1B) <http://www.mpc.edu/classes/MPC%20Catalogs/2011-12%20Catalog.pdf>. A central feature of the mission statement of the college is its emphasis on student learning through excellence in instruction, facilities, programs, and services. The principal goals of student learning are to enhance the intellectual, economic, and cultural vitality of the community that MPC serves (Institutional Self Study in Support of Reaffirmation of Accreditation, January 2010, submitted for the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, p. 65). The full self-study and reaffirmation of accreditation status can be found at <http://www.mpc.edu/information/accreditation/Pages/default.aspx>. Congruence is illustrated in a table comparing the MPC philosophy and mission statements with the philosophy statement authored by the faculty of MCCSN.

TABLE: Congruence of Mission/Philosophy and Outcomes between MPC and MCCSN

Areas of Congruency	Governing Organization Mission and Goals	School of Nursing Statement of Philosophy
Services to support goals of students pursuing career opportunities	MPC Mission Statement: "Monterey Peninsula College is committed to fostering student learning and success by providing excellence in instructional programs...and services to support the goals of students pursuing transfer, career, basic skills, and life-long learning opportunities..."	"Nursing education takes place in institutions of higher learning and in a variety of health care settings."
Promotion of academic excellence and critical thinking	MPC Institutional Goal #1: "To promote academic excellence and critical thinking across all areas and disciplines."	"Nursing education within the framework of the nursing process develops the learner's critical thinking skills and fosters decision making, accountability, commitment, empathy, and personal and professional

Areas of Congruency	Governing Organization Mission and Goals	School of Nursing Statement of Philosophy
		growth.”
Cultural diversity	MPC Institutional Goal #2: “To foster a climate that promotes diversity throughout the institution.”	“The ADN employs knowledge of cultural/ethnic diversity, growth and development, and interpersonal relationships to meet the needs of a diverse and dynamic patient population.”
Enrollment growth through community partnerships	MPC Institutional Objective #3b: “To establish and strengthen industry, government, and community partnerships.”	“The strong partnership between the college and the local community hospital promotes collaboration between education and practice.”
Promotion of student success	MPC Institutional Objective #4c: “To improve the delivery of academic support for diverse student learners.”	“Nursing students are adult learners who actively participate in their education, assess their own learning needs, and seek out experiences to meet those needs. They bring diverse life experiences, skills, and multicultural backgrounds, which impact the learning process.”
Patient Safety	CHOMP Strategic Intent #1: “CHOMP will be relentless in eliminating preventable patient harm.”	“An understanding of current technology and competence in performance of requisite skills is essential for safe practice.”
Quality Care	CHOMP Strategic Intent #2: “CHOMP will aggressively pursue the rapid adoption and integration of evidence based best practices in the delivery of quality care for every patient across the continuum of care.”	“Faculty strive to incorporate evidence based best practice throughout the curriculum. The strong partnership between the college and the local community hospital promotes collaboration between education and practice.”

The purposes of the program of study at the MCCSN are described in its core concepts, derived from the Statement of Philosophy, found in the Student Handbook, and summarized below:

- 1) To integrate evidence-based nursing practice to respond to the changing health care needs of the community.
- 2) To cultivate competence and professionalism of the associate degree graduate as a contributing member of the nursing profession.
- 3) To further nursing education as the assimilation of a unique body of knowledge which is continually expanding.

Nursing education unit outcomes for the Associate Degree nursing curriculum are evident in the documentation of compliance with Standards 4 and 6. Graduates of the Maurine Church Coburn School of Nursing are able to:

- 1) Collaborate as providers of patient-centered care in meeting the health care needs of individuals in acute, long term and community-based settings.
- 2) Coordinate the activities of the health care team, advocate on behalf of patients, teach patients and families, and direct safe nursing care as managers of care.
- 3) Contribute to the profession as responsible members within the discipline of nursing.

Individual student learning outcomes for each course in the curriculum can be found in the course syllabi (Exhibit 1.1C).

1.2 The governing organization and nursing education unit ensure representation of students, faculty and administrators in ongoing governance activities.

Faculty, students, and the Director, School of Nursing are actively engaged in the activities and governance of the College and the School of Nursing. The Director was newly appointed in April, 2011. As part of her development, she has met several times with the Dean of Instructional Planning to seek guidance about program administration and accountability in accordance with state and federal regulations and college procedures. These meetings have included grant reporting, budget development and curriculum processes. As of spring, 2011, she has begun to attend the informal meetings of the college Division Chairs where administrative issues are discussed.

The College utilizes a shared governance model with key recommendations made by the broadly based College Council to the College Superintendent/President. Agendas and minutes for the monthly College Council meetings are distributed to the campus community via email, and faculty, staff, students, and community members are invited to attend meetings and provide input. Agendas, minutes and bylaws of the College Council can be further examined at its website <http://www.mpc.edu/collegecouncil/Pages/CollegeCouncilDocuments.aspx>. The School of Nursing has continuously maintained a faculty representative on the Academic Senate where matters of academic and professional concern are vetted by full time, adjunct and at-large faculty. The Assistant Director is a voting member of the Academic Affairs Advisory Group (AAAG), where academic department heads of the College recommend academic policy development and compliance. The roles of both of these important advisory groups in college decision making is illustrated in a diagram excerpted from the MPC self-study in support of ACCJC re-accreditation January 2010 (Exhibit 1.2A)

<http://www.mpc.edu/information/accreditation/Accreditation%20Documents/AccreditationReport.pdf>

Resource allocation for college constituencies occurs by way of Program Review and Annual Reports, submitted by each department/division every spring to the respective dean. This college-wide process is diagrammed in the Monterey Peninsula Planning and Resource Allocation Process (Exhibit 1.2B). The action items are based on the faculty's Reflections on Student Learning. Nursing faculty participate in this process through recommendations at level, faculty and MCCSN standing committee meetings described below. For example, the need for updated simulation hardware and software and was discussed at the faculty meeting held September 27th, 2010 (Faculty Meeting minutes, Exhibit 1.2C). The need for simulation enhancement was included on the most recent action plan spring, 2011 (Exhibit 1.2D Program Reflections on Student Learning & Academic Affairs Program Review).

Budgeting and governance of the MCCSN also occurs in partnership with the Nursing Steering Committee which meets approximately three times per year (see the organizational structure described in Standard 1.4). Because the Community Hospital Foundation provides approximately half of the of the funding for salaries, benefits and related program expenses,

and because the faculty are employed by the Community Hospital Foundation as further explained in Standard 2, the program's budget is negotiated every spring by the Steering Committee, which is led by the Director, School of Nursing. Sample Minutes of the Steering Committee are available on site as Exhibit 1.2E.

Within the School of Nursing, all faculty, both full time and part time, are involved in planning and implementing its activities. All faculty members who teach within a nursing course meet approximately twice monthly as a group at Level Meetings, led by the Level I and Level II coordinators. The entire faculty also meets approximately twice monthly throughout the academic year. MCCSN standing committees include the Nursing Curriculum Committee, Student Services/Financial Aid, and Multimedia Resource Committee. Faculty members are appointed by the Director, School of Nursing who chairs the Nursing Faculty Organization (Bylaws, Faculty Nursing Organization, included in the Nursing Faculty Handbook, Exhibit 2.7B). Chairs of each standing committee report to the faculty at regular total faculty meetings. Minutes of all committee meetings are available to faculty in the Committee Minutes Notebook (Exhibit 1.2F) maintained in the School of Nursing office, and to all students by verbal reports and email reports from the student representatives on each committee. Students are encouraged to share comments, concerns, and issues with the elected committee representatives from their class. They may also communicate directly to their instructor or the Director, School of Nursing.

Nursing students elect representatives from the respective levels to serve on each of the standing committees within the School of Nursing. Students reported at the Program Exit Survey Spring, 2011 that they are satisfied overall with their participation in governance activities (NURS 52D Evaluations Notebook, Exhibit 5.3C). In addition, the senior class is actively involved in planning their graduation/pinning ceremony, electing Graduation Committee officers and establishing task forces to plan all aspects of the event along with the Director, School of Nursing and the faculty.

The School has a very active chapter of the California Nursing Student Association (CNSA) where students learn about the governance role of the professional nurse through the development of leadership, activism, and advocacy skills. Students identify nursing related

professional issues and problems, and plan projects and activities for resolution of these issues. The MCCSN's chapter of CNSA had an enrollment of 25 members during the 2010-2011 year. Students enroll in NURS 180 Professional Skill Development and continue into NURS 181 Advanced Professional Skills Development during the second year of the program. Each course grants one semester unit of college credit. Students are expected to join the state and national organizations at the time of enrollment in NURS 180/181. An MCCSN CNSA member held the statewide office as Legislative Officer during the 2009-2010 year.

The chapter has submitted numerous resolutions over the past five years, all of which have been accepted at the state level and most at the National Student Nursing Association (NSNA) convention as well. Resolutions submitted by MCCSN students and accepted at the national level can be found indexed by year at the NSNA website <http://www.nсна.org/Publications/ResolutionIndex.aspx>, and as an exhibit of student work in Nu 101. A recent accomplishment was the passing of a statewide resolution for increased nursing education regarding alternatives to blood transfusion. The resolution was also accepted at the national level at the convention in Salt Lake City, Utah in April, 2011. The MCCSN chapter of CNSA has received state awards such as Best Breakthrough to Nursing Program, and Outstanding Community Health Project (the annual MPC Health Fair) <http://nursing.advanceweb.com/Article/All-That-Glitters-2.aspx>. At the national level, the MCCSN chapter received the Most Outstanding School Newsletter award for 2011. <http://www.nсна.org/Portals/0/Skins/NSNA/pdf/Saturday%20April%2009%20CN.pdf>. Recent editions of the MCCSN CNSA newsletter "The Central Line" are available on site as Exhibit 1.2G, showcasing the accomplishments of MCCSN students at state and national events.

A summary of the participation of faculty and students in governance activities is illustrated in the table below. A history of participation in college and MCCSN committees is available for the past three years on the Faculty Data forms (Exhibit 2.2E). In addition to the respective official committee minutes, faculty representatives report on their committee participation at regular faculty meetings (Committee Minutes Notebook, Exhibit 1.2F).

TABLE: Summary of Faculty, Staff and Student Shared Governance Participation

Name of Committee	MCCSN Only	Campus Wide	Names of Faculty/Staff 2010-2011	Names of Students 2010-2011	Location of Minutes
Academic Affairs Advisory Group		✓	Cheryl Jacobson, Director or Laura Loop, Assistant Director	N/A	MyMPC Portal online; available on site as Exhibit 1.2H
Academic Senate		✓	Sue Hanna or Nancy Bingaman	N/A	http://www.mpcfaculty.net/senate/Home.htm
Curriculum Advisory Committee		✓	Laura Loop	N/A	http://www.mpc.edu/curriculumadvisorycommittee/Pages/default.aspx
Lab Tech Group		✓	Pete Benavente	N/A	Minutes are not recorded for this committee; Instructional Technology Specialist reports in faculty minutes Committee Minutes Notebook (Exhibit 1.2F)
CNSA Officers	✓		Sue Hanna, Faculty Advisor	See full list 2010-2011 Committees List (Exhibit 1.2I)	Minutes are not recorded; CNSA activities are completed within courses NURS 180/181
Curriculum Committee	✓		Nancy Bingaman Cheryl Jacobson Laura Loop Julie Bryan Samar Hage	Jessica Sullivan Gisela Mandujano William Bakkerud Becky Roberts	Committee Minutes Notebook (Exhibit 1.2F)

Name of Committee	MCCSN Only	Campus Wide	Names of Faculty/Staff 2010-2011	Names of Students 2010-2011	Location of Minutes
Multimedia Resource Committee	✓		Patti Nervino (Chair) Tina Rondez, Joe Villagomez, Pete Benavente	Miguel Pena, Stephen Phillips , Jazmine Jones, Cyrus Villeta	Committee Minutes Notebook (Exhibit 1.2F)
Student Services and Financial Aid Committee	✓		Laura Loop (Chair) Eileen LaMothe Samar Hage	Lang Lam Lauren Cilliza Bree Harlan Donna Santos	Committee Minutes Notebook (Exhibit 1.2F)

1.3. Communities of interest have input into program processes and decision making.

The Director, School of Nursing, maintains open communication with community groups with an interest in nursing, such as the Auxiliary of the Community Hospital Foundation, the Nursing Program Advisory Committee, the Community Hospital Leadership Council, and the Monterey Peninsula College Foundation which administers several nursing scholarships and bequests. Program outcomes and subsequent curriculum changes are discussed with members of the Nursing Program Advisory Committee for input. Samples of the Nursing Program Advisory Committee minutes are available as Exhibit 1.3. The membership of the committee is listed on the MCCSN Organizational Chart; Appendix A. Feedback from local nursing employers is actively sought as part of program outcome measurement and improvement, and is quantified in Standard 6.

At the state level, the Director, School of Nursing, is a member of the California Organization of Nursing Program Deans and Directors (COADN) <http://coadn.org/north/>, and has contact with the Board of Registered Nursing (BRN) educational consultant. The Director also attends appropriate regional meetings including the Monterey County Workforce Investment Board, Healthcare Advisory Roundtable, a consortium consisting of local hospitals and educational

institutions that address labor market and educational challenges faced by the healthcare community. <http://www.montereycountywib.org/meetings/roundtables/>

1.4. Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.

As described in the Executive Summary, the School of Nursing was established in 1982 as a partnership between Monterey Peninsula College (MPC) and Community Hospital of the Monterey Peninsula (CHOMP). This venture was made possible by the Maurine Church Coburn Trust, through an endowment to the CHOMP Foundation in perpetuity for the School of Nursing. The video “Maurine” is available on site as Exhibit 1.4A to further describe the school’s beginnings and the history of MCCSN within the organizational structure of both institutions. Organizational charts of MCCSN, MPC, and CHOMP are included in Exhibit 1.4B.

This partnership benefits the college and the community in many ways, including the aforementioned annual MPC Health Fair sponsored by Community Hospital, partially planned and staffed by MCCSN CNSA members, and open to all MPC students and the public. CNSA also partners with CHOMP in community service activities such as volunteering at first aid stations at the Big Sur Marathon and Big Sur Half Marathon, as well as serving walk-in patients at the Rota Care free clinic in Seaside, California. MPC Health Services is staffed by a CHOMP nurse. CHOMP underwrites the cost of at least one of the health care-related databases at the College Library Technology Center, which can be utilized by any member of the public by requesting a free MPC library card. CHOMP provides access to the Medical Library at the hospital to all nursing faculty and students. The Hospital Auxiliary provides generous scholarships to nursing students each year. CHOMP also offers faculty and students the opportunity to attend community education and in-service classes. A grant from a private donor via the Community Hospital Foundation provided the funding and the professional staff to design and build the Clinical Simulation Center at the MCCSN. The partnership with CHOMP has undoubtedly enhanced the quality of nursing education at MCCSN, and in return many graduates choose to work at CHOMP as they begin their careers.

MCCSN has also benefited from grant funding. The California Community College Chancellor's Office (CCCO) provided \$131,156 for student success activities during both academic years 2010-2011 and 2011-2012, as part of the enrollment growth grant. This grant provided for faculty-led study groups in the first level, funding for Test of Essential Academic Skills (TEAS) pre-admission test administration and remediation activities, Assessment Technologies Institute (ATI) comprehensive testing administration, and release time for the student success coordinator faculty role. It also provided the funding for a clinical instructor so that 32 incoming students could be accommodated rather than 24. The funding is included in the MCCSN budget (MCCSN Budget and Memorandum of Understanding between CHOMP and MPC, APPENDIX B).

A number of small grants (federal and private) have provided Men in Nursing (MIN) activities as a means to promote career preparation for the non-traditional student group. The funding enabled male nursing students to have opportunities to discuss areas of difficult adjustment with male RNs who mentor and provide professional socialization. Two local conferences were also provided by the funding. In 2011-2012, the funding from these small grants will provide for a male clinical instructor to facilitate Intimate Touch and Cultural Diversity Workshops. The MIN program began in 2007 with a grant from the Regional Health Occupations Resource Center (RHORC) in response to an average 45% attrition of male nursing students over the previous five years. The program has received national recognition (Assembly for Men in Nursing Website <http://aamn.org/awschool.shtml>). The results of the MIN program are discussed in Standard 3. The provisions of current grants (Chancellor's Office, Perkins and Barnet-Segal) are available as Exhibit 1.4C. Further information about the accounting of Perkins grants in support of nontraditional students is available at the office of the Dean of Instructional Planning.

The Monterey Bay Geriatric Resource Center (MBayGRC) http://www.mbaygrc.com/about_us.htm is a partnership of several educational and health care institutions committed to expanding geriatric education and best practice. The organization has sponsored regional conferences and offered basic curriculum for health care providers across disciplines. MPC hosted the educational series, "Caring for Seniors with

Chronic Conditions” fall 2010-spring 2011, and so participates in integrating geriatric training and chronic care management into existing degree and certificate programs. The MCCSN Assistant Director currently serves as the MBayGRC board member designated by the college President.

MPC participates in a collaborative effort with California State University Monterey Bay (CSUMB) to promote a seamless transition into a baccalaureate education for associate degree students. A proposal has been submitted for state funding of the Monterey Bay Regional Nursing Collaborative Program which proposes to co-enroll a cohort of community college nursing students in upper division course work. The program is scheduled to launch fall, 2012. (Memoranda of Understanding between CSU Monterey Bay and Monterey Peninsula College; MBayGRC and Monterey Peninsula College, Exhibit 1.4D).

1.5. The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

The permanently appointed Director, School of Nursing, is Cheryl Jacobson, who holds a Master of Science degree in Nursing from the University of Massachusetts. The Director’s clinical expertise is specialized in mental health, and has had many years of experience in advising nursing students on strategies for academic success. Ms. Jacobson will have held her current position at the MCCSN for 5 months at the time of the NLNAC visit. Prior to becoming the Director, she was the Assistant Director at MCCSN for 15 years. Ms. Jacobson’s curriculum vitae, RN license, and transcript are available on site as Exhibit 1.5. Given her new directorship, Ms. Jacobson has identified her learning needs and selected a mentor from the COADN group where she began attending meetings in May, 2011. She has also contacted Directors of the regional nursing programs to begin networking with them. Additionally, she is committed to the professional development of the two Assistant Directors and has scheduled herself and the Assistant Directors to a new Directors’ training program sponsored by the COADN in San Diego, California in October, 2011. For budgetary assistance and for matters pertaining to administrative guidance for the governing organizations, Ms. Jacobson seeks the counsel of the Vice President of Nursing at CHOMP and the Dean of Instructional Planning at MPC.

1.6. The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

The Director, School of Nursing maintains a collaborative relationship with college administration and with the other academic and support units. The Director reports to the Dean of Instruction at MPC and to the Vice President of Nursing at CHOMP. The position description for the Director, School of Nursing, is available on site as Exhibit 1.6. The position is full-time permanent administrative with no direct teaching responsibilities, thereby allowing maximal implementation of the Director role. Both institutions are committed to providing state-of-the-art resources to administer a quality program of nursing education, as illustrated in Standard 5. With full time commitment to program administration, the Director plans the budget for the nursing education unit, participates in shared governance committees on campus, attends Leadership Council meetings at CHOMP, plans agendas for faculty meetings, assures compliance with regulatory bodies, and evaluates the effectiveness of faculty as well all program components.

1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.

The responsibility for preparation and administration of the School of Nursing budget is included in the Director's position description. The Director obtains input from faculty regarding budgetary needs before presenting the budget to the Nursing Steering Committee for approval. As described in Standard 1.2, this input is obtained formally during Total Program Review (minutes of Total Program Review meetings, Exhibit 1.7) and by way of the Annual Action Plan phase of the College Planning and Resource Allocation process. (Refer to Exhibit 1.2D, Program Reflections on Student Learning & Academic Affairs Program Review). The faculty also has opportunity for budgetary input by way of regular faculty and standing committee meetings. The participation of the Director and/or Assistant Director in the Academic Affairs Advisory Group meetings and Division Chair meetings ensures that the School of Nursing budget and resource allocation is equitable with other departments. The Director, School of Nursing,

represents the MCCSN at regular meetings of the Leadership Council at CHOMP. This group is composed of directors and supervisors at CHOMP and its purpose is to support the achievement of shared goals and core values as a leadership team. A copy of the approved budget for 2011-2012, along with the Memorandum of Understanding between MPC and Community Hospital Foundation is available as APPENDIX B.

1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

The policies of the MCCSN are blended from both governing institutions, and are described in the Faculty Handbook (Exhibit 2.7B). Each faculty member receives a letter of appointment by the CHOMP Chief Executive Officer before each academic year, clearly documenting that the employer of record is the Community Hospital Foundation, and that the faculty are responsible for workload and performance according to MPC. Policies of the School of Nursing related to its mission as an educational program are consistent with those of MPC. Academic policies are applied to faculty as they relate to the program of learning and include non-discrimination, qualifications and requirements for faculty appointment, grievance procedures as they apply to students and the instructional process, responsibilities, and workload. Faculty follow the workload policy negotiated by the MPC Teachers Association (MPCTA) contract (Exhibit 1.8B). Individual faculty load documents are calculated every year by the Director or designee in collaboration with level coordinators. Faculty letters of appointment and load documents for 2011-2012 are available onsite as Exhibit 1.8C.

Since the nursing faculty and Director are employees of CHOMP, policies directly related to employment are consistent with those of CHOMP. Employment-related policies include hiring of faculty, employment-related grievance procedures, salary and benefits, tenure, and termination. Faculty members have access to all CHOMP personnel policies by way of a binder in the Director's Office, and through the employee intranet, to which MCCSN has remote access. Also, the CHOMP Payroll and Benefits department is available to respond to questions. The Vice President for Nursing at CHOMP is available to faculty to respond to questions and

concerns regarding employment and has occasionally attended faculty meetings at the request of faculty. Newly hired faculty complete an orientation to CHOMP personnel policies during the standardized orientation procedure at the hospital. Faculty orientation pertaining or regards to performance responsibilities, including MPC expectations, is discussed in Standard 2. To date, no faculty grievances have been filed.

The rationale for the faculty and Director, School of Nursing, to be employees of CHOMP rather than of MPC is that the hospital is able to offer salary and other incentives that would exceed those negotiated by the MPC faculty's bargaining unit. CHOMP conducts a marketplace survey of comparable positions annually to ensure that salaries are in the top quarter for all positions. As evident by the salary schedule of nursing faculty, most exceed the highest salary boundary that would be applied to faculty by the most recent MPCTA agreement using the step and column advancement system that is customary in community colleges (Exhibit 1.8B MPCTA Agreement pp. 113-117). The current salary schedule for instructors is available onsite as Exhibit 1.8D. The CHOMP compensation structure provides equity with hospital nurse educators, and ensures that both full- and part-time faculty have salaries and benefits competitive with RNs in central California. A sample report of the marketplace survey report is available on site as Exhibit 1.8E.

Faculty adhere to the policies of MPC that relate to the School of Nursing as an educational entity. For instance, nursing faculty fulfill the faculty flex day requirements stipulated in the MPCTA agreement, publicize office hours, and are present for the 175.5 required teaching days per year of the faculty calendar. Allowable flex day activities are described in a memo issued by Academic Affairs and available onsite as Exhibit 1.8F. Individual faculty flex day contracts are available in the Director's office.

Faculty are appointed using the same requirements and qualifications as other college faculty. The actual process of hiring a new faculty member as an employee, however, is completed by CHOMP. Occasionally, it has been possible to utilize qualified hospital nurses who have been approved by the BRN as temporary or substitute instructors. This interchange has been a positive aspect of the employment arrangement, since these experienced nurses are able to maintain full benefits, with the cost of their salaries allocated to the MCCSN budget.

When the temporary arrangement ends, they are able to revert back to their previous positions, maintaining seniority and retirement benefits.

Employee benefits are administered differently for nursing faculty than for MPC faculty, due to their status as employees of CHOMP rather than MPC. Both full-time and part-time nursing faculty receive all benefits through CHOMP. A positive aspect of this arrangement is that it promotes the retention of part-time nursing faculty, who have health benefits and eligibility for retirement which is not subject to contract negotiations.

An area of incongruence between nursing faculty and other College faculty is the eligibility for tenure. The rationale is the foundational principle of equity, since the hospital does not extend tenure to any other group of employees. Faculty evaluation procedures, therefore, follow the performance appraisal process used at CHOMP and are conducted annually by the Director. MPC faculty are generally evaluated every three years.

The MCCSN classified staff (Instructional Technology Specialist and Division Office Manager) are employees of MPC and are therefore are subject to all MPC policies and employee collective bargaining agreements of the MPC California School Employees Association (CSEA).

The following table summarizes the location of faculty personnel policies and includes a brief rationale for those that differ from MPC.

TABLE: Comparison of Faculty Personnel Policies between MPC and CHOMP

Policy	Location of Source Document	Rationale if Different from MPC
Non-discrimination	<ul style="list-style-type: none"> • CHOMP Personnel Manual #105 (Equal Employment Opportunity) Exhibit 1.8G • MPC Governing Board Policy 5100 (Equal Employment Opportunity and Non Discrimination) Exhibit 1.8H 	Same
Faculty appointment	<ul style="list-style-type: none"> • CHOMP Personnel Manual #511 (Job Openings) Exhibit 1.8I • Minimum Qualifications for Faculty and Administrators in California Community Colleges http://www.asccc.org/disciplines-list (p. 32).(Exhibit 2.2B) 	Same as for faculty selection (Master’s degree required); Hospital hiring policies apply for establishing the faculty member as an employee (e.g. CHOMP employees must pass background checks, drug and tobacco screen, health screen).
Grievance & Discipline	<ul style="list-style-type: none"> • CHOMP Personnel Manual #304 (Grievances) Exhibit 1.8J • MPC College Catalog 2011-2012 p. 46 Exhibit 1.1B 	Because faculty are hospital employees, hospital policies apply for employment matters. As an educational department of the college, faculty follow college grievance procedures for instructional/student matters.
Promotion	<ul style="list-style-type: none"> • CHOMP Personnel Manual #434 (Promotions) • MPC Human Resources policies and procedures http://www.mpc.edu/employment/Pages/FacultyPositions.aspx 	No promotion available within the School of Nursing; follow procedure outlined for each institution if promotion/employment is desired outside of the MCCSN.
Salary and benefits	<ul style="list-style-type: none"> • CHOMP Payroll and Benefits; “Benefits at a Glance” on the Employee Intranet, excerpted as 	CHOMP provides health insurance, life insurance, retirement, disability and

Policy	Location of Source Document	Rationale if Different from MPC
	<p>Exhibit 1.8L.</p> <ul style="list-style-type: none"> Complete list is available onsite in the MPCTA Agreement (Exhibit 1.8B) pp. 48-53 Article 9 	<p>continuing education benefits for all faculty, including part-time.</p> <p>Ensures nursing faculty salaries are competitive for comparable positions (nurse educators).</p> <p>MPC faculty salaries and benefits are negotiated by the MPCTA union representatives and also include health insurance, life insurance, retirement and salary protection.</p>
Tenure	<ul style="list-style-type: none"> CHOMP Personnel Manual #115 (Performance Appraisals) Exhibit 1.8M [Faculty do not have tenure as described in Article 14 of the MPCTA Agreement for faculty evaluations] 	<p>Faculty are not MPC employees; Consistency with other hospital employees for whom the concept of tenure does not exist. Faculty evaluations are conducted annually with the Director, MCCSN, according to CHOMP annual performance appraisal procedure.</p>
Duties and Responsibilities	<ul style="list-style-type: none"> MPC Governing Board Policy 5320 (Teaching Faculty Duties and Responsibilities) Exhibit 1.8N 	Same
Discipline and Termination	<ul style="list-style-type: none"> CHOMP Personnel Manual #309 (Disciplinary Action) excerpted as Exhibit 1.8O 	Faculty are CHOMP employees
Workload	<ul style="list-style-type: none"> MPC Teacher's Association Agreement Article 15, p.97. (Exhibit 1.8B) 	Same

1.9 Records of program complaints and grievances receive due process and include evidence of resolution.

The Student Complaint and Grievance Procedure is described in the 2011-2012 MPC College Catalog (Exhibit 1.1B, p. 46). A student complaint may be alleged for residency determination, dismissal for academic reasons, or discrimination. Students may contact specific college officials listed in the college catalog for resolution respective to each circumstance.

A grievance may be initiated by a student for a variety of reasons including:

- grading dispute, when the student contends that the determination of the grade involved a mistake (such as calculation or entry error), fraud, bad faith, or incompetence
- act of intimidation, harassment or physical aggression
- arbitrary action without proper regard to academic due process
- violation of student rights described in the college catalog

The MCCSN faculty define a grievance as the formal notification by the college Grievance Committee that a petition for hearing has been filed by a student. MCCSN faculty define a complaint as a written statement by a student to the Director, a Dean, a Counselor or any college official that resolution is sought over a disputed action.

There have been two grievances filed by nursing students since 2005. In both cases the Student Grievance Committee found in favor of the School of Nursing. The nursing faculty adheres to the college policy regarding student rights and responsibilities, and the student complaint and grievance procedures. The School of Nursing policy for Student Rights and Responsibilities is found in the Student Handbook (Exhibit 1.1A). Students are encouraged to discuss their concerns first with the appropriate instructor, and if not resolved, with the Director, School of Nursing. If still unresolved, the student is directed to follow the Student Complaint and Grievance Procedure which involves a written statement directed to the Chairperson of the Grievance Committee, so designated by the Vice President of Student Services. The Chairperson refers written grievances to the Grievance Committee which then conducts a formal hearing within a reasonable period of time and forwards recommendations to the Vice President of Student Services.

The following table describes the resolution of grievances and complaints brought against the School of Nursing since 2003 when then last NLNAC accreditation visit occurred.

TABLE: Summary of Complaints and Grievances

Date	Complaint/ Grievance	Summary and Process	Resolution
10/05	Grade awarded in bad faith; failure to follow due process (Grievance)	Written grievance was filed by two students who failed the final nursing course of the program. MCCSN Director and Level 2 Coordinator reviewed letter and responded in writing. Formal grievance petition was filed, heard by the Grievance committee.	Grievance Committee found that the School of Nursing applied grading and examination procedures fairly and consistently. Findings were upheld by the Vice President of Student Services.
11/05	Violation of due process and student rights concerning change in admission polices (Grievance)	Student was not eligible for admission based on pre-requisite completion; alleged misguidance about program entrance requirements. First sought guidance from Nursing Program Counselor regarding changes in admission policies that had been publicized at least one year prior. Student then met with MCCSN Director without resolution. Proceeded to file formal grievance petition.	Dean of Student Services (who served as Chair of Grievance Committee) reviewed student’s original letter and concluded that written admission policies were clear and applied consistently. Hearing was not warranted and did not progress to level of Vice Presidential decision.

Date	Complaint/ Grievance	Summary and Process	Resolution
11/09	Dismissal for academic reasons (Complaint)	Student was unable to progress beyond the first semester due to excessive clinical absence. Director conducted exit interview stating that return in Fall 2010 was contingent upon space available (per student handbook policy in place 2009-2010). Re-admission was not guaranteed. Student met with Dean of Instructional Planning to discuss concern that lack of guaranteed re-admission was based on personal issues.	Dean of Instructional Planning interpreted policy in place at the time to permit priority re-admission based on date of original application, since incoming class had not yet been accepted. Student was re-admitted for Fall 2010. Handbook policy was revised for 2010-2011 to permit re-entry only for students who withdraw in good standing from the first semester, and based on new date of application.
04/10	Disability discrimination (Complaint)	Student was not given testing accommodations designated by Support Services during ATI Comprehensive Exam due to misunderstanding on the part of faculty/staff over the ability to pre-program the timing of this standardized test. Alleged poor score due to lack of testing accommodations.	Student submitted concerns in writing immediately and also met with Level II Coordinator, who contacted the assigned ATI rep to clarify test program capabilities. Upon consultation with ATI, faculty learned that test time was re-programmable to accommodate extra time, and that the “national percentile ranking” (as noted in student handbook) was a less than optimal value upon which to predict success; the “individual adjusted score” was more predictable. Outcome of student’s ATI result was actually a passing score by handbook policy. The Handbook policy for Examination Procedures and Accommodations was

Date	Complaint/ Grievance	Summary and Process	Resolution
			updated for 2010-2011 to reflect “individual adjusted score” and a plan was made for timing accommodations for ATI beginning 2011 for students with the appropriate written testing accommodations.

1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

The MCCSN does not deliver any part of the curriculum by distance education.

Standard 2 Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

2.1 Full-time faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.

There are six full-time faculty; five hold a Master of Science degree in Nursing, and one of these five holds a second Master of Science degree in Adult and Continuing Education. The sixth full time faculty member holds a Master of Arts in Clinical Psychology with a Bachelor of Science in Social Work. This faculty member will complete a Master of Science degree in Nursing in December, 2011. Current transcripts are available for visitors to review in the faculty files located in the Director's office.

2.1.1 The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

There are two permanent part-time faculty; both hold a Master of Science degree in Nursing. Two adjunct faculty provide clinical instruction; one holds a Master of Science degree in Nursing, the other holds a Bachelor of Science degree in Nursing. Permanent part-time faculty are salaried, at 0.9 and 0.75 full-time equivalent status respectively. Adjunct faculty are compensated hourly.

2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.

All but one MCCSN faculty meet the minimum credential. The one full-time faculty who holds a Master of Arts in Clinical Psychology has completed graduate level coursework in nursing at Saint Louis University for a total of 36 units. This coursework includes 10 units in the Nurse Educator specialty and the remainder (26U) in the Pysch/Mental Health Nurse Practitioner specialty. She is scheduled to complete this program of study in December of 2011 with a Master of Science in Nursing (transcript available in Director's office). This faculty

member has functioned in her role as full-time nurse educator with clinical teaching experience for the past five years in gerontological and psychiatric nursing.

2.2 Faculty (full- and part-time) credentials meet governing organization and state requirements.

Faculty meet the Minimum Qualifications for Faculty and Administrators in California Community Colleges (Exhibit, 2.2B, p. 32) which include a Master's degree in Nursing or the minimum qualifications of the Board of Registered Nursing (BRN). All faculty members meet the California BRN requirements as instructors or assistant instructors, as delineated in Section 1425 of the California Nursing Practice Act (Exhibit 2.2A), and have BRN approval to teach in their assigned clinical areas (BRN Approval Forms, Exhibit 2.2C) All faculty maintain expertise in their assigned teaching areas through participation in continuing educational programs, individual study, faculty practice, other professional development activities, and/or clinical practice (Faculty Data Forms, Exhibit 2.2E).

2.3 Credentials of practice laboratory personnel are commensurate with their level of responsibilities.

All faculty who teach in the Learning Resource Center (LRC) are the full- and part-time instructors of the nursing program who all possess the credentials as stated above. Non-nurse faculty are not utilized in the LRC for demonstrations, return demonstrations, or remediation of students. Faculty assignments are noted on the LRC Calendar (Exhibit 5.3B).

2.4 The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.

Program outcomes are achieved using a team teaching approach. Nursing faculty teach content related to their areas of interest and expertise within the boundaries of their BRN content approval. The theory component of the program is delivered in the classroom setting with up to 32 students per assigned instructor. Faculty are also available for individual and

small group learning opportunities outside of lectures by appointment, and through the Learning Resource (LRC). The LRC is staffed with an RN instructor 24 hours per week.

The nursing budget allows for optimal student-to-faculty ratios in the clinical setting. In the first semester (NURS 52A), a faculty to student ratio of 1:8 accommodates the learning need of beginning students. In subsequent semesters, the budget allows for a 1:10 ratio. In all settings, faculty develop their own clinical schedules, incorporating planned out rotations which meet course objectives, in order to provide clinical instruction for the number of students who can be effectively supervised in the delivery of safe patient centered care. Faculty consider patient acuity and student learning needs in the planning clinical schedules. Clinical rotation schedules are available on site as Exhibit 2.3A.

The MCCSN faculty follow the Monterey Peninsula College Teachers Association contract as the basis for calculating faculty assignments (MPCTA, 2007-2011, Exhibit 1.8B, p.97-110). Full-time faculty are expected to fulfill 15 teaching load units (TLUs) per semester or 30 TLUs per academic year, which includes lecture and clinical, student advisement, assigned meetings and committee work. One lecture hour is equivalent to .07 TLU, and one clinical hour is equivalent to .05 TLU. Assignments are structured during the spring semester for the following academic calendar year by the Director and/or Assistant Director(s) together with level coordinators in order to ensure that qualified faculty are available to teach all program elements (theory and clinical). All faculty who teach in the classroom also teach in the clinical setting and/or CSC to provide concurrency between the lecture and lab components of nursing courses. Once the teaching load assignments are finalized, they are used to formulate the budget proposal, and are also included in the faculty letters of appointment. Load documents and letters of appointment are available on site in Exhibit 1.8C.

2.5 Faculty (full- and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.

The MCCSN program philosophy and budget promote scholarship and evidence-based teaching: “Nursing education takes place in institutions of higher learning and in a variety of health care settings...within the framework of the nursing process develops the learner’s critical

thinking skills and fosters decision-making, accountability, commitment, empathy, and personal and professional growth....the strong partnership between the college and the local community hospital promotes collaboration between education and practice.” MCCSN faculty define scholarship to mean currency in nursing practice, service opportunities, and the application of scholarly literature.

The Faculty maintain a current base of skills and knowledge by engaging in faculty practice activities during the summer months. The annual budget provides for faculty practice hours for permanent faculty, approximately 24 hours per faculty member for 2011-2012. Faculty receive compensation for approved proposals for faculty practice activities, which must demonstrate benefit for patients, faculty peers or students, and must have defined goals and measurement criteria. Examples include hands-on patient care in the clinical setting where the faculty teach students, observation of patient procedures or therapies, skills practice, etc. The proposals are approved for funding by the Director, School of Nursing and the V.P of Nursing, Community Hospital of the Monterey Peninsula (CHOMP). Sample faculty practice proposals are available on site as Exhibit 2.5A.

Another way in which faculty enhance their use of best practices is through outside service. The Clinical Simulation Coordinator also serves as a clinical adjunct for Medical Education Technologies, Inc (METI), providing basic training to other nursing instructors across the nation on the use of METI simulators and associated curricular integration. The mental health instructor practices as a staff nurse during summer months on the acute psychiatric unit at CHOMP. Several faculty have participated in service to underserved populations, enhancing their skills and awareness of cultural diversity. Faculty have participated in medical missions to Fiji and Nicaragua, implemented an outreach project for underserved women of the Lakota Nation, participated in a language immersion experience in Guadalajara, Mexico, and served as a Court Appointed Special Advocate (CASA volunteer) for children.

Faculty also maintain currency with evidence-based teaching and clinical practices through continuing education classes, seminars, workshops, and certification. As CHOMP employees, faculty enjoy a continuing education allowance of up \$2000 every two years for full-time faculty, and prorated for permanent part-time faculty. CHOMP clinical faculty attend annual

education fairs at the hospital and complete required competencies for the respective nursing units. Educational activities are documented in the Faculty Data forms available on site as Exhibit 2.2E. Flex day events at the beginning of every semester at MPC also support continued learning about assessment and teaching strategies. Sample flex day schedules are available on site as Exhibit 3.7C. Faculty attend the annual conference of the California Organization Associate Degree Nursing programs (COADN) held at the Asilomar Conference Center in the neighboring city of Pacific Grove, California. The conferences feature topics such as curriculum development, item writing, and student success. Key speakers in recent years include Donna Ignatavicius, author of *Medical-Surgical Nursing: Patient Centered Collaborative Care* (2010), and Linda Caputi, author of *Teaching Nursing Using Concept Maps* (2008). Based on conference presentations, faculty implanted concept maps into clinical teaching as a best practice for helping students to make linkages between patient care components. Faculty will begin to structure test blueprints in fall, 2011 to align exam items with course objectives, cognitive level, nursing process and patient needs. Three faculty members will have attended the Quality and Safety Education for Nursing (QSEN) Education Consortium by the time of the site visit, and are planning for curriculum review during spring, 2012 relevant to the QSEN initiative.

Finally, faculty began in May, 2011 to participate in the monthly MCCSN Journal Club, a time set aside for discussion and brainstorming of one or two selected scholarly articles. During discussion of the Institute of Medicine(IOM) *Future of Nursing* recommendations, faculty are currently debating the best community-based (non-hospital) clinical sites for students to achieve learning outcomes conducive to Associate Degree nursing practice in the near future, and the best way to prepare graduates for BSN completion. The articles selected for review in the fall, 2011 semester have been collected in the MCCSN Faculty Journal Club Notebook, Exhibit 2.5B.

2.6 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.

Two full- time classified staff (non-nurse) are employed at the MCCSN. The Department Office Manager (DOM) is responsible for clerical, technical, and administrative tasks, such as

responding to phone inquiries, greeting students and visitors at the main office, maintaining student files, corresponding with students regarding published admission requirements and deadlines, and collaborating with college departments as directed by the Director, School of Nursing. The DOM also updates MPC class schedule information. The Instructional Technology Specialist (ITS) is responsible for the setup, operation and maintenance of the computer lab, smart classrooms and instructional equipment. Under direction of the Director, School of Nursing, the ITS enters data into the statistical database and processes purchase requests. The ITS also assists students in the Learning Resource Center to locate learning materials and to troubleshoot instructional equipment and computers. The technical and administrative support provided by both non-instructional staff are essential and sufficient to the daily operations of the MCCSN.

2.7 Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.

In October, 2005 the faculty and Director, School of Nursing, developed the comprehensive plan to orient new full- and part-time faculty. The plan was operationalized in July, 2006 when four part-time instructors were hired as a result of an expansion grant from the California State Chancellor's Office. New and existing faculty participated in the 2006 orientation session, and the evidence of attendance is found in the notebook containing the detailed plan and agenda, available on site as Exhibit 2.7A. New instructors are also assigned a faculty mentor for ongoing support and guidance, usually the level coordinator or the specialty content expert. Level meetings serve as an additional avenue of support and mentorship for new faculty, where student issues are routinely discussed as they relate to the achievement of theory and clinical objectives. The Faculty Handbook (Exhibit 2.7B) is also available as a resource to all faculty. It contains information relating to schedules, assignments, committees, employment, organizational structure, policy and procedure, fiscal issues, NLNAC Standards, and BRN Guidelines.

The orientation plan remains the procedure for new faculty, although there have been no new hires since 2006. Two adjunct faculty will return in fall, 2011 and will receive a re-orientation to their responsibilities by designated full time faculty.

2.8 Systemic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

Nursing faculty have clearly defined position descriptions. These descriptions detail the competencies and requirements of the position of nursing instructor or assistant instructor. All annual performance appraisals are maintained in a secure file in the Director's office and will be made available to site visitors upon request. As CHOMP employees, faculty are evaluated annually by the Director, School of Nursing using an electronic tool which lists performance standards and core competencies. Faculty have an opportunity for input and goal setting. The CHOMP performance appraisal policy is available on site as Exhibit 1.8M, and a sample appraisal tool is available as Exhibit 2.8A. For any evaluation criterion evaluated as "Change Required," the Director and faculty member develop a plan for corrective action and re-evaluation.

Because faculty are also accountable to MPC for teaching responsibilities in accordance with Title 5 and Education Code, they are evaluated every three years as temporary faculty according to the procedures outlined in the MPCTA Agreement 2007-2011, Exhibit 1.8B, p. 62-64. The specific Instructions for Evaluating Temporary Faculty (MPC) are available on site as Exhibit 2.8B. These MPC evaluations are also maintained in a secure file in the Director's office and will be made available to site visitors upon request.

2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

Classified staff are evaluated annually by the Director, School of Nursing in accordance with Governing Board Policy 5555, and the current Agreement between MPC and the California School Employees Association (CSEA), p. 45 (Exhibit 2.9A). For any areas of deficient performance, the Director and staff member develop a plan for corrective action and re-evaluation. Performance evaluations of classified staff are maintained in a secure file in the Director's office and will be made available to site visitors upon request.

2.10 Faculty (full- and part-time) engages in ongoing development and receives support in distance education modalities including instructional methods and evaluation.

MCCSN does not deliver any part of the curriculum by distance education.

Standard 3. Students

Student policies, development, and services support the goals and outcomes of the nursing education unit.

3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.

The Maurine Church Coburn School of Nursing (MCCSN) student policies are consistent with those of Monterey Peninsula College (MPC). The MCCSN website conveys program of study, admission, and nursing curriculum requirements. The same information is communicated in the Information and Application Packet (Exhibit 3.1A). Free public information sessions advertised on the nursing department webpage are held monthly during the fall and spring semesters, where the pre-nursing counselor and Director, School of Nursing discuss admission requirements. <http://www.mpc.edu/academics/nursing/Pages/NursingDepartment.aspx> Policies are communicated in the MPC College catalog, which is available on the website: <http://www.mpc.edu/classes/MPC%20Catalogs/2011-12%20Catalog.pdf> . Once students are admitted to the School of Nursing, they are given the Nursing Student Handbook, which includes policies (Exhibit 1.1A), updated annually prior to the fall semester. Mid-year updates are communicated by distribution of the written policy to all students. Students are oriented to program policies in a number of ways, including written materials and required class activities. All students attend a new student orientation in June prior to their admission in August (New Student Orientation Packet, Exhibit 3.1B). The Nursing Student Handbook is reviewed in class during the first nursing course, NURS 52A. Also, guest speakers are invited to present topics such as Patient Confidentiality, Financial Aid Services and Community Hospital of the Monterey Peninsula (CHOMP) Auxiliary scholarships.

The following table compares and contrasts student policies for MPC and MCCSN; the narrative that follows highlights policies of particular importance to nursing students and justifies differences based on the educational outcomes of the nursing program. Most policies are found in the Student Handbook (Exhibit 1.1A), in the 2011-2012 MPC Catalog (Exhibit 1.1B)

<http://www.mpc.edu/classes/MPC%20Catalogs/2011-12%20Catalog.pdf>, and in the MCCSN Information and Application Packet (Exhibit 3.1A).

Table: Comparison of MPC and MCCSN Student Policies

Policy		MPC Policy	MCCSN Policy
Non-discrimination	MPC Catalog Pg. 7	Does not discriminate in any policy, procedure or practice in compliance with Title VI of the Civil Rights Act of 1964, Americans With Disabilities Act and related federal legislation	Follows MPC Policy
Selection and Admission	MPC Catalog, Pg. 11-13 Information and Application Packet; MCCSN webpage http://www.mpc.edu/academics/nursing/Pages/NursingDepartment.aspx	Open enrollment; anyone who is 18 years or older and is capable of profiting from instruction, has HS diploma, or certificate of proficiency, or certificate of completion is eligible to attend.	Equivalent courses in intermediate algebra or higher math; college anatomy; physiology, microbiology, developmental psychology, pharmacology , college level English Cumulative 2.75 GPA in pre-requisite courses Satisfactory Success Index Score (80 or greater) Satisfactory Test of Essential Academic Skills (TEAS) score (62 or greater) Advanced Placement based on space available

Policy		MPC Policy	MCCSN Policy
Academic Progression	MPC Catalog, Pg. 19-21 Student Handbook, "Grading/Retention/Promotion"	Subject to probation after 12 units completed at GPA below 2.0	Theory average 75% and satisfactory clinical performance in order to progress in nursing program
Grading and Retention	MPC Catalog, Pg. 20 Student Handbook, "Grading/Retention/Promotion"	Letter grade (A-B-C-D-F) or Pass/No Pass as further defined in course syllabi	Grading scale consistent through all nursing courses: 100-90 = A 89-80 = B 79-75 = C 74-67=D <67 = F Minimum of 75% average to progress
Withdrawal/ Re-entry	MPC Catalog, Pg. 20 Student Handbook, "Withdrawal/Re-entry" Exit Interview Form (Exhibit 3.1C)	By week 4 for no notation on transcript; By week 14 of instruction or 60% of a short term class for grade of "W"	Exit interview. May return one time if in good standing at the time of withdrawal; students who fail may not return. NURS 52A students must re-apply with new date of application
Dismissal	MPC Catalog p.21; Student Handbook "Unsafe Practice/Dismissal"	Dismissal for cumulative GPA below 2.0 for two consecutive semesters	Same as MCCSN grading; Per instructor's discretion for unsafe clinical practice, followed by meeting with Director
Graduation Requirements	MPC Catalog, Pg. 19; 98 Student Handbook, Pg. 12 Information and Application	Determined by the catalog in effect at the time of the first enrollment at MPC if enrollment is continuous.	Follows MPC policy; Completion of all program requirements (73-75 units) eligible to

Policy		MPC Policy	MCCSN Policy
	Packet, p.11 (Exhibit 3.1A)		take NCLEX-RN and apply for licensure; 30 unit option for LVNs set forth in California Code Regulations section Title 16, 1429
Validation of Prior Learning, Transfer or Articulation	2011-2012 MPC Catalog, Pg. 13; 19-20; Information and Application Packet, Pg. 5-6, 9	Matriculation agreement per college catalog; official transcripts for other college credit, maximum of 30 units by College Level Examination Program (CLEP)	Follows MPC policy; verification of equivalency by nursing program counselor or Director
Grievance/ complaints and appeals	MPC Catalog, Pg. 48-49; Student Handbook, "Student Rights and Responsibilities"	Student should attempt to resolve with faculty member, administrator or classified person directly involved; Confer with supervisor if not satisfied; submit written statement to Chairperson of Grievance Committee	Follows MPC policy
Financial Aid	MPC Catalog, Pg. 15-16 MPC website: http://www.mpc.edu/financialaid/Pages/Student%20Financial%20Services.aspx MCCSN Student Services Financial Aid Tip Sheet for Nursing Students (Exhibit 3.1D) Student Personal Profile Sheet (Exhibit 3.1E) Student Handbook, "Faculty-Coordinated Scholarships"	Nursing students may qualify for federal student aid by completing the FAFSA at Financial Aid orientation.	Follows MPC policies. In addition, nursing students often have excessive units and so must file the appropriate form with the Financial Aid Office after meeting with the program counselor. Many private donor scholarships are also available and are described in Standard 3.2

Policy		MPC Policy	MCCSN Policy
Recruitment and Advertisement	MPC website http://www.mpc.edu/academics/nursing/Pages/NursingDepartment.aspx	The nursing program of study is available on the college website. MPC Infomercials are broadcasted on local TV and radio stations. MPC hosts booths at high school college nights, and at the Monterey County Fair. MPC Career Days presentation every Spring semester planned by the student success coordinator. The Public Information Office coordinates college advertising.	Monthly Informational sessions Mailing of Info Packet and Info Session Schedule upon request
Health Requirements	MPC Catalog, Pg. 40 Student Handbook, "Student Health History and Immunizations"; Information and Application Packet, Pg. 7-8	While there are no health requirements, the Student Health Center offers health promotion information and referrals, as well as first aid and emergency care, over the counter medications, counseling and limited screenings and vaccinations.	Nursing students must complete a health evaluation and must submit documentation of all required immunizations.
Confidentiality	MPC Catalog, Pg. 42-43; Student Handbook, "Confidentiality"; Mandatory Compliance Presentation Week 1 NURS 52A; Student Rights and Responsibilities on MPC website http://www.mpc.edu/student-services/Pages/StudentRightsandResponsibilities.aspx	All staff and faculty honor confidentiality of student records.	Students are required to adhere to HIPAA guidelines in the clinical setting. Mandatory Compliance Presentation Week 1 NURS 52A

Policy		MPC Policy	MCCSN Policy
Background checks	Student Handbook, "Student Background Checks"	MPC has no requirement for background checks.	Students must meet agency requirements for clinical experiences.
Impaired Student Policy	MPC Catalog p. 47 Student Handbook, "Unsafe Practice Dismissal"	Policy in accordance with public law 101-226 Drug-Free Schools and Communities Act, MPC prohibits unlawful possession, use or distribution of illicit drugs or alcohol by students or employees on MPC property. Subject to disciplinary action including expulsion.	Follows MPC and clinical agency policies. Student must leave clinical agency and complete substance abuse assessment and recommendations to continue in the nursing program. (See narrative below)
Attendance	MPC Catalog p. 21 Student Handbook, "Attendance"	Regular attendance is expected. Instructor established standards in syllabus.	Follows MPC policy for classroom attendance. Clinical instructor will structure alternate methods for meeting objectives for up to 2 days missed per semester (number of scheduled clinical hours in one week). Students who miss more than the maximum number of hours permitted will receive an "Unsatisfactory" for the clinical experience and a grade of "F" for the course.

The following narrative provides greater detail to justify special differences in student policies between MPC and MCCSN.

Selection and Admission Requirements:

The philosophy of the School of Nursing is congruent with the mission and outcomes of MPC. The faculty concurs with the MPC's open enrollment admission policy. However, limitations in resources, including space in classroom and clinical settings, and number of faculty, determine the number of nursing students that can be accommodated. A multi-college study coordinated by the California Community Colleges Nursing Advisory Committee (3CNAC) in collaboration with the Chancellor's Office was completed in 2004. The study supported that high academic standards and validated program prerequisites best promote student success. For this reason, a Success Index Score of 80, based on transfer level English grade, overall GPA and GPA in the core sciences is used to determine the eligibility of applicants. Exhibit 3.1F summarizes the ADN Model Prerequisite Validation Study, and gives a sample calculation of the Success Index Score.

The Test of Essential Academic Skills (TEAS V) has been adopted as an additional measure of promoting student success, as it measures fundamental knowledge in math, English and the sciences. A passing composite score of 62 is required once the candidate has been accepted for admission. Any candidate who fails to score 62 or better is given an individualized remediation plan (TEAS V Test Grade contract) by the Student Success Coordinator (Exhibit 3.1G). Upon completion of a second successful TEAS exam, the candidate may begin the nursing program. Depending on the severity of the deficit, some candidates are counseled to defer admission until the following year, allowing a full academic year to remediate with appropriate course work.

At this time, the School of Nursing absorbs the cost of administering the TEAS test to all applicants who have been accepted into the program. MCCSN complies with the guidelines given by the Chancellor's Office and the 3CNAC Guidelines for implementing the TEAS V as outlined in Exhibit 3.1H.

Student Evaluation/Grading & Retention:

The School of Nursing grading policy is consistent with the MPC grading policy. Each nursing course includes both theory and clinical components. The student must earn a 75% or better in theory, and evaluation of “satisfactory” in each clinical rotation in order to progress to the next nursing course. The student must demonstrate minimum competency in each specialty area in order to pass the course. If any clinical evaluation is unsatisfactory, a grade of “F” will be assigned for the nursing course. Because consistent evaluation of clinical performance requires attendance, absences per semester of more than the total number of clinical hours in one week will result in the student receiving an “unsatisfactory” for the clinical experience and a grade of “F” for the course. This information can be found in the Nursing Student Handbook (Exhibit 1.1A) and in each course syllabus.

Withdrawal and Dismissal:

The policy for returning one time to the nursing program after a failing grade, due either to poor theory or clinical performance, was changed in 2010. The current policy allows students to return one time only if in good standing in both the theory and clinical component of the course (i.e. C average or better and no outstanding contracts for “Needs Significant Improvement” or “Unsafe Practice”). Students in NURS 52A, the first semester course, must re-apply with a new date of application. The current policy reflects greater sensitivity to the overall demand for seats in the nursing program with more than 80 qualified students waitlisted annually, especially considering the poor rate of success for returning students as demonstrated below.

TABLE: Returning Students Who Did Not Graduate

Academic Year	2007-2008	2008-2009	2009-2010
Number of returning students who did not graduate due to failure to progress	2 out of 3 (67%) [1 in NURS 52B and 1 in NURS 52D]	4 out of 5 (80%) [1 in NURS 52B; 3 in NURS 52C, 1 in NURS 52D]	3 out of 5 (40%) [NURS 52C]

Impaired Student Policy:

The MCCSN unsafe practice/dismissal policy is consistent with the BRN impaired student policy guidelines that specifically address unsafe practice in the clinical setting. Faculty believe that the safety of the patient is of the utmost concern, and that the instructor, as an expert practitioner, is in the best position to evaluate the safety of the student's nursing practice. Safe nursing practice may be compromised by physical injury, physical or mental illness or impairment, or from the student's lack of knowledge or preparation for patient care. If, in the instructor's judgment, the student's ability to safely care for patients is doubtful, the instructor has the authority to remove the student from a client care assignment or from the clinical area. In such cases, the clinical instructor immediately notifies the level coordinator and the Director, School of Nursing. If an instructor notes signs or symptoms indicating impairment, the student will be removed from patient care. Further assessment may be required and recommendations implemented before the student may continue in the course. Under such circumstances, the student, the instructor, the agency coordinator and the Director, School of Nursing meet as soon as possible to evaluate the situation, and determine if and when the student may be allowed to return to the clinical setting. A written contract documents the incident and conditions for continuing in the course.

If drug or alcohol abuse, or mental illness are contributing factors to the student's inability to provide safe care, referral information regarding counseling and treatment options is provided.

Graduation Requirements:

Graduation requirements for an Associate in Science degree are described and outlined in the MPC Catalog. Students who complete all courses indicated on the curriculum guide are eligible to receive an Associate in Science degree from MPC, and are eligible to take the National Council Licensure Exam for Registered Nurses (NCLEX-RN) according to California Board of Registered Nursing regulations. The number of semester units (73-75) needed to complete the nursing program is comparable to other generic associate degree nursing programs in the Central Coast region, as reported on their respective college web pages.

MCCSN students are also eligible to take the NCLEX-RN as non-graduates if they complete the 30-unit option for Licensed Vocational Nurses according to California Code of Regulations 1429.

TABLE: California Central Coast Associate Degree Program Graduation Requirements

College	Number of Semester Units Needed for Graduation	Website
Hartnell College (Salinas, CA)	73.7 - 77.7 units	http://www.hartnell.edu/academics/catalog.pdf p. 119
Santa Barbara City College, Santa Barbara, CA	Approx. 77.6 units	http://www.sbccc.edu/apply/files/aa_as/nursing.pdf
Cabrillo College (Aptos, CA)	60 units <u>after</u> math and chemistry options are satisfied to enter nursing pre-requisites	http://www.cabrillo.edu/publications/catalog/current/departments/n.pdf
Cuesta College (San Luis Obispo, CA)	63.5 units, <u>plus</u> the six general education courses listed	http://academic.cuesta.edu/nursing/

Financial Aid:

Types of financial aid include federal direct grants, loans, and scholarships. In addition, the MCCSN Student Services Committee provides scholarship information and assistance to nursing students. Student representatives from each level serve on this committee. The CHOMP Auxiliary Scholarship Committee awards thousands of dollars of scholarship money to eligible students each semester. In addition, many private donors provide scholarship funds to MCCSN students to be coordinated directly by the faculty. Standard 3.2 provides greater detail about private financial assistance to students.

Recruitment:

Ongoing recruitment efforts include numerous MPC campus events, and public service announcements in local newspapers, television, and radio. MCCSN participates in ongoing Breakthrough to Nursing (BTN) projects through the local chapter of the California Nursing Students' Association (CNSA). BTN promotes nursing as a career through local educational institutions from elementary grades through college level transfer. In fall 2010, CNSA and Men in Nursing (MIN) members participated in a recruitment presentation at Rancho Cielo, a youth corps that provides focus for troubled teens seeking vocational training. High school tours for career awareness are conducted in the fall and spring semesters, and hosted by the Student Success Coordinator in the Learning Resource Center (LRC). The sessions include information about the program of study and interactive demonstrations of nursing skills such as dosage calculation. CNSA members also visit classrooms of pre-requisite courses.

Health Requirements:

Nursing students are required to submit documentation of good physical health and current immunizations as commonly required by clinical agencies. Details regarding these requirements are included in the Nursing School Application and Information Packet, and forms are distributed at the New Student Orientation. The orientation takes place approximately three months before students begin the nursing program, allowing adequate time to meet these requirements. The agenda packet for the most recent Orientation session held June 2, 2011, is available as Exhibit 3.1B. Although these requirements do not pertain to MPC students in other majors, they are in keeping with the college's open enrollment policy, which allows programs to establish health and safety requirements when necessary for students to benefit from the program of study.

Validation of Prior Learning/Articulation:

The policies identified for nursing students regarding prior learning are consistent with those for all MPC students. The College Admissions and Records office requires official transcripts of previous college work. It is the student's responsibility to make an appointment with the

Nursing Program Counselor or the Director, School of Nursing to evaluate courses that may be used towards the Associate of Science degree in nursing. Students who elect to transfer coursework from other approved nursing programs must submit transcripts and course syllabi to the Director, School of Nursing. If the prior work is equivalent to MCCSN courses, transfer credit is awarded.

Background Checks:

While the college does not require any type of background check for students, clinical facilities may require compliance with their agency-specific background check procedures. At the time of this writing, both acute facilities, CHOMP and Natividad Medical Center (NMC), have such a requirement and they both cover the cost. The Student Handbook outlines the policy, stating that in order for students to participate in clinical experiences they must complete the respective agency background check(s). In the event that a student would fail a background check, a reasonable attempt is made to find an alternate clinical placement that meets course objectives.

Dress Code:

While MPC has no particular dress code for the classroom, the role of the nurse requires professional behavior and appearance. Therefore, nursing students are required to comply with a dress code in clinical situations. The dress code is outlined in the Student Handbook and is consistent with the dress code of the clinical facilities.

3.2 Student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.

MPC provides a wide variety of student services, which meet the needs of associate degree nursing students whose backgrounds are diverse with regard to not only ethnicity and gender, but also socioeconomic status and degree of college readiness. Characteristics of the nursing student body are illustrated in APPENDIX C Demographic Data of Accepted Students. The most recent college student body statistics are available for comparison on site in the Monterey Peninsula College Enrollment and Demographic Trends 2010, Exhibit 3.2A.

While the ethnic and age distribution of students in the nursing program is essentially reflective of the general student body at MPC, there is a notable difference in the percentage of male students compared to female (approximately 47.2% male at MPC, compared to an average of 16.9% male in the nursing program over the past 3 years). A negative trend in student success for males was noted between 2005 and 2007, and was corroborated by data from the California BRN Report 2000-2009 (Exhibit 3.2B). Male students had unusually high attrition rates.

TABLE: Attrition Rates for Male Nursing Students at MCCSN 2005-2007

	Number of Males Enrolled	Number of Males Who Graduated	Attrition Rate
Class of 2005	11	4	63.3%
Class of 2006	6	0	100%
Class of 2007	7	4	42.9%
Class of 2008	8	7	12.5%
Class of 2009	8	7	12.5%
Class of 2010	17	13	23.5%
Class of 2011	5	4	20%

In response to the need for support specific to male nursing students, MCCSN launched a Men in Nursing (MIN) Program as a part of the overall student success program in 2007, which provided a number of activities designed to promote success for male students. Based on detailed discussions with a group leader and with male RNs from the community, obstacles were identified such as study skills, timely communication about academic difficulties, and barriers to intimate touch. Monthly group meetings were established and continue to be led by a male nursing faculty member. With grant funding from California Community Colleges Regional Health Occupations Resource Center, the MIN group hosted a state conference in the spring of 2008 and 2009 to help address gender issues in nursing. See Men in Nursing Conference brochures (Exhibit 3.2C). The male instructor who leads the group is currently funded by a combination of grants to provide mentorship in the clinical setting and to continue to lead the MIN group and to counsel male nursing students as academic and patient care issues arise. The results of the program so far demonstrate a reduction in the attrition rate of

male students since 2007. A more detailed analysis of gender trends relevant to student success is available in APPENDIX C Demographic Data of Accepted Students.

The faculty are responsive to the socioeconomic realities of today's nursing students. The cost of success in nursing school far transcends tuition; for most it means a dramatic decrease in income as school commitments take priority. Students frequently share stories about economic hardship while attending nursing school. In recent years the anecdotal reports of students who have moved in with extended family, or have had to severely alter their lifestyle has increased.

To help students meet their needs, the faculty coordinates a number of community scholarships donated directly to MCCSN. Exhibit 3.2D lists the private awards for 2010-2011 that were coordinated by the faculty. Faculty matches student need with donor criteria via a voluntary and confidential Student Personal Profile Sheet (Exhibit 3.1E). The majority of nursing students disclose a need for financial assistance via the voluntary Profile Sheets: 97% of the Class of 2012 compared to 68% of the Class of 2011. The Student Services and Financial Aid Committee also sponsors an Adopt-A-Nursing-Student-and-Family-for-the-Holidays Program, annually since 1989 (Exhibit 3.2E Got Success? Pay It Forward). This program relies on the donations of individuals and groups in the community, especially the CHOMP staff and CHOMP Auxiliary volunteers. The Adopt-A-Nurse program continues to grow every year with publicity provided by the local newspaper, The Monterey Herald. In 2010, every student in the first level class received a donation. Special recognition is due CHOMP Auxiliary, which awards scholarships to MCCSN students who are in good standing and reside in Monterey County, once every semester. The table below lists the total award amounts donated in student scholarships by the CHOMP Auxiliary and administered by Student Financial Services.

TABLE: CHOMP Auxiliary Scholarships

Academic Year	Number of Students Awarded by CHOMP Auxiliary	Total Amount Awarded
2008-2009	57	\$150,558.00
2009-2010	65	\$153,773.00
2010-2011	56	\$241,660.00

General college services are described in detail in the MPC 2011-2012 Catalog, pp. 36-43, and are also linked on the college website <http://www.mpc.edu/student-services>. Students can easily locate services on campus by accessing the link to “Got Success” on the public website <http://www.mpc.edu/GotSuccess/Pages/default.aspx>. In addition, MCCSN Student Services and Financial Aid Committee posts a list of campus services on the web-based course management system (I-Learn) for both levels, and student committee representatives make periodic class announcements to remind students about campus and other valuable community resources. Student Services and Financial Aid Committee minutes are available on site in the Committee Minutes Notebook, (Exhibit 1.2F). The Directory of Student Services and Learning Resources is available as Exhibit 3.2F.

Campus services are administered by academically and experientially qualified personnel and include: Admissions and Records, CalWORKS, CARE, Career Services, Child Development Center, College Bookstore, Counseling, Extended Opportunity Programs and Services, Food Services, Housing Referral Services, Information Center, International Student Programs, Job Center, Learning Assistance Center (academic support/tutoring), computer center, English and Study Skills Center, English as a Second Language Center, High Tech Center for Student with Disabilities, Math Learning Center, Reading Center, Library and Technology Center, Re-Entry and Multicultural Resource Center, Student Health Center, Supportive Services and Instruction, Transfer Services, and Veterans Assistance.

The campus services most frequently utilized by nursing students are described below:

Academic advisement: for nursing students is conducted through the College Counseling Department, primarily by the Nursing Program Counselor, although all college academic counselors are certificated and qualified to advise nursing and pre-nursing students. Students are encouraged to meet with the counselor periodically to stay informed of the requirements and prerequisites for completion of the program. Students may also make an appointment with The Director, School of Nursing to clarify admission eligibility and completion requirements.

Student Health Services: A nurse and health specialist provide assistance to students for injury and illness care, including first aid, health assessment, treatment advice and referral to medical facilities as needed. Nursing students often utilize Health Services for Tuberculin Screening Tests. Marriage and Family Therapy interns provide personal counseling by appointment. The Director of Student Health Services is a Master's prepared public health nurse, and like the faculty, is employed by CHOMP. This partnership between MPC and CHOMP facilitates referral to community agencies and sponsored care. All students pay a modest student health fee per semester for Student Health Services.

Support Services and Instruction: Learning disability assessments are conducted for students based on academically related functional limitations. Qualified learning specialists conduct assessments based upon self- or faculty-referral. The Support Services faculty has a wide variety of expertise in disability-related fields. Students must complete an Application for Supportive Services and Instruction; submit a professional verification of their disability or arrange for testing through the Supportive Services and Instruction department; complete an Educational Contract; and present that contract to the course coordinator in order to receive testing accommodations. Adaptations for special learning needs are coordinated through the Learning Assistance Center. For instance, students who require assistance with auditory processing may qualify for a note taker. The High Tech Center for Students is a model for the California Community College system, providing enhanced computer access for students with disabilities.

Student success is the top priority for faculty, as demonstrated in the case management approach used to counsel and track students who are at risk. The Student Success Coordinator at MCCSN tracks student referrals and academic progress. Funding for success activities and the student success faculty role is partially provided by a grant from the Chancellor’s Office from 2010 through 2012, as described in Standard 1.4. The success activities include faculty-led study groups in the first semester, funding for TEAS (Test of Essential Academic Skills) pre-admission test administration and remediation activities, and Assessment Technologies Institute (ATI) comprehensive testing administration. The effect of faculty-led study groups on student success will be analyzed with the assistance of the Office of Institutional Research. Preliminary data (two cohorts only) show that the majority if at-risk students (those who have at least one grade of D or F on a theory exam in NURS 52A) do benefit from the study group. At this time there is no funding for faculty-led study groups beyond the first level, but this is an area for future analysis.

TABLE: Preliminary Data on the Effect of Faculty-Led Study Groups

	Number of NURS 52A Students Invited to Join the Faculty-Led Study Group (at least one grade of D or F)	(out of the Total Number of NURS 52A students initially enrolled)	Number of Study Group Participants Who Achieved a Passing Grade for NURS 52A
Fall 2009	8	(46)	5 (62.5%)
Fall 2010	10	(32)	8 (80%)

During 2009-2010, a process was developed between the nursing school and campus Support Services faculty to ensure test security in a distraction-reduced examination setting outside of the department for those who need this accommodation. Prior to that time, students with documented accommodations tested in separate designated rooms within the nursing department, requiring additional faculty proctors. The process has provided greater efficiency in the use of faculty time, while still allowing students to benefit from the most appropriate testing conditions. 12 nursing students were identified by faculty in 2010-2011, were referred for the appropriate testing, and qualified for testing accommodations. MCCSN

was named “Best Collaborator” at MPC for effective referral and utilization of Support Services in 2011.

Financial Aid: The College’s Financial Aid office is available to assist all students. Students are informed about Financial Aid Services by a speaker early in the NURS52A semester (week 2), a Financial Aid Tip sheet (Exhibit 3.1D) updated annually by the MCCSN Student Services and Financial Aid Committee, distributed at New Student Orientation, and also available on I-learn. Results of the most recent student satisfaction survey, completed by the class of 2011, indicate that 72% of students were satisfied or very satisfied with Financial Aid Services. As a result of student satisfaction survey data, the Student Services and Financial Aid Committee announce key scholarship and financial aid deadlines and information via I-learn, and also via live class announcements by student representatives and faculty. Data collected since 2005 demonstrate that a variable number of nursing students are filing their FAFSAs and receiving financial aid, indicating the continued need to educate students about financial services and scholarship assistance (Program Exit Survey in the NURS 52D Evaluations Notebook, Exhibit 5.3C).

TABLE: Student Self-Report FAFSA Completion and Financial Aid Awarded

Class of:	Percentage (%) of students who completed FAFSA	Of FAFSA completers, percentage (%) of students awarded any type of financial aid
2005	44	50
2006	78	22
2007	57	75
2008	55	36
2009	74	57
2010	77	20
2011	75	69

3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.

The handling of student records is addressed in the 2011-2012 college catalog pp. 42-43. Policies address the definition of records, right to access, location, directory information,

confidentiality, and impoundment. Records include application and admission, financial aid, grades, discipline, placement test scores, counseling records, etc. All MPC employees are expected to respect confidential information about students which they acquire in the course of their work. Students are provided access to their own educational records during regular office hours with proper identification and written request within five working days from date of request. Most educational records are housed in the Student Services building on campus. Student Health records are kept confidential, except within circumstances permitted by law when personally identifiable information must be disclosed to appropriate parties to protect the health or safety or other individuals (e.g. law enforcement and public health officials, trained medical personnel).

Student records within the School of Nursing are maintained in a locked file cabinet located behind the office of the Division Office Manager (DOM), an area inaccessible to students or visitors. They are purged after five years in accordance with the policies of Admissions and Records. The key to the locked files is available only to the Director, School of Nursing, faculty and the Division Office Manager (DOM). Conferences between students and faculty are conducted in private areas whenever confidential discussions are needed. The Federal Educational Rights and Privacy Act (FERPA) publication “Balancing Student Privacy and School Safety: A Guide to Educational and Privacy Act for Colleges and Universities” is posted on I-learn for both levels. Students are also informed about their rights and responsibilities concerning records on the MPC website

<http://www.mpc.edu/student-services/Pages/StudentRightsandResponsibilities.aspx> .

Electronic access to student enrollment is limited to the course instructor of record by the last four digits of the faculty member’s social security number using the “Autobahn” system on the password-protected mpcfaculty.net. The DOM may access enrollment records via the Santa Rosa system.

Student confidentiality is protected during the recording of clinical simulations. The electronic recordings are used only for the purpose of debriefing after the experiences, and are purged afterward. Students sign a Confidentiality Agreement and Consent to Video form

(available on site as Exhibit 3.3A), as stipulated in the Student Handbook policy for “Simulated Clinical Experience.”

3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.

Student Financial Services manages federal, state and private financial aid for Monterey Peninsula College. Documents such as the Program Participation Agreement (PPA) and Eligibility and Certification Approval Report (ECAR), default rates, audits, program reviews, and the annual reporting documents are available in the Student Financial Service Director’s office.

3.4.1 A written comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.

The current default rate is 13 % for the college; this compares to 6.7% for the state of California as calculated in July 2010 by the US Office of Education <http://www2.ed.gov/offices/OSFAP/defaultmanagement/2008staterates.pdf> (Exhibit 3.4.1). The college makes every effort to inform students about their financial obligations for loans. Monterey Peninsula College participates only in the Federal Direct Loan program. A student who requests a Federal Direct Loan must apply online at the Federal Department of Education Direct Loan Website. Students are informed of the loan repayment program on the financial aid website www.mpc.edu/financialaid/. First time borrowers must take the online entrance and exit counseling tutorial, and are given in-person counseling with regards to the rights, responsibilities, indebtedness, expected earnings and budgets. The MCCSN Financial Aid Tip Sheet (Exhibit 3.1D) also reinforces student obligation to repay loans.

3.4.2 Students are informed of their ethical responsibilities regarding financial assistance.

Each student who applies for Federal Student Aid Funds takes an online financial aid orientation. The orientation uses a multiple choice format in which the student is asked a question and cannot progress until that question is answered correctly. Below each question is the policy that applies, so the student must read the policy to select the correct answer. The orientation includes types of financial aid and financial aid eligibility, Satisfactory Academic Progress, FERPA, and Disbursements. At the end of the orientation, the student accepts the

financial aid award and Student Financial Services is automatically notified of the completion of orientation by e-mail.

3.5 Integrity and consistency exist for all information intended to inform the public, including the program’s accreditation status and NLNAC contact information.

The webpage for the MCCSN includes program of study, admission requirements, application deadlines, as well as a link to all curriculum requirements. The same information is contained in the “Associate Degree Program Information and Application Packet” (Exhibit 3.1A).

Contact information for both the NLNAC and the California BRN is listed in the 2011-2012 college catalog p. 200, as well as on the MCCSN webpage <http://www.mpc.edu/academics/nursing/Pages/NursingDepartment.aspx>. Also listed in the catalog are the required and elective courses in the program of study for the Associate of Science degree in Nursing.

Monthly public information sessions address program prerequisite and graduation requirements in a live forum monthly during the academic year. Dates and times are listed on the MCCSN webpage and available in the nursing office. The nursing program counselor also disseminates the list of information session dates to interested students. Anyone who calls the School of Nursing requesting information is mailed or emailed a list of information session dates. The sessions are led by the nursing program counselor and Director or Assistant Director, School of Nursing. In addition, New Student Orientation reinforces the current requirements, and is held every June for new, advance placement or transfer students. The content for the New Student Orientation session is displayed in Exhibit 3.1B.

3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

Prospective students are encouraged to meet with the nursing program counselor to plan their prerequisite courses prior to applying to the nursing program, as stated in the cover letter of the Information and Application Packet, (Exhibit 3.1A). Changes in prerequisites, graduation requirements or application process are communicated in the Information and Application Packet, online website, public information sessions (scheduled monthly during the academic

year), and via the nursing program counselor. The Director, School of Nursing is also available to counsel individual students about program requirements. Changes are posted one year in advance of implementation. Students are informed that they must meet the current graduation requirements as outlined by catalog rights. All students are directed to meet at least yearly with the nursing program counselor to verify graduation requirements.

Students must provide documentation of prerequisite course equivalency with their application; this can be a note from the nursing program counselor or Director, School of Nursing. A satisfactory success index score is required; it is calculated by the counselor for student advisement purposes, and then verified by the Director, School of Nursing.

Students are required to sign a Statement of Understanding of all policies in the Student Handbook at the start of each semester. Beginning fall semester 2011, the current edition of the Student Handbook will be continuously available on I-learn. Changes are distributed in writing at the beginning of each semester. Policies are reviewed at Total Program Review based on feedback from faculty and students, and recommendations are made for full faculty vote. Student input is sought at Curriculum Committee meetings held monthly during the fall and spring semesters. For instance, a discussion about social networking (April 18, 2011) resulted in a policy implemented Fall 2011, as there was no prior explicit direction to students about the boundaries of electronic personal communications. Another policy that resulted from student discussions at a Curriculum Committee meeting (May 16, 2011) concerns faculty-coordinated scholarships (which also includes merit awards) as students were unaware of the process by which recipients were selected. The Committee Minutes notebook is available to site visitors as Exhibit 1.2F.

3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

Students have access computers in the Learning Resource Center (LRC) and the Library and Technology Center during regular hours of operation. Course materials are posted on the course navigation system (MPC Online, formerly known as I-learn).

As the student demographic charts illustrate in APPENDIX C, there is currently a bimodal trend in students' age over 40 and under 25. Consequently, the faculty anticipates a wide range of student proficiency with computer literacy and information technology skills. All students complete a Computer Competency workshop as part of their orientation to the Learning Resource Center during the first semester. Students who take the optional Role Development course (NURS 160) complete the workshop during the summer prior to their first semester. The workshop covers hardware and software used in the nursing program, including basic PC operation, basic Microsoft Office features, e-mail, course navigation system, Computer Assisted Instruction programs, and access to MPC library electronic databases for nursing related topics. MCCSN Computer Competencies can be viewed onsite as Exhibit 3.7A.

Students are given a Library Orientation at the MPC Library and Technology Center during the first semester, where they learn how to efficiently access electronic resources on campus or from home. The orientation is conducted by a college librarian. All librarians are MLS-prepared and also offer individual assistance as needed. The Library 50 Information Competency for graduation also reinforces technological skills in accessing information. Currently, the librarians conduct a workshop for nursing students during the NURS 52C (fall) course which satisfies the Information Competency graduation requirement. The content of that workshop is available on site as Exhibit 3.7B.

Electronic documentation is utilized to some extent by both acute care hospitals. Students are oriented to the CHOMP electronic documentation system by way of a live 6-hour class taught in the LRC by a designated hospital staff RN. The LRC is connected to the CHOMP intranet and training environment. Students are oriented to the NMC electronic documentation system by way of web-based training modules. These orientation sessions are arranged every semester for the students who will need them based on clinical rotation assignments. Clinical instructors are able to assist students in the clinical setting because they are also trained on the electronic documentation systems at the respective hospitals where they teach students.

Students may seek individual assistance with technological needs by asking the Instructional Technology Specialist (ITS) or faculty assigned in the LRC. All LRC personnel are skilled in the use

of the hardware and software utilized by the nursing program. The full-time Instructional Technology Specialist assures that hardware is in working order and that software is updated in a timely manner. As previously described, the High Tech Center at MPC provides students with disabilities access to computers, computer training, and computer-assisted instruction through state of the art adapted computer technology. Some of the technologies that enhance teaching and learning for students with special needs were featured at the MPC Flex Day event in August, 2010. (Flex Schedule for fall 2010, available on site as Exhibit 3.7C).

3.8 Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.

The MCCSN does not deliver any part of the curriculum by distance education.

Standard 4 Curriculum

4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.

The Maurine Church Coburn School of Nursing (MCCSN) at Monterey Peninsula College (MPC) curriculum has an organizational framework that reflects a commitment to meeting the changes in health care, the settings of current nursing practice, evidence-based practice (EBP), and technology as articulated in the nursing program philosophy. Students achieve the program outcomes through instruction that is based on the overall program philosophy as stated in the Student Handbook (see Exhibit 1.1A) and the California Board of Registered Nursing Standards of Competent Performance <http://www.rn.ca.gov/regulations/title16.shtml#1443.5> (California Nursing Practice Act, Exhibit 2.2A, p. 73-74).

The philosophy is built on three core concepts:

- 4) Integrate evidence-based nursing practice to respond to the changing health care needs of the community.
- 5) Cultivate competence and professionalism of the associate degree graduate as a contributing member of the nursing profession.
- 6) Further nursing education as the assimilation of a unique body of knowledge which is continually expanding.

The nursing education unit outcomes guide the organization of student learning outcomes for each semester as well as the coursework within the curriculum and are listed below. The graduate of the MCCSN will:

1. Collaborate as a provider of patient-centered care in meeting the health care needs of individuals in acute, long term, and community based settings.
2. Coordinate the activities of the health care team, advocate on behalf of patients, teach patients and families, and direct safe nursing care as manager of care.
3. Contribute to the profession of nursing as a responsible member within the discipline of nursing.

In accordance with the requirements of the California State Chancellor's Office, the MCCSN has developed student Learning outcomes (SLOs) for each course which provide evidence that

learning has occurred as a result of the course. The curriculum is organized according to the nursing education unit outcomes (NEOUs) as illustrated in Standard 4.3.

The faculty are committed to ensuring that the curriculum has a focus on quality and patient safety. In order to better develop evidence based curricular changes that promote patient safety, two faculty members will attend the Quality and Safety Education in Nursing (QSEN) Institute in September, 2011. A third faculty member has already attended. (See Letter to QSEN Faculty Institute, Exhibit 4.1A). These faculty members will lead full faculty discussions beginning spring, 2012 to more explicitly integrate QSEN knowledge, skills and attitudes (KSAs) into the curriculum.

The faculty have begun to discuss a plan to systematically evaluate the existing curriculum for integration of QSEN competencies over the next two years (Faculty Minutes, January 25, 2011, Committee Minutes Notebook, Exhibit 1.2F) and in Total Program Review in June, 2011 (Total Program Review Minutes, Exhibit 1.7). Worksheets identifying QSEN KSAs have been created and linked to learning activities (Exhibit 4.1B). Beginning Fall, 2011 a planning and evaluation tool will be implemented to assist faculty in focusing on the specific QSEN KSA's that are demonstrated in each simulated clinical experience (Simulated Clinical Experience Planning and Evaluation Tool, Exhibit 4.1C). Additionally, The Joint Commission National Patient Safety Goals (NPSG's) have been incorporated into classroom discussions, and clinical and simulated experiences beginning in NURS 52A and reinforced throughout the entire curriculum. Examples of professional standards as they are reflected in the curriculum threads are provided in the following table.

TABLE: Professional Standards Reflected in the MCCSN Curriculum

	Standards and Competencies	Curriculum Thread	Examples of Activity
NLN	NLN Graduate Competency for Nursing Judgment (NLN Outcomes and Competencies for Graduates, Exhibit 4.1D)	Nursing Roles	SBAR with read back Hand Off Report

	Standards and Competencies	Curriculum Thread	Examples of Activity
BRN	1443.5 STANDARDS OF COMPETENT PERFORMANCE. "Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures."	Nursing Process and Growth and Development	Care plans and Concept maps of hospitalized patients NURS A, B, C, D
QSEN	Teamwork / Collaboration Safety	Nursing Roles and Safety	Team leading in NURS 52D Fall Assessment using an evidence-based tool NURS 52C, D
NPSG (TJC)	Use Medicines Safely: NPSG.03.04.01 "Before a procedure, label medicines that are not labeled. Do this in the area where medicines and supplies are set up."	NURS 52A: Safety (lecture)	Guided practice and evaluated return demonstration of medication preparation and administration NURS 52A, B, C, D LRC "House of Horrors" (will be on display for site visitors in the Learning Resource Center, Nu 105)

The evaluation of curriculum outcomes occurs in both theory and clinical components of each course and are summarized in criterion 4.3.

4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

All faculty members participate in the development and management of the curriculum utilizing the philosophy of the School of Nursing as the framework. The curriculum committee meets monthly to discuss the effectiveness of the curriculum based on faculty and student

input (Committee Minutes Notebook, Exhibit 1.2F). A report on the monthly curriculum meetings is presented to the total faculty and any issues or concerns are resolved through faculty consensus at total faculty meetings. A curriculum blueprint guiding content placement and the leveling of competencies is reviewed at the annual Total Program Review (TPR) meeting (Curriculum Blueprint, Exhibit 4.2A). Curriculum goals and program outcomes are reviewed and evaluated at the annual TPR meeting at the end of every spring semester. Faculty develop a plan for the next academic year based on total program review (TPR Minutes Notebook, Exhibit 1.7). Additionally, syllabi, objectives, clinical experiences and resources are reviewed by faculty at the end of every course in level wrap up meetings.

The faculty strive to maintain rigor and currency in the curriculum. For example, based on faculty observation of lack of mastery in performance of some clinical skills, a decision was made to implement a skills validation requirement to hold students accountable for previously learned skills. The outcome of the skills validation was that there were no skills remediation contracts written for second level students in the spring, 2010 semester compared to 16 skills remediation contracts in the fall, 2010 semester. A more detailed history of the change is documented in Standard 4.5. In another example, a requirement was added to the geriatric/medical surgical concept map in NURS 52C to incorporate a relevant article from an appropriate health care database reflecting evidence-based practice. Samples of student work reflecting rigor and currency in the curriculum are available to site visitors in room Nu 101.

Rigor and currency of the curriculum is also maintained consistently as faculty attend conferences related to their content area of expertise, and as they relate to educational standards. The unique partnership between Community Hospital of the Monterey Peninsula (CHOMP) and MCCSN lends itself to ongoing communication, current best practice standards, and National Patient Safety Goals (NPSG) implementation in the acute care setting. With a broad base of experience and knowledge, faculty are able to continually bring rigor and currency to the curriculum.

4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

Nursing Education Unit outcomes (NEUs), as defined in the glossary of terms, have been derived from the program philosophy by the faculty and are listed in the MPC college catalog, p. 97. They are used to guide the delivery of instruction, direct learning activities and evaluate student outcomes. Upon successful completion of the nursing program, MCCSN students will be able to:

- Collaborate as providers of patient-centered care in meeting the health care needs of individuals in acute, long term and community-based settings.
- Coordinate the activities of the health care team, advocate on behalf of patients, teach patients and families, and direct safe nursing care as managers of care.
- Contribute to the profession as responsible members within the discipline of nursing.

These NEUs reflect the program philosophy of the ADN graduate as provider of care, manager of care and member within the discipline of nursing. A conceptual model of the curriculum is illustrated in Appendix D

Each course has three student learning outcomes (SLOs) in which are leveled to promote progressive attainment of the ultimate NEUs from simple to complex. The course-level SLOs follow the MPC definition in the glossary of terms, which complies with the Accrediting Commission of Community and Junior Colleges (ACCJC) criterion for measurement of student learning. The use of student learning outcomes is reflective of the college mission to promote academic excellence and critical thinking across all areas and disciplines, as discussed in Standard 1.1. Course objectives have been developed as smaller steps leading to the achievement of the course level SLOs, sequenced with increasing complexity: NURS 52A (basic needs), NURS 52B (altered needs), NURS 52C (complex altered needs), NURS 52D (multiple complex altered needs).

Curriculum threads organize the delivery of content in order to provide learning opportunities to achieve the course objectives and respective outcomes. Rich and varied learning activities are selected to best promote student attainment of the SLOs, addressing diverse learning styles. Student learning is evaluated using a variety of methods that represent cognitive, psychomotor and affective domains. Each evaluative method has an expected level of achievement, which in summation reflects attainment of the respective SLOs.

The use of learning outcomes in organizing the curriculum is presented in detail in the following detailed table “MCCSN Curriculum Organized by Student Learning Outcomes.” As an example of how the table is implemented, in order for the student to successfully meet the SLO in NURS 52A: “provide safe and effective nursing care to patients with basic human needs...”, the student would be expected to pass theory exams with a cumulative score of 75% or better, to achieve a mark of “Satisfactory” on the clinical evaluation tool for all curriculum threads listed in the table, to pass a dosage calculation exam with a score of 95% or greater, to pass all skills demonstrations, and to complete all nursing care plans with a grade of “Satisfactory” per the grading rubric. Learning activities include participation in classroom lecture and case studies, guided skill practice, supervised clinical practice, and simulated clinical experiences caring for one patient with basic needs. The student also participates in cultural diversity, intimate touch, and care plan workshops.

TABLE: Maurine Church Coburn School of Nursing Curriculum Organized By Student Learning Outcomes

- NURS 52A: Care of the patient with basic needs
 NURS 52B: Care of patients with altered needs
 NURS 52C: Care of patients with complex altered needs
 NURS 52D: Care of patients with multiple complex altered needs

<u>Nursing Education Unit Outcome #1: Collaborate as providers of patient-centered care in meeting the health care needs of individuals in acute, long term and community-based settings.</u>					
SLO NURS 52A (Nurs I):	Corresponding Course Objectives	Threads	Learning Activities Participation in:	Method of Evaluation	Expected Level of Achievement
1. To provide safe and effective nursing care to patients with basic human needs across the lifespan and with diverse backgrounds	<ul style="list-style-type: none"> gather assessment data related to basic human needs. organize data in order to identify patient problems. identify a plan of care for an assigned patient. provide safe care to an assigned patient. document the effectiveness of care. determine significant developmental and cultural factors which influence patient care identify nursing care priorities in the delivery of safe care to an assigned patient. 	Nursing Process; Safety; Pharmacology; Growth and Development; Cultural Diversity O2/Circulation; Nutrition/Elimination; Love and Belonging/Self-Esteem	<ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Skills demonstration and guided practice -Supervised clinical practice (one assigned patient with basic needs) -Cultural Diversity workshop -Simulations -Intimate touch workshop -Care plan workshop, -Growth and development case study workshop 	<ul style="list-style-type: none"> a. Theory exams b. Skills Return-Demo c. Dosage Calculation Exam d. Clinical Evaluation Tool e. Nursing Care Plan for the hospitalized adult f. Maternal and Neonatal Patient Care Plan 	<ul style="list-style-type: none"> a. 75% or greater b. Pass demonstration c. 95% or greater d. Satisfactory in all areas e. Satisfactory per rubric f. Satisfactory evaluation per rubric

Nursing Education Unit Outcome #1: Collaborate as providers of patient-centered care in meeting the health care needs of individuals in acute, long term and community-based settings.

SLO NURS 52B (Nurs II):	Corresponding Course Objectives	Threads	Learning Activities Participation in:	Method of Evaluation	Expected Level of Achievement
<p>1. To provide safe and effective nursing care to patients with altered needs across the lifespan and with diverse backgrounds</p>	<ul style="list-style-type: none"> • assess the health care needs of the patient with altered needs. • develop an individualized care plan for a patient with altered needs. • evaluate the achievement of patient goals. • incorporate developmental and cultural factors into the plan of care. • utilize nursing care priorities in the management of safe patient care. 	<p>Nursing Process; Safety; Pharmacology; Growth and Development; Cultural Diversity Love and Belonging; Self-Esteem O2/Circulation Nutrition/Elimination</p>	<p>-Classroom presentations, lecture/case studies, - Skills demonstration and guided practice -Supervised clinical practice (1-2 assigned patients with altered needs) -Simulations - Pediatric Interview</p>	<p>a. Theory exams b. Skills Validations c. Skills Return-Demo d. Dosage Calculation Exam e. Clinical Evaluation Tool f. Care plan and Concept Map for the Hospitalized Adult g. Pediatric Interview Presentation</p>	<p>a. 75% or greater b. Pass c. Pass d. 95% or greater e. Satisfactory in all areas f. Satisfactory per rubric g. Student participation</p>
<p>SLO NURS 52C (Nurs III):</p> <p>1. To provide safe and effective nursing care to patients</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> • assess the health care needs of the patient with complex altered needs. • develop an individualized plan of care for patients with 	<p>Threads</p> <p>Nursing Process; Safety; Pharmacology; Growth and Development;</p>	<p>Learning Activities Participation in:</p> <p>-Classroom presentations, lecture/case studies -Skills practice, -Supervised clinical</p>	<p>Method of Evaluation</p> <p>a. Theory exams b. Skills Validations</p>	<p>Expected Level of Achievement</p> <p>a. 75% or greater b. Pass demonstratio</p>

Nursing Education Unit Outcome #1: Collaborate as providers of patient-centered care in meeting the health care needs of individuals in acute, long term and community-based settings.

<p>with complex needs across the lifespan and with diverse backgrounds</p>	<p>complex altered needs.</p> <ul style="list-style-type: none"> implement an individualized plan of care for patients with complex altered needs, using a safe, humanistic, and caring approach. evaluate the effectiveness of planned interventions and goals. analyze the impact of developmental and cultural factors which influence implementation of the plan of care. 	<p>Cultural Diversity O2/Circulation Nutrition/Elimination; Love and Belonging; Self-Esteem</p>	<p>practice (2-3 patients with complex altered needs) -Well-elder assignment, - Discharge Planning work shop -Simulations -Geriatric skill building workshop</p>	<p>c. Dosage Calculation Exam d. Clinical Evaluation Tool e. Concept Map for the hospitalized elder f. Skills return demonstration</p>	<p>n c. 95% or greater d. Satisfactory in all areas e. Satisfactory per rubric f. Satisfactory return demonstration</p>
<p>SLO NURS 52D (Nurs IV):</p> <p>1. To provide safe and effective nursing care to patients with multiple complex needs across the lifespan and with diverse backgrounds</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> assess the needs of groups of patients with multiple complex altered needs using evidence-based knowledge and best practices. Implement the plan of care utilizing a caring approach while safely performing skills for patients at all stages of the life span. integrate understanding of cultural diversity and developmental stages in the 	<p>Threads</p> <p>Nursing Process; Nutrition/Elimination Safety; O2/Circulation Pharmacology; Self-esteem; Love and Belonging; Growth and Development; Cultural</p>	<p>Learning Activities Participation in:</p> <p>-Classroom presentation, lecture/case study -Guided skills practice -Supervised clinical practice (groups of patients with multiple complex altered needs). -Simulations -Mental health concept map -Skill building</p>	<p>Method of Evaluation</p> <p>a. Theory exams b. Skills Validations, c. Dosage Calculation Exam d. Clinical Evaluation Tools (NURS 52D and Preceptorship) Mental Health</p>	<p>Expected Level of Achievement</p> <p>a. 75% or greater b. Passing demonstration c. 95% or greater d. Satisfactory in all areas; special attention to Preceptee Performance</p>

Nursing Education Unit Outcome #1: Collaborate as providers of patient-centered care in meeting the health care needs of individuals in acute, long term and community-based settings.

	provision of health care.	Diversity	workshop	Care Plan e. ATI comprehensive exam	Criteria # 1,4, 5, 6 e. 65% or greater individual adjusted score
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Nursing Education Unit Outcome #2: Coordinate the activities of the health care team, advocate on behalf of patients, teach patients and families, and direct safe nursing care as manager of care.					
SLO NURS 52A: (Nurs I):	Corresponding Course Objectives	Threads	Learning Activities Participation in:	Method of Evaluation	Expected Level of Achievement
2. Participate in the activities of the health care team through effective communication	<ul style="list-style-type: none"> identify basic principles of effective communication with the individual patient and health care team. assess the health care learning needs of the patient and family. describe the interrelationship of the nursing student role with that of the health care team. 	Interpersonal Relationships Nursing Roles	<ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Data collection for hospitalized patient -Supervised clinical practice -Simulations 	<ul style="list-style-type: none"> a. Theory exams b. Clinical Evaluation Tool 	<ul style="list-style-type: none"> a. 75% or better b. Satisfactory in all areas.
SLO NURS 52B (Nurs II): 2a. Implement patient care in collaboration with members of the health care team 2b. Develop and implement a	<ul style="list-style-type: none"> apply basic principles of effective communication with the individual patient, family and health care team. utilize evidence-based practice and the teaching-learning process in the development of a teaching plan. coordinate patient care with other health team members within a structured health care setting. 	Interpersonal Relationships; Nursing Roles	<ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Supervised clinical practice -Pediatric Teaching video group project -Simulations 	<ul style="list-style-type: none"> a. Theory Exams b. Clinical Evaluation Tool c. Peer evaluation and participation 	<ul style="list-style-type: none"> a. 75% or greater b. Satisfactory in all areas c. Satisfactory completion of video presentation and peer evaluation

Nursing Education Unit Outcome #2: Coordinate the activities of the health care team, advocate on behalf of patients, teach patients and families, and direct safe nursing care as manager of care.					
teaching plan.					
<p>SLO NURS 52C: (Nurs III):</p> <p>2. Collaborate with the patient and family in the delivery of patient care.</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> implement a range of effective communication techniques when interacting with the patient, family and health care team. implement teaching plans utilizing evidence-based practice and principles of the teaching-learning process. manage nursing care for a group of patients with complex altered needs. coordinate patient care in collaboration with the patient, family and health care team. 	<p>Threads</p> <p>Interpersonal Relationships; Nursing Roles</p>	<p>Learning Activities <u>Participation in:</u></p> <ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Supervised clinical practice -Simulations -Comprehensive geriatric assessment and individual case presentation 	<p>Method of Evaluation</p> <p>a. Theory exams b. Clinical Evaluation Tools</p>	<p>Expected Level of Achievement</p> <p>a. 75% or greater b. Satisfactory in all areas</p>
<p>SLO NURS 52D (Nurs IV):</p> <p>2. Coordinate the activities of the health care team, advocate on behalf of</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> apply critical judgment to diagnose and prioritize patient problems in order to design and individualized plan of care in collaboration with the patient, significant others, and the health care team. modify the plan of care based 	<p>Threads</p> <p>Interpersonal Relationships; Nursing Roles</p>	<p>Learning Activities <u>Participation in:</u></p> <ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Supervised clinical practice -Simulations 	<p>Method of Evaluation</p> <p>a. Theory exams b. Clinical Evaluation Tools (NURS 52D and Preceptorship)</p>	<p>Expected Level of Achievement</p> <p>a. 75% or greater b. Satisfactory in all areas; special attention to Preceptee</p>

Nursing Education Unit Outcome #2: Coordinate the activities of the health care team, advocate on behalf of patients, teach patients and families, and direct safe nursing care as manager of care.

<p>patients, teach patients and families, and direct safe nursing care as manager of care.</p>	<p>on evaluation of the patient’s response to nursing interventions and achievement of patient goals.</p> <ul style="list-style-type: none"> • collaborate through effective communication with patient, families, and the interdisciplinary health care team acting as the client’s advocate. • incorporate principles of the teaching/learning process to assist the patient with primary, secondary, and tertiary health needs using evidence-based practice and information technology. • manage nursing care for a group of patients with common multiple complex altered needs in a variety of community based settings. • maintain accountability for health care team management through use of leadership principles, including delegation and knowledge of health care systems. 				<p>Performance Criteria #2</p>
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<u>Nursing Education Unit Outcome #3: Contribute to the profession as responsible members within the discipline of nursing.</u>					
<p>SLO NURS 52A: (Nurs I):</p> <p>3. Describe fundamental guidelines for an ethical and legal nursing practice.</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> describe fundamental guidelines for an ethical and legal practice. 	<p>Thread</p> <p>Ethical-Legal</p>	<p>Learning Activities Participation in:</p> <ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Supervised clinical practice, -Simulations -Post-conference discussions, -Compliance workshop, -Computerized charting workshop: SXA and Meditech 	<p>Method of Evaluation</p> <p>a. Theory exams b. Clinical Evaluation Tool</p>	<p>Expected Level of Achievement</p> <p>a. 75% or greater b. Satisfactory in all areas</p>
<p>SLO NURS 52B: (Nurs II):</p> <p>3. Apply accepted legal and ethical standards for practice in the delivery of care</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> apply accepted legal and ethical standards for practice in the delivery of care. 	<p>Threads</p> <p>Ethical-Legal</p>	<p>Learning Activities Participation in:</p> <ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Supervised clinical practice, -Simulations -Post conference discussions 	<p>Method of Evaluation</p> <p>a. Theory exams b. Clinical Evaluation Tool</p>	<p>Expected Level of Achievement</p> <p>a. 75% or greater b. Satisfactory in all areas</p>

Nursing Education Unit Outcome #3: Contribute to the profession as responsible members within the discipline of nursing.

<p>SLO NURS 52C: (Nurs III):</p> <p>3. Choose an appropriate course of action in response to legal/ethical issues in nursing practice</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> examine legal/ethical issues as they relate to current health care practice. 	<p>Threads</p> <p>Ethical-Legal</p>	<p>Learning Activities</p> <p><u>Participation in:</u></p> <ul style="list-style-type: none"> -Classroom presentations, lecture/case studies - Supervised clinical practice, -Simulations -Post-conference discussions 	<p>Method of Evaluation</p> <ul style="list-style-type: none"> a. Theory exams b. Clinical Evaluation Tool c. Informatics competency 	<p>Expected Level of Achievement</p> <ul style="list-style-type: none"> a. 75% or greater b. Satisfactory in all areas c. Pass/fail per librarian's rubric
<p>SLO NURS 52D: (Nurs IV):</p> <p>3. Demonstrate a commitment to the nursing profession through adherence to ethical and legal standards and to lifelong learning</p>	<p>Corresponding Course Objectives</p> <ul style="list-style-type: none"> demonstrate a commitment to the nursing profession through adherence to ethical and legal standards and lifelong learning. 	<p>Threads</p> <p>Ethical-legal</p>	<p>Learning Activities</p> <p><u>Participation in:</u></p> <ul style="list-style-type: none"> -Classroom presentations, lecture/case studies -Supervised clinical practice, -Preceptor wrap-up workshop, -Simulations -Precepting workshop and orientation 	<p>Method of Evaluation</p> <ul style="list-style-type: none"> a. Theory exams b. Clinical Evaluation Tools (NURS 52D and Preceptorship) c. Resume and Cover Letter completion 	<p>Expected Level of Achievement</p> <ul style="list-style-type: none"> a. 75% or greater b. Satisfactory in all areas; special attention to Preceptee Performance Criteria #3. c. Satisfactory

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

Within the curriculum, the cultural diversity and ethnicity thread is integrated into each of the nursing courses, progressing from simple to complex and across the lifespan. Student learning outcomes are leveled for each course and situational applications are provided in which a student can meet the following course objectives:

NURS 52 A: Determine significant developmental and cultural factors that influence client care;

NURS 52B: Incorporate developmental and cultural factors into the plan of care;

NURS 52C: Analyze the impact of developmental and cultural factors which influences of the plan of care; and

NURS 52D: Interrelate knowledge of cultural diversity and developmental level in the provision of health care.

Students are exposed to a variety of learning experiences that emphasize the diverse nature of the population seeking health care. Also, the diverse make-up of the student cohort at the School of Nursing provides abundant opportunities for students to learn from one another and dialogue about culture, religious, and gender differences that might influence their knowledge, skills, and attitudes (APPENDIX C Demographic Data of Accepted Students). In fundamentals, NURS 52A, students are introduced to the concept of diversity, including ethnic diversity both in the classroom and in the clinical setting. Through an extensive all day workshop, students participate in learning activities that highlight cultural awareness in order to promote sensitive and effective care to patients from cultures that differ from their own (Cultural Diversity Workshop Handouts, Exhibit 4.4A). Additionally, students participate in an “Intimate Touch,” workshop which addresses the cultural orientation of patients toward touch, including gender related concerns when performing procedures. The Men in Nursing (MIN) program, a component of the Student Success Program provides opportunities for men to dialogue with other male students and practicing male Registered Nurses in the community about ways to problem solve and be successful in the nursing program. The group meets on a monthly basis and is led by a male faculty member. Further, in the NURS 52A course students work with patients in the maternal-child setting where a majority of their patients are Hispanic

representing the ethnicity of the community served. In the second semester, NURS 52B, students work in the pediatric setting with children and families with altered health conditions from a variety of diverse ethnic backgrounds. In the third semester, NURS 52C, students work in acute and long-term clinical settings interacting with geriatric patients with multiple altered health conditions from diverse ethnic backgrounds, and additionally learn from a guest speaker who addresses transgender issues and sensitivity in nursing care. In the fourth semester, NURS 52D, students work in the medical-surgical and mental health settings, both in-patient and out-patient, providing care for patients with multiple complex altered health conditions from diverse cultural backgrounds. Students work with preceptors from diverse cultural and ethnic backgrounds in both acute and long-term patient care settings. Students are provided rich clinical experiences in a private non-profit community hospital where the population is generally affluent. Additionally, all students participate in clinical experiences at a county hospital where the population is generally diverse in terms of ethnicity, primary language spoken, and socioeconomic status. Students often have the opportunity to care for prison inmates in the county facility.

Through the local chapter of the California Nursing Students' Association at Monterey Peninsula College, (CNSA at MPC), the 2010 Committee on Cultural Awareness was founded at the state level as a permanent committee position in response to a resolution authored by the students at the MCCSN local chapter of the CNSA. The resolution focuses on "Increasing Awareness in Cultural Nursing Care," (Exhibit 4.4B). The report submitted by our local chapter of CNSA inspired the CNSA Board to change the state bylaws to create the Committee on Cultural Awareness (CCA). The MCCSN chapter developed a CCA Starter Kit (Exhibit 4.4C for other schools at the state and national level to use as a sample. To broaden student understanding of cultural diversity and provide culturally competent care, several guest speakers have been invited to present topics related to cultural diversity.

Students frequently exceed the curriculum requirements by participating in service opportunities to the school and community. Through the CNSA at MPC, students volunteer at the RotaCare free health clinic weekly providing care for underserved patients across the life-span from diverse ethnic backgrounds, working with volunteer translators, physicians- and

nurses from the community. Finally, through the CNSA at MPC, in collaboration with CHOMP, students coordinate and implement the annual MPC health fair and blood drive that serves the diverse student population at MPC and the Monterey Peninsula community. Over 200 students and community residents take advantage of the free services offered at the health fair including blood pressure assessment, blood glucose testing, and cholesterol screening along with nutrition consultation and teaching. This annual health fair received an award for Outstanding Community Health Project <http://nursing.advanceweb.com/Article/All-That-Glitters-2.aspx>. Other achievements of the CNSA at MPC reflecting national and global perspectives are archived on the CNSA “Wall of Fame” in room IC 201.

Curriculum 4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

The Maurine Church Coburn School of Nursing (MCCSN) curriculum is established to provide the associate degree nursing graduate the required course work to qualify for licensure by a passing score on the NCLEX-RN examination. Student learning activities are designed to achieving program outcomes and are based on theory, skills, and experiences in clinical and simulation environments. The evaluation methodologies for these varied learning activities, which measure both achievement of student learning outcomes and program outcomes, utilize tools that are consistent across the curriculum.

The didactic evaluation in each course consists of multiple choice and alternative format questions on exams that are guided by the course objectives and are reflective of the type of testing that students will encounter on the NCLEX-RN exam. After attending a workshop presented by Donna Ignatavicius in the spring 2011 in which strategies for developing an NCLEX-RN blueprint was discussed, faculty have begun the process of creating a test blueprint for all exams. Exam questions are leveled according to Bloom’s taxonomy as evidenced by questions that are predominately knowledge and comprehension level in the first semester, NURS 52A, progressing to predominantly application and analysis level in the fourth semester, NURS 52D. A minimum score of 75% cumulative is the basis to pass the course and progress to the next course.

Exam scores are available to students via MPC Online once the faculty have completed an item analysis (ParScore) to determine reliability and validity of exam questions. These results are available to students by the end of the day that the exam was administered. Students who do not achieve a passing grade on any exam are referred to the Student Success Coordinator so that a plan for remediation can be developed. Results from exams given in each semester assist the level faculty to determine how well course objectives are being met. Other didactic methodologies for evaluation in the classroom include discussion, the use of case studies, “clicker” practice test questions, and small group activities. In the final semester, NURS 52D, students have the option of waiving the final exam as long as their theory grade is above 75% or greater and they have achieved a score of 65% or greater on the adjusted individual total score on the Assessment Technologies Institute (ATI) comprehensive assessment test.

Evaluation methodologies in the clinical setting include care plans, concept maps, presentation of an obstetrics article, and discharge planning presentations all incorporating evidence-based best practice. Examples of exams and student work will be available on site in room Nu 101.

In addition to theory exams, a dosage calculation exam is administered each semester. If a student fails this exam, a remediation contract is completed (Dosage Calculation Exam Contract, 4.5A). Each nursing student is given two opportunities to pass the exam with a score of 95% or greater.

Clinical evaluation tools are completed midterm and at the end of the course (or more frequently as needed) to document student achievement of course objectives and nursing education unit outcomes. The student also self evaluates twice per semester. (NURS 52A-52D and Precepting Evaluation tools, Exhibit 4.5B).

The evaluation tool addresses the cognitive, psychomotor, and affective skills necessary for successful completion each semester and ultimately for entry into associate degree nursing practice. Critical elements are asterixed in specialty areas to ensure that students have met those objectives in the specialty areas that are utilized. Instructors use the evaluation tool to give students immediate feedback and to provide opportunities to improve throughout the course. In the event that a student is not meeting objectives in the clinical setting, a needs

improvement (NI) is assigned by the clinical instructor. The needs significant improvement (NSI) is assigned when a clinical instructor has serious concerns about the performance of a student in the clinical setting. The NSI is always accompanied by a written contract outlining a specific remediation plan. All objectives must be satisfactory by the end of the semester in order to progress in the program.

If at the end of the semester, the instructor identifies areas of concern that may interfere with the student's future success in the clinical setting, the instructor will provide the student with a "Continued Areas of Concern" (CAC) contract outlining recommendations to enhance success in subsequent clinical settings. The student is responsible for initiating a meeting to discuss the CAC with every clinical instructor before the first scheduled clinical day to discuss the remediation plan. An instructor may initiate a written contract for any academic concern. Copies of all contracts are available on site for visitors as Exhibit 4.5C. Grading rubrics are used to evaluate selected clinical skills. Samples are available as Exhibit 4.5D.

In the clinical setting, pre- and post-conferences allow faculty to provide feedback to students regarding their plans for patient care that day. Faculty assist students in using critical thinking to establish patient care priorities and to identify safety measures. Post-conference time is used to provide feedback about student performance at the end of a clinical day. Post conferences also provide an opportunity for students to share their experiences, self reflection, to practice SBAR, read back and hand-off report.

Simulated clinical experiences (SCE) are designed to achieve nursing education unit outcomes and student learning outcomes. During debrief, students have the opportunity for self reflection as they share with the group their experience(s) during simulation. The clinical instructor and simulation coordinator provide the student with feedback on their performance and discuss how the nursing care delivered met the patients' needs.

Psychomotor skills are taught in the LRC using demonstration and practice. Return demonstrations are used to validate skills proficiency prior to performance in the clinical setting. Skills increase in complexity progressively with each course. If a student does not achieve a satisfactory evaluation on a return demonstration, a Return Demonstration contract is completed by the instructor and opportunities for remediation are provided. Students must

successfully complete the return demonstration within two weeks. Exhibit 4.5E lists the skills taught in the nursing program.

In the fall 2010 semester, the faculty implemented a skills validation experience for third semester students. Before the beginning of clinical, students were required to demonstrate mastery of two previously learned skills; foley catheter insertion and intravenous piggyback administration, as well as a head-to-toe assessment. The grading rubric was posted on I-learn in advance of the skills validation to provide opportunities for the students to review and practice these skills. Student feedback from the Program Exit Survey (NURS 52D Evaluation Notebook, Exhibit 5.3C) indicated that the skills validation experience was beneficial, and level faculty discussion following the skills validation affirmed the importance of this required experience (Level 2 Minutes, September 27, 2010, Committee Minutes Notebook, Exhibit 1.2F). Following this evaluative methodology, the faculty agreed to implement additional skills validation in the second and fourth semesters. In spring, 2011 second semester students were required to perform Foley catheter insertion, insulin administration, and a head to toe assessment. Fourth semester, students were required to demonstrate successful mastery of central line dressing changes and IV insertion. Again, grading rubrics were posted on I-Learn in advance so that students had an understanding of how they would be evaluated and to provide ample time to practice the identified skills. At Total Program Review June, 2011 faculty determined that the NURS 52C skills validation should include nasogastric tube insertion. This decision was based on feedback from students in Curriculum Committee (Minutes, May 16, 2011, Committee Minutes Notebook, Exhibit 1.2F) since nasogastric insertion is part of several simulation experiences and there was a time lag between when the skill was demonstrated and the opportunity to practice the skill in the clinical setting. The rigor and variety of the evaluation methods used in the nursing program reflect a dedication to excellence and preparation for entry level into professional nursing practice as an associate degree graduate.

4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

Educational Theory

Educational theory embraced by the MCCSN faculty is best reflected in Malcolm Knowles' principles of adult learning. Pedagogically, faculty facilitate the learning process with students by recognizing that "nursing students are adult learners who actively participate in their education, assess their own learning needs, and seek out experiences to meet those needs. They bring diverse life experiences, skills, and multicultural backgrounds, which impact the learning process" (MCCSN philosophy, Student Handbook, Exhibit 1.1A). In the classroom, the clinical setting, LRC, and clinical simulation center, discussions encourage students to reflect on past education and experiences as they assimilate new knowledge.

Student learning outcomes are used to organize the curriculum, guide the delivery of content, and direct the learning activities utilizing the nursing process. Maslow's hierarchy of needs threads itself throughout the curriculum as content moves from simple to complex as illustrated in the table below. Student learning outcomes are leveled across the curriculum NURS 52A through NURS 52D, with the goal that the student will become a competent and accountable nursing professional at the time of graduation.

TABLE: Example of Progression of Theory Content from Simple to Complex (Nutrition-Elimination Thread)

<i>Care of the Patient With:</i>	Basic Needs	Altered Needs	Complex Altered Needs	Multiple Complex Altered Needs
NURS 52A (Nurs I)	<i>Normal Elimination</i>			
NURS 52B (Nurs II)		<i>Acute Glomerulonephritis; Nephrotic Syndrome</i>		
NURS 52C (Nurs III)			<i>Benign Prostatic Hypertrophy; Cancer of Bladder or Kidney; Renal Trauma</i>	
NURS 52D (Nurs IV)				<i>Acute versus Chronic Renal Failure; Renal Transplant</i>

Multiple methodologies of instruction remain congruent with the curricular design and support innovation, flexibility, and technological advances. Faculty use traditional as well as advanced technology to facilitate instruction. Power point presentation, CD-ROMs, and DVDs are presented in smart classrooms. Recognizing that some students are digital immigrants while others are digital natives, a balance of instructional techniques in the classroom is employed. As such, internet access for video clips, websites, or direct links relevant to class in real time in order to support theory is available. The use of clicker technology (E instruction software) is available on campus for nursing faculty to use in the classroom at no additional cost to the student. All classrooms were recently (fall, 2010) configured for free wireless access. Students can bring their laptops, iPads, etc. for the purposes of note taking as well as to assist them in learning how to access evidence-based best practice information in the classroom.

Interdisciplinary Collaboration

Students begin to understand the need for interdisciplinary collaboration between health care providers in NURS 52A, where they are introduced to the roles of the health care team in theory and begin collaborating with certified nursing assistants in the clinical setting. Faculty structure clinical rotation schedules so that second level students can mentor first level students to share information, set priorities together, develop a plan of care that is patient centered, and to learn from each other. Simulation experiences include the opportunity for students to function in different health care provider roles. These roles are defined and placed in the Clinical Guide and discussed in more detail immediately prior to the simulation experience (Course Syllabi and Clinical Guides, Exhibit 1.1C). These role assignments enable students to realize the importance of teamwork and collaboration. A spreadsheet is maintained so that students can be assigned to different roles over the course of their simulated experiences throughout the program. Additionally, a variety of guest speakers are invited to share their expertise with the students so that an understanding of the interface between health care providers can be accentuated. Examples of guest speakers include but are not limited to; physical therapist, Vice President for Nursing at a local hospital, former MCCSN

graduates, compliance officer, nurse managers.

The precepting experience in NURS 52D represents an opportunity whereby students can apply effective interdisciplinary collaboration skills, best practice, and technology in a variety of settings (Precepting Sites, Exhibit 4.6A). Students are expected to utilize this precepted experience to begin transitioning into the role of a new graduate nurse. The student must collaborate with health care providers from a variety of disciplines through the use of effective communication skills, including SBAR and read back and hand-off report. Best practices are evident and implemented through collaboration with experienced nurses and other health care providers, the application of theory to the clinical setting, and availability of current resources in the clinical facilities. Students have access to medical libraries in the acute care agencies in order to research evidence-based and best practices. Another expectation is that students use available technologies in the clinical setting including computerized charting systems, medication dispensing systems, and computerized access to agency policy and procedures.

Evidence-Based Practice and Research

Faculty incorporate evidence-based best practices in theory and include examples on course outlines in the learning activities section (see Course Syllabi, Exhibit 1.1C). Required readings from the medical surgical textbook are rich with research briefs that support best practice standards. As a requirement for graduation, students complete an information competency which requires a literature review as well as discerning the appropriateness of various print sources. Informal workshops in the LRC also demonstrate to the students' use of the Nursing Resource Center database, which includes evidence-based materials in the form of legal cases, practice guidelines and research instruments. Students are taught to apply evidence-based practice as an integral part of their clinical practice. Students have access to the hospital's nursing and medical databases (i.e. CINAHL, Nursing Consult, etc.) and are expected to use these databases as part of their clinical preparation, to research unfamiliar disease processes, practice guidelines, procedures, medications, etc., and when completing written assignments.

In NURS 52A, students are introduced to the concept of evidence-based practice as part of the nursing process thread. In clinical, students are required to include a nursing article relevant

to their care plan or concept map that is evidence-based. In obstetrics, students research two articles that are evidence-based best practice and give a verbal presentation in post conference. In the second semester, NURS 52B, students work in small groups to develop a pediatric teaching project that must include four current evidence-based articles to support the teaching project. Additionally, in the medical-surgical rotation in the second semester, students are required to complete a written care plan that is supported by evidence-based best practice information. Student work will be displayed for site visitors in room Nu 101.

As part of discharge teaching the second level, students at CHOMP use “Krames on Demand” which is an evidence-based patient teaching program. The program is certified by the Certification Commission for Health Information Technology and includes core measures (i.e. acute MI, heart failure, venous thromboembolism and patient teaching about National Patient Safety Goals (Krames Patient Education samples, Exhibit 4.6B). In NURS 52C students also use a variety of evidence-based assessment tools for geriatric patients in skilled and long term care facilities. Most tools are derived from the “Try This” series available at the Hartford Institute of Geriatric Nursing <http://consultgerirn.org/resources>.

In 2009, the mental health instructor adopted a new textbook entitled, *Essentials of psychiatric mental health nursing: A communication approach to evidence-based care*. The textbook has a clear focus on evidence-based practice and many chapters include inserts entitled, *Examining the Evidence*, encouraging students to further explore related research.

Best Practice Standards

The curriculum is reflective of best practice and the faculty have planned to incorporate the Quality and Safety Education in Nursing (QSEN) competencies in a deliberate fashion over the next two years. A faculty member from the MCCSN was selected to attend the Quality and Safety Education in Nursing Faculty Development Institute in January, 2011. Participation in the institute required that the participant disseminate information about QSEN to the rest of the faculty group, to generate discussion about how QSEN competencies are currently imbedded in the curriculum and to assess the need for necessary changes to ensure a quality program that reflects the most up to date research. In a presentation during a faculty meeting, information

was shared and met with enthusiasm by the faculty. (Committee Minutes Notebook, January 25, 2011, Exhibit 5.3C). As stated in Standard 4.1, two additional faculty members have been accepted to attend the QSEN Institute in September, 2011. The Joint Commission National Patient Safety Goals (NPSG) are integrated throughout the curriculum. The purpose and background of the development of the NPSG is discussed in the first semester in the Ethical-legal thread. They are also discussed in theory each semester, in post conference during clinical, and during simulation debrief. The faculty strongly agree that a more purposeful and leveled discussion of the NPSG's is essential, and therefore will begin to explicitly level them throughout the curriculum.

Beginning fall, 2011 the Simulated Clinical Experience Planning and Evaluation Tool (Exhibit 4.1C) will assist the faculty in helping students to identify when a QSEN standard or a patient safety goal is being addressed in a clinical simulation. For instance, when first semester students use two patient identifiers before administering a medication, they are meeting a NPSG. When they perform an accurate pain assessment, they are rendering patient centered care. When third semester students practice asepsis in central line management using Infusion Nurses Society Standards, they are meeting the NPSG to reduce hospital-acquired infections. And when they initiate effective treatment to relieve pain, they are rendering patient centered care in the implementation phase of the nursing process.

In preparing this self study, faculty members identified the need to share evidence-based best practices with each other. As a result, a journal club was created wherein once per month, faculty meet for a brown bag lunch to discuss articles relevant to teaching evidence based practices, to health care in general, and to nursing education in particular. A notebook has been devoted to collecting journal articles that have been reviewed and discussed by the faculty and can be used for future reference (Exhibit 2.5B).

The faculty value and promote interdisciplinary collaboration, research, and evidence-based best practice in nursing education and health care. Students are taught these concepts from the beginning of the program through the final semester in the context of providing safe, patient-centered care. Faculty members utilize adult learning theory to assist students in embracing the principles of innovation, flexibility, and technological advances as they provide this care.

Criterion 4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.

The Associate Degree Nursing Prerequisite Validation study completed in 2004 by the chancellor’s office provides the guidelines for selection of prerequisite coursework (as discussed in Standard 3.1, Exhibit 3.1F). The program of study at the MCCSN includes courses in both general education and nursing and is designed to meet the program outcomes. The program is 73 units in length and requires 35 units of general education courses and 38 units of nursing coursework (Information and Application Packet Fall 201, Exhibit 3.1A).

A table summarizes the required coursework and reflects sufficient time for students to meet the nursing education unit outcomes described in standard 4.3.

TABLE: Required Curriculum At-A-Glance (All courses are semester length; 16 weeks plus finals week)

COURSE	UNITS	THEORY HOURS PER WEEK	CLINICAL HOURS PER WEEK	ROTATIONS
NURS 52A (Nurs 1)	9	4	15	<ul style="list-style-type: none"> • Fundamentals Labs: 6 weeks • Fundamentals inpatient : 5 weeks • Maternal-Newborn : 5 weeks
NURS 52B (Nurs II)	9	4	15	<ul style="list-style-type: none"> • Medical-Surgical (Adult): 12 weeks • Medical-Surgical (Pediatric): 4 weeks
NURS 52C (Nurs III)	10	5	15	<ul style="list-style-type: none"> • Advanced Medical-Surgical (Adult): 12 weeks • Advanced Medical-Surgical (Geriatric): 4 weeks
NURS 52D (Nurs IV)	10	5	15	<ul style="list-style-type: none"> • Advanced Medical-Surgical-- Team Leading: 6 weeks • Mental Health/Chemical Dependency: 4 weeks • Preceptorship: 6 weeks

Students who successfully complete the program are eligible for the National Council Licensure Exam for Registered Nurses (NCLEX-RN). Graduates are awarded an Associate of Science degree in Nursing. This satisfies the requirements of the Board of Registered Nursing (BRN) as described in the California Nurse Practice Act and outlined in Article 4, Section 2786 that states “an approved school of nursing is one that has been approved by the board, gives the course of instruction approved by the board, covering not less than two academic years, is affiliated or conducted in connection with one or more hospitals, and is in an institution of higher education...” (California Nursing Practice Act 2011, Prelicensure Nursing Programs Article 3 Section 1420, p. 57). The MCCSN last had a Continuing Approval visit from the Board of Registered Nursing (BRN) in September, 2003 and will seek continued approval in December of 2011 (BRN Approval documents, Exhibit 1.1).

The MCCSN received National League for Nursing Accrediting Commission (NLNAC) accreditation in 1990 and has been continuously accredited since that time. The program continues to strive to meet the high standards of a NLNAC nursing curriculum.

4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.

Agreements and contracts with clinical sites are selected based on the philosophical commitment to both acute and community-based nursing practice for the Associate Degree Nursing (ADN) student. The clinical facilities offer diverse patient contact opportunities. Both acute care facilities utilize the 2011 National Patient Safety Goals (NPSG’s). All clinical sites are appropriate for achievement of student learning outcomes. Students provide direct patient care in accordance with the specific learning outcome objectives identified for each semester. First semester students participate in the care of obstetrical patients and medical-surgical patients in both a county teaching hospital as well as a private non-profit community hospital. Second semester students utilize these same facilities to meet the student learning outcomes for pediatrics and medical-surgical patients. The third semester utilizes both acute and community-based facilities to provide clinical experiences for geriatrics and medical-surgical

patients. The fourth semester utilizes both acute and community-based sites for advanced medical-surgical experience and leadership as well as for mental health. Preceptor clinical experiences for fourth semester students are conducted in a variety of settings. Clinical rotations enable students to provide comprehensive care to a variety of patients who are culturally diverse and have a variety of health care needs. Acute care hospitals, long-term residential care facilities, the Monterey County Health Department, out-patient surgical centers, a residential hospice facility and acute rehabilitation facilities comprise the most common sites utilized within the community. Clinical site contracts are available to visitors upon request in the Clinical Agency Contract Notebook, Exhibit 4.8A.

All site facility contracts are reviewed annually by the Director, School of Nursing to ensure that they remain current. The appropriateness of sites is continually evaluated based on student feedback regarding the achievement of course objectives within the scope of California Code of Regulations for clinical facilities California Nurse Practice Act: Clinical Facilities Article 3 Section 1427, p. 66). Faculty document site visits with clinical facility representatives and also discuss in level wrap up discussions (Planning and Clinical Agency Minutes Notebook, Exhibit 4.8B; Committee Minutes Notebook, Exhibit 1.2F). Preceptorship experiences are selected on annual basis based on feedback from previous students, preceptors, nurse managers and faculty. Students and preceptors complete a preceptorship orientation which is based on the BRN guidelines for selection of precepting sites in compliance with the California Nurse Practice Act, Section 1426.1, p. 65. Preceptor and Preceptee orientation content is available on site as Exhibit 4.8.

Criterion for selection of preceptors is outlined in the NURS 52 D clinical guide and includes:

1. The RN has or will complete a preceptor preparation course;
2. The manager of the RN's unit will support his or her participation in the program;
3. The RN expresses interest in teaching and supporting new graduates;
4. The RN is willing to commit to the time period of the program

The yearly Total Program Review gives faculty the opportunity to review clinical sites in order to protect the welfare of students and to provide opportunities for students to meet learning outcomes. Students complete on-line evaluations for all clinical sites. This information is reviewed by faculty at the yearly Total Program Review meeting in order to evaluate student

attainment of learning outcomes in the context of the clinical setting. (NURS 52A-D Evaluation Notebooks, Exhibit 5.3C). Results of student feedback of clinical rotations are shared with the facility representatives as appropriate.

At the beginning of each semester, faculty conduct on site visits and/or telephone or Email contact to provide clinical facilities with the objectives of the clinical rotation. A packet of information is provided to the facility manager and includes the following documents as applicable: non-faculty responsibility forms, course objectives, calendar, medication administration policy, out rotation guidelines, skills inventory list, and a clinical rotation schedule. Sample clinical information packets are available on site as Exhibit 4.8D.

4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

Faculty work in collaboration with clinical facility nurse managers to ensure students are prepared to practice in each clinical facility. Students and faculty participate in facility specific mandatory compliance and orientations prior to the beginning of each clinical experience. In this way, faculty and students alike are kept apprised of changes in standards, policies and procedures, as well as quality assurance goals for the particular facility. Facility Orientation Packets for both acute care facilities are available on site as Exhibit 4.8.1A.

Clinical facilities are selected based on current best practices and nationally established patient care standards. The table below lists several examples of clinical agencies chosen for their exemplary practices.

TABLE: Clinical Agencies Reflecting Best Practices

Clinical Agency	Address	Phone	Course	National Affiliation
Community Hospital of the Monterey Peninsula (CHOMP)	23625 Holman Highway Monterey, CA 93940	(831)624-5311	NURS 52A 52B 52C 52D	<ul style="list-style-type: none"> • TJC Accreditation • Primary Stroke Center • Bariatric Center of Excellence • Breast Care Center of Excellence

Clinical Agency	Address	Phone	Course	National Affiliation
Natividad Medical Center (NMC)	1441 Constitution Blvd. Salinas, CA 93906	(831) 755-4111	NURS 52A 52B 52C 52D	<ul style="list-style-type: none"> • TJC Accreditation • Member, NPSF's Stand Up for Patient Safety Program. • Charter Member, Institute for Health Care Improvement (IHI) Passport Program.
Las Ventanas Surgery Center	1441 Constitution Blvd #400 Suite 103 Salinas, CA 93906	(831) 775-0265	NURS 52C 52D	<ul style="list-style-type: none"> • Medicare Approved
Carmel Valley Manor	8545 Carmel Valley Road Carmel, California 93923	(831) 624-1281	NURS 52C 52D	<ul style="list-style-type: none"> • Commission on Accreditation of Rehabilitation Facilities (CARF) • Continuing Care Accreditation Commission (CCAC)
Monterey Bay Oncology	5 Harris Ct # T2 Monterey, CA 93940	(831) 375-4105	NURS 52B 52C 52D	<ul style="list-style-type: none"> • Medicare and MediCal Approved • Member, American Society of Clinical Oncology (ASCO) • Member, Northern California Oncology Group
Monterey Bay Endoscopy	23 Upper Ragsdale Drive Monterey, CA 93940	(831) 375-3577	NURS 52C 52D	<ul style="list-style-type: none"> • Medicare Approved • All providers Board-Certified in Internal Medicine and Gastroenterology

The Clinical Simulation Center (CSC) provides students with opportunities to actively engage in SBAR communication as one method of meeting the QSEN competency of teamwork and collaboration. Additionally, every clinical simulation experience incorporates a National Patient

Safety Goal. For example, students are taught and then expected to utilize two patient identifiers while in the CSC and also in every clinical setting. The Learning Resource Center provides instructor supervision to students for mastery of selected skills and activities utilizing current best practice standards. One example of this would be using the Infusion Nurses Society standards for teaching students venipuncture skills.

The MCCSN curriculum prepares students to achieve the nursing education unit outcomes with an emphasis on safe practice in contemporary healthcare environments.

4.9. Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.

The MSSCN does not deliver any part of the curriculum by distance education.

Standard 5 Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

5.1 Fiscal resources are sufficient to ensure the achievement of the Nursing Program outcomes and commensurate with the resources of Monterey Peninsula College.

The Maurine Church Coburn School of Nursing (MCCSN) is funded through a joint partnership between Monterey Peninsula College (MPC) and the Community Hospital of the Monterey Peninsula (CHOMP) Foundation. This partnership was established after a substantial bequest was made to the CHOMP Foundation by the Maurine Church Coburn Charitable Trust in 1982 for the specific intent of starting a nursing program. The trust is administered by the Community Hospital Foundation (CHF). The Director, School of Nursing is responsible for the development, preparation, and submission of the operational budget on an annual basis. The Dean of Instructional Planning of MPC and the Vice President of Nursing at CHOMP collaborate with the Director, School of Nursing in the budget development process. Exhibit 5.1A displays the Budget Construction Packet for 2011-2012, and the final budget for the current academic year is found in APPENDIX B. Faculty have many opportunities for input into budget preparation as documented in Total Program Review Minutes (Exhibit 1.7). Multimedia Resource Committee (MMRC) meetings are an excellent avenue for faculty and students to offer suggestions about the acquisition of learning resources (Committee Minutes Notebook, Exhibit 1.2F). The annual Academic Affairs Program Review procedure offers another opportunity for faculty to articulate program needs for the subsequent budget. Exhibit 1.2D lists the budget impact of action items identified by the faculty for 2011-2012.

The Director, School of Nursing submits the budget proposal to the MCCSN Steering Committee for approval every year. The budget proposal funds the core nursing program (i.e. NURS 52A, NURS 52B, NURS 52C and NURS 52D), and provides approximately 24 hours of faculty practice per person for the 8 permanent faculty. Steering Committee Minutes of May

25, 2011 include the budget proposal (Exhibit 5.1B). This approval results in a signed Memorandum of Understanding (MOU) outlining the budget details, and is approved by the Monterey Peninsula College Board of Trustees. Exhibit 5.1C confirms approval of the 2011-2012 MOU in the Governing Board minutes, June 28, 2011 (p. 11, Item I). There are no other career and technical programs at MPC that are structured with such a substantial partnership. The benefits to both organizations and to the community are abundant, as described in Standard 1.4.

The budget for the current academic year includes grants from two funding sources to support one faculty member to coordinate the Men in Nursing Project. Exhibit 5.1D provides documentation of current funding by the Perkins (federal) and Bernet-Segal (private) grants. A California Chancellor's Office Enrollment Grant (Exhibit 5.1E) allows for admission of eight additional new students and supports release time for faculty to provide support activities for students at risk. The Enrollment grant expires at the end of the 2011-2012 academic year. The MCCSN is also the beneficiary of private bequests, most significantly the Lillian Adams and Jean Wilder Trusts (Exhibit 5.1F), which may be used as needed in the coming years to augment the core budget.

The operating budgets utilized for the School of Nursing for the past six years are available on site as Exhibit 5.1G. The current operational budget for the entire college will be made available to site visitors after Governing Board approval in September, 2011 (Exhibit 5.1H). Fiscal resources are sufficient to ensure the achievement of MCCSN outcomes. Staff and faculty salaries and benefits comprise 98% of the MCCSN budget. The current budget supports six full time faculty members, and two part time faculty members at 0.9 and 0.75 full time equivalents respectively. It also accommodates two adjunct faculty to provide clinical instruction, which allows faculty to maintain, at most, a 1:10 faculty-to-student ratio in the clinical setting for the 58 students currently enrolled in the program for fall, 2011. Salaries for a full time Division Office Manager (DOM) and a full time Instructional Technology Specialist (ITS) are also included in the budget, and their positions are fully dedicated to the school of nursing.

Faculty salaries are commensurate with those of nurse educators at CHOMP, an important and appreciated benefit of the hospital/college partnership that the school of nursing enjoys.

Annually CHOMP utilizes a marketplace survey to compare nursing faculty salaries with many other nurse educators in Northern California, in an effort to compensate employees competitively. Following a survey of 66 hospital organizations, faculty were given a 2% salary increase as a result of this pay scale adjustment process (Exhibit 1.8E 2011 Marketplace Survey Report). As evident by the salary schedule of nursing faculty, most exceed the highest salary boundary that would be applied to faculty by the most recent Monterey Peninsula College Teachers Association (MPCTA) agreement using the step and column advancement system that is customary in community colleges (See Exhibit 1.8B MPCTA Agreement, p. 113-117 and current MPC faculty salary schedule). The current salary schedule for MCCSN faculty is also available onsite as Exhibit 1.8D.

The college also offers adjunctive nursing courses outside the core program MOU, and provides an additional budget for this purpose. These elective courses are open to a variety of students, including registered nurses (RNs) in the community and students enrolled in other nursing programs in the region. Faculty may choose to teach these courses outside of their core program load assignment (Exhibit 5.1A Budget Construction Packet).

The CHOMP Foundation is another source of fiscal resources over and above the approved partnership budget for MCCSN support. Last year this supplemental budget infused an additional \$16,650 into MCCSN for items including lab supplies, continuing education for faculty, and pins and lamps for the Nursing Pinning Ceremony held every year for graduates of the program, as noted in the Steering Committee budget discussion of Spring, 2011 (Exhibit 5.1B). Institutional and Human Resources available through the CHOMP partnership provide immeasurable support for use by the program. For instance, guest lecturers such as the CHOMP Compliance Officer and Diabetes Educator are invited regularly to share their expertise with students or to provide consultation with faculty. In-service classes at CHOMP are available to faculty and often to students, as are the Medical Library resources not ordinarily available to a college based nursing program. In addition, a project team from CHOMP collaborated with the faculty to design the Clinical Simulation Center (CSC) in 2007. The team was comprised of designers, technicians, and contractors with expertise in the renovation of hospital patient care units.

The Foundations of both MPC and CHOMP work closely with the School of Nursing to develop scholarship and merit awards, bequests and grants specifically for MCCSN. The Barnet-Segal grant (Exhibit 5.1D) was given to MCCSN through the MPC Foundation. MCCSN students have received numerous scholarships administered through the MPC foundation (Exhibit 5.1I). The CHOMP Foundation administered a grant from a private donor which was utilized to update and enhance simulation hardware and software in the CSC in spring, 2011 (Capital Equipment Financial Report, Exhibit 5.1J) The CHOMP Auxiliary awarded over \$200,000 to 56 students during the 2010-2011 academic year.

Over the past three fiscal years, MPC has experienced a major financial predicament reflective of the overall California state budget crisis. This year, all departments of MPC were requested to reduce their adjunct course offerings by 15%, and discretionary spending by 15%, as noted on p. 1 of the Budget Construction Packet (Exhibit 5.1A). Reductions to workforce, class schedule, and student services will be made. The budget allocated to support the core program of the School of Nursing has not been directly affected, although reductions at MPC support services will likely affect the type and quality of support that has been provided to nursing students and pre-nursing students on campus. Faculty teaching adjunct courses have experienced a 3.84% reduction in their hourly salaries as of July 1st, 2011 (Exhibit 1.8B Monterey Peninsula College Teachers' Association Contract, Salary Agreement).

In June, 2009 private funding previously relied upon to supplement the MCCSN budget was diminished because of the economic downturn seen nationwide. The operating budget for fiscal year 2009-2010 was reduced over \$600,000, necessitating a 40% reduction in nursing program faculty. Through creative rescheduling and the use of college adjunct course funds, faculty developed a plan to accommodate all students for academic year 2009-2010. To adjust to the new financial reality, going forward, admissions have been reduced from 50 to 32 students per year. Exhibit ES3 provides the substantive change report submitted to the NLNAC in 2009 regarding this change, and Exhibit ES4 provides follow-up materials to the initial report.

Faculty have made a plan for projecting the number of instructors required to support Program Outcomes and provide safe clinical supervision over the next few years. This grid is

used to ensure that fiscal decisions will correlate with desired faculty-to-student ratios and faculty load assignments (Exhibit ES5 Projected Staffing Plan for MCCSN through spring 2013).

5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.

MCCSN physical resources are sufficient to ensure the achievement of outcomes and meet the needs of faculty, staff, and students. MCCSN is located on the west side of the MPC campus. The campus is located in central Monterey on the beautiful Monterey Peninsula and is easily accessible to students and faculty from a major highway and a city thoroughfare which is part of the route for the Monterey-Salinas Transit bus system. Large staff and student parking lots are conveniently located near the School of Nursing. Faculty offices are located at the School of Nursing building and on the 2nd floor of the International Center building (Nursing Annex) adjacent to the main nursing office. The floor plan provides faculty with easy access to one another and to students, but also offers office security and privacy.

Offices and Classrooms

The physical facilities of the MCCSN are among the finest on campus, as a tour of neighboring departments will easily demonstrate to site visitors. The main office has a printer/copier and office supply storage cabinets directly adjacent to the Division Office Manager's (DOM) office area. Faculty mailboxes are also located in the main office. A conference room, a faculty workroom, complete with copier, fax, and desktop computers, a kitchenette, and waiting space are available in both buildings dedicated to MCCSN. The main office has a large reception area and workspace for the DOM. All spaces are Americans with Disabilities Act (ADA) compliant and handicapped accessible, with an elevator installed to accommodate the Nursing Annex.

There are four private faculty offices within the main building, each structured with internet-connected computers, printing and fax capabilities, adequate storage and filing space, telephone, and privacy for student interactions. The DOM office is located just adjacent to the main entrance to receive students and visitors. Six other faculty offices are located in the

Nursing Annex with the same features, except four of the offices are cubicle style. A private room adjacent to the faculty offices serves as an excellent room for meetings and student interactions promoting privacy and confidentiality.

The three smart classrooms include built-in podiums, and data projectors with sound systems and components that allow presentation of internet material, video and computerized simulations. All classrooms are wireless enabled. Each classroom can seat 40-60 students. Chairs with lid lift desks are ergonomic and comfortable, and can easily be configured to best facilitate classroom activities. Storage closets are available in each classroom to contain supplies and equipment.

Learning Resource Center (LRC)

The LRC (Room Nu 105) is centrally located between the lower level faculty offices and classrooms and the Nursing Annex. It houses supplies, equipment, learning materials, areas for skills practice, space for viewing media, and a selection of reference books. The Instructional Technology Specialist's (ITS) desk is located in the LRC, allowing students convenient access with assistance in locating learning media or in troubleshooting computerized applications. The ITS workstation is equipped with features similar to faculty offices. LRC equipment includes four hospital "units" each with overbed table, nightstand and curtains for privacy. A variety of manikins, anatomical parts, and models are also available in the LRC. Each hospital unit is equipped with a built in video-monitor and headphones to accommodate learning activities.

Between classes or on breaks, students gather in the Nursing Annex atrium or in the courtyards adjacent to the nursing buildings. An outdoor kiosk is also available during peak class hours to purchase snacks.

Computer Lab

The 21-station computer lab is located within the LRC and is wired for internet access as well as intranet connections to both MPC and CHOMP. Its spacious setting has comfortable ergonomic chairs for each station and headphones available for audio use. Students may use

the LRC computer lab to view DVDs and tutorials, practice NCLEX-style questions, access class materials posted to the I-Learn course management system, or check email. Because the computer lab is connected to the CHOMP network, staff nurse trainers teach students how to use the electronic documentation system using this computer lab at the MCCSN. Students can practice documenting on fictitious patients any time the LRC is open by asking the ITS to set up a computer for the CHOMP network.

Clinical Simulation Center

The Clinical Simulation Center (CSC) provides predictable structured learning opportunities for all students to meet learning outcomes, as simulated clinical experiences (SCEs) are integrated in every semester. The CSC was funded by a private donor through a bequest administered by the Community Hospital Foundation in 2006. CHOMP's design team began construction in summer, 2007 in collaboration with the MCCSN faculty. SCEs were immediately implemented in fall, 2007 with NURS 52C students.

The CSC has two adult simulators, one child, and one infant. The room is designed to realistically simulate an actual hospital environment. There are privacy curtains for the adult beds and screens for the child and infant simulators. Each bed unit is fully equipped with an overhead table, nonfunctioning headwall to simulate suction and oxygen, intravenous pumps, and suction devices. The space also houses a medication room, nurses' station, functional sink with hot and cold water, and a refrigerator for necessary patient supplies, table for prep work, storage cabinets for supplies and moulage materials, and two patient supply carts. A dedicated telephone system enables students or faculty to call the nurses' station, medication room, and the physician's office during SCEs. Each station has a built in video camera to record the experience for debriefing. There are bulletin boards for posting current information such as National Patient Safety Goals, conversion charts, standard abbreviations, and current policies. Flip charts and white boards are available for students to document patient findings.

There is an adjacent faculty office with a one-way mirror whereby the Clinical Simulation Coordinator can operate the instructor work station (computer) that drives the physiology of the simulators. This one-way mirror enables the coordinator, faculty, and visitors to observe

SCEs in action. If the Clinical Simulation Coordinator chooses, the faculty can operate the simulations from within the CSC rather than from the remote work station. This proximity was made possible by the Múse software upgrade recently installed as part of the CSC enhancement funded by a bequest through the Community Hospital Foundation and described in Standard 5.1. Múse provides great flexibility in allowing the Clinical Simulation Coordinator to assume various health care roles during the SCE and still operate the software. Hardware updates included two wireless adult manikins to replace the earlier versions that were tethered to their power sources and compressors, and four Touch-Pro screen monitors to provide bedside monitoring for EKG, vital signs, oxygen saturation and other patient indicators.

5.3. Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

The MCCSN provides learning resources that are comprehensive, current, and accessible to faculty and students. Instructional materials, equipment, and supplies are acquired with input from faculty and students on the Multi Media Resource Committee (MMRC), which consists of the LRC Coordinator, Instructional Technology Specialist, faculty and student representatives from each level. The committee meets monthly as needed during the fall and spring semesters to review student and faculty requests regarding the addition, modification, and deletion of resources. The committee recommends and reminds faculty that media that are older than five years are to be reviewed for continued relevance by faculty who teach in related areas. Any recommendations from MMRC are brought to total faculty meeting for final approval. For instance, a portable suction machine was purchased recently to enhance skills teaching about nasogastric tube insertion and management, a need identified by the Multimedia Resource Committee (Committee Minutes Notebook, Exhibit 1.2F, MMRC minutes April 18, 2011). The committee membership is listed in Exhibit 1.2I.

Besides equipment, manikins, anatomical models and supplies, LRC materials include nursing textbooks for student and faculty use, tutorial software, and a comprehensive DVD and video library organized by curriculum thread. The comprehensive list of LRC holdings for books, software and media is available on site as Exhibit 5.3A

Faculty also evaluate the currency of learning resources during Total Program review annually. A need was identified at the June, 2011 meeting (Total Program Review Minutes Notebook, Exhibit 1.7) to more readily access comprehensive and current evidence-based best practices literature in the clinical setting. As a result, two iPads have been purchased to allow faculty to role model and explore the use of such technology in accessing pertinent information at the point of care. The iPads will be piloted fall, 2011.

LRC learning resources are readily accessible, as the center is open five days per week with some Saturday hours also, as seen on the LRC Calendars, Exhibit 5.3B. Nursing faculty are scheduled to work to provide guided practice, tutoring, workshops and other support to promote the nursing education unit outcomes. Faculty are generally available 24 hours per week according to the schedule; hours vary to accommodate peak times during the semester when guided skills practice is most needed. The LRC Calendar is physically posted inside the LRC near the door, and also on I-learn (electronic course management system) for each level.

Students have an opportunity to evaluate the quality of their learning resources through an LRC evaluation survey conducted at the end of every course. Students indicated a high level of satisfaction during 2010-2011 (Exhibit 5.3C NURS 52 A-B-C-D Evaluation Notebooks, LRC Evaluation Tool) Student comments on the NURS 52B LRC evaluation survey supported the MMRC committee recommendation regarding the addition of nasogastric tube insertion and management as a skill requiring more practice. It was added to the Skills Validations requirement for NURS 52C fall, 2011. Feedback also supported the addition of the web-based endocrine module by Education Global Technologies, Inc. (www.edgt.com) as a valuable learning activity, and it was added to the NURS 52C syllabus for Week 10 (Exhibit 1.1C Course Syllabi)

TABLE: Student Satisfaction with LRC Resources

% of students who agree or strongly agree that the LRC is organized with readily available and current resources 2010-2011	NURS 52A	NURS 52B	NURS 52C	NURS 52D
	100%	85%	94%	92%

Use of Technology at MCCSN

The MCCSN Instructional Technology Specialist (ITS) assures that equipment, hardware and software for offices and smart classrooms remain functional and updated according to campus standards. Additional support is available on campus through the Instructional Technology Department, which facilitates a technology refreshment program to update operating systems throughout the campus and to cascade hardware as departments retire older models. A copy of the current Classroom and General Campus Equipment Refreshment Guidelines is available on site as Exhibit 5.3D. The ITS has also received extensive training by Medical Education Technologies, Inc. (METI) in Tampa, Florida to set up and maintain the high fidelity human simulators in the Clinical Simulation Center, as well as the computer workstations used to program and operate the simulated clinical experiences. The new hardware and enhanced simulation software described in Standard 5.2 was installed in spring, 2011 and was put to immediate use.

The MCCSN classroom and office equipment meet campus standards. The ITS attends regular meetings of the lab tech group on campus, and reports on technical issues at faculty meetings (Committee Minutes Notebook, Exhibit 1.2F). A campus plan is under development to deploy “thin client” technology to more efficiently manage hardware and software updates and server back-up. All LRC and office computers are connected to the Internet, and the MPC Library search engines can be accessed anywhere on campus. All faculty have access to “MyMPC”, the campus intranet where a wealth of information is posted, including campus event calendars, updates from the Office of Academic Affairs, and campus committee notes.

The CHOMP Information Technology Department is also available through their Help Desk and by consultation to maintain the network connection to Community Hospital. This network connection allows faculty to access the CHOMP intranet for a variety of employee-related reasons (Payroll & Benefits, *The Daily CHOMP* news updates, policies and procedure, etc). The CHOMP intranet connection also provides faculty with access to employee in-services via *NetLearning* modules. Lastly, the CHOMP intranet connects the LRC computer stations with the training environment for the computerized documentation system (SXA) at the hospital. Students are fortunate to receive training on that documentation system in the MCCSN

computer lab taught by a CHOMP staff nurse trainer as a benefit of the partnership between MPC and CHOMP. The training promotes efficiency in the clinical setting so that students are able to meet course objectives for the accurate and timely documentation of patient assessments, interventions, and outcomes. Faculty who give instruction in the clinical setting at CHOMP have also been trained on the documentation system, and receive regular updates by Email from the CHOMP Training Coordinator, Health Information Technology. Samples of these SXA Updates are available on site as Exhibit 5.3E. Students and faculty receive similar training for the electronic documentation system used at Natividad Medical Center by completing an online series of modules at <http://itcdland.csumb.edu/~leaps/nmc/index.html> (Meditech computerized documentation online training, Exhibit 5.3F).

Technology is utilized extensively to communicate with students. All registered students have an active mpc.edu email account which is entered into the web-based I-Learn course management system to which all students are oriented as part of Computer Competencies (Exhibit 3.7A). Faculty post course materials to I-Learn so that students access them remotely as well as from on campus. This is a password-protected site, and only registered students have access.

MPC Library Services

In 1998, the California Community College (CCC) Board of Governors approved funding (\$21.5 million) for the construction of a new Library and Technology Center (LTC). The building was completed in summer 2003. The Library, English Skills and Study Center (ESSC), English as a Second Language (ESL), Reading Center, Academic Support, Office of Institutional Research and the Office of Instructional Technology are located in this building. The LTC houses a collection of materials which supports the college's two-year lower division instructional programs, and serves as a community resource, being available for use by local residents.

The LTC, located at the base of the college campus, is a 74,000 square-foot structure built to accommodate a growing student population. A range of equipment is available for student and staff use during LTC hours, and are posted on the library website <http://www.mpc.edu/library/Pages/default.aspx>. At the time of the self-study, the library is

open Monday through Thursday from 8:00 a.m. to 8:00 p.m., and Friday from 8:00 a.m. to noon. The LTC includes:

- study, classroom and meeting space
- collections of traditional, electronic and mediated materials along with the equipment to use them
- over 200 student workstations
- wireless connectivity
- 15 group study rooms (some with full multimedia accessibility)
- special collections and college archive storage
- a copy center for student printing
- a study lounge with refreshments.

The building, furniture, collections, software, and equipment all meet accessibility standards. The academic library staff includes 4.0 full-time equivalent librarians, with 42 additional hours per week of reference librarian assistance. All librarians have a minimum of a Master's Degree in Library Science. The LTC presently has approximately 84,000 book titles in both print and digital formats, as well as 175 periodical subscriptions. Of the book holdings, approximately 2,000 are nursing or nursing-related circulating books and 125 are medical/nursing reference works such as dictionaries, encyclopedias, and drug handbooks.

In recent years, the Library has subscribed to a number of online periodical databases that include full-text articles. Beginning summer 2011, the licensed databases that will be available to support the nursing program will be the *Nursing Reference Center* and the *Health Source Nursing/Academic Edition*, both from EBSCO. These databases may be accessed remotely using a valid MPC library card, as well as from on campus. Librarians are available to provide instruction to students and faculty in the use of these online resources.

Monterey Peninsula College is a member of the Monterey Bay Area Cooperative Library System (M.O.B.A.C.). This system provides inter-library loan services to member libraries of Monterey, Santa Cruz, and San Benito counties. Most student or staff requests, initiated with a reference librarian, can be obtained through this system within one week, usually at no or low cost or at the cost of photocopying the reference material requested.

Students enrolled at the College may check out circulating library materials at the circulation/reference desk upon presentation of student identification. Nursing students are oriented to library resources during the first semester (NURS 52A). Nursing faculty may also request subject- or project-specific orientations for their students, or nursing students may request an individual LTC orientation. In addition, the LTC website <http://www.mpc.edu/library/Pages/default.aspx> features a variety of resources, including tutorials, for faculty and students. Topics include a guide to LTC hours and services, use of online resources, evaluating websites for validity, how to locate articles in scholarly or peer-reviewed journals, and basic reference sources. Lastly, nursing students complete the LIBR 50 course, or a rigorous three-hour session (during NURS 52C) covering the basics of health care literature searches, either of which satisfies the college information literacy graduation requirement. The assignment for the three-hour session is available as Exhibit 3.7B.

Ensuring that the collection of materials related to nursing remains current is a collaborative effort by both nursing and library faculty, so that students are able to meet course objectives requiring the integration of evidence-based practice into plans of care. An in-depth review of the holdings is underway which will include review by both faculty librarians and nursing faculty. This periodic updating process is designed to ensure that the nursing collection is as current as possible. The Library Division Chair recently successfully advocated for continued funding for nursing/medical databases during this time of budget constraint (Exhibit 5.3G email communication between Library Division Chair and Dean of Instructional Planning). Students indicated a high level of satisfaction with library resources during the 2010-2011 academic year.

TABLE: Student Satisfaction with Library Resources

	NURS 52A	NURS 52B	NURS 52C	NURS 52D
% of students who agree or strongly agree that library resources were adequate and available 2010-2011	94%	97%	89%	87%

The MCCSN faculty are proud of the wealth of resources available on campus and through partnership with Community Hospital. Student attainment of learning outcomes is enhanced

because of the excellent school facilities provided at MPC. MCCSN does not deliver any part of the curriculum by distance education.

Section Three: Standard 6 Outcomes

Standard 6 Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

6.1 The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC Standards.

The systematic and comprehensive evaluation plan for the nursing program was developed by the faculty in accordance with NLNAC standards and is reviewed annually at the Total Program Review (TPR) meeting. This plan is designed to allow ongoing assessment and evaluation of the nursing program, and leads to continuous quality improvement. The nursing faculty meet at the end of each semester for a level wrap up meeting and all data are brought at the end of the academic year to the TPR meeting. All faculty are expected to participate in the systematic program evaluation at TPR. Minutes of Total Program Review meetings 2005-2011 are available on site as Exhibit 1.7A. Minutes of level wrap-up meetings are included in the Committee Minutes Notebook, Exhibit 1.2F.

The Systematic Plan for Evaluation (SPE) includes but is not limited to student achievement of program outcomes and student learning outcomes. Faculty use multiple measures to evaluate student achievement of program outcomes, such as NCLEX-RN first time pass rate, program completion and program satisfaction rates, and job placement rates. Learning outcomes are evaluated using the Assessment Technologies Institute (ATI) Comprehensive Predictor Examination, clinical evaluation results, and preceptorship evaluations from both preceptors and students. Assessment and evaluation of this systematic plan of evaluation (SPE), along with the identification indicators that are below the expected level of achievement, promotes continuous quality improvement. The Systematic Plan for Program Evaluation, Standards 1-6 can be found in APPENDIX F.

6.2 Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.

Faculty use data collected throughout the year to determine whether students have achieved program outcomes and nursing education unit outcomes. Faculty analyze the data at the Total Program Review (TPR) to make decisions for program improvement, using summaries from the following instruments:

- Course Evaluations by students
- Clinical Instructor Evaluation by students
- Clinical Site and Out-rotations Evaluations by students
- LRC Evaluations by students
- Simulation Lab Evaluations by students
(Available on site in the NURS 52A, B, C, D Evaluation Notebooks, Exhibit 5.3C)
- Preceptee and Preceptor Evaluations (2009-2011) (NURS 52D Evaluation Notebook, Exhibit 5.3C)
- Program Exit Survey tool at time of graduation (2011)
(Available on site in NURS 52D Evaluation Notebook, Exhibit 5.3C)
- Graduate Program Satisfaction survey tool six months after graduation (2008-2010, Exhibit 6.5.3A)
- Employer Satisfaction Survey tool six months after graduation (2008-2010, Exhibit 6.5.3B)
- NCLEX Pass rates, state and national comparison (Exhibit 6.5.1A)
- Aggregated Clinical Evaluation Tool grades for each clinical objective (Exhibit 6.2A)
- ATI Comprehensive Predictor Examination Scores (Exhibit 6.2B)

The MCCSN faculty are improving data collection methods by establishing tools to better capture outcome quantification, and systems to assure that data are collected consistently and are continuously accessible by all faculty. The Director, School of Nursing, has initiated a project

with the MPC Director of Institutional Research to create a database housed on a common computer drive which can generate reports about program outcome data with a user-friendly interface. (Committee Minutes Notebook, Special Faculty-Staff meetings, Exhibit, 1.2F). In spring, 2011 the faculty recognized the need for aggregated data regarding program satisfaction at the time of graduation compared to graduate satisfaction 9-12 months later. A “Program Exit Survey” was created and piloted on the I-Learn web-based course management platform (available in NURS 52D Evaluation Notebook, Exhibit 5.3C). The data supported that 75% or more of graduating students in 2011 were satisfied with all program elements. This data will be compared to the surveys returned between March and June, 2012 when graduates are likely to have passed NCLEX and obtained an entry level nursing position.

The faculty have also identified that the tool used for systematic program evaluation until 2010, the “Total Program Evaluation Plan”, did not address nursing education unit learning outcomes specifically, and did not explicitly address the most recent NLNAC standards (Total Program Evaluation Minutes, “SPE Used Until 2010”, Exhibit 1.7). The SPE tool has been revised summer, 2011 to more closely align with NLNAC 2008 standards, and will be continually developed and used over the next eight years in order to better trend data from the above instruments for the purpose of making program decisions. The current Systematic Plan for Program Evaluation, Standards 1-6 is found in APPENDIX F.

A recent program decision was implemented to require a validation of skills in fall, 2010 for all students at the beginning of the third semester. The decision was based on clinical evaluations for first level students shared by faculty at the Total Program Review meeting in June, 2010 indicating weak areas that would hinder success in subsequent semesters. One of the areas was in patient assessment, so a head-toe-assessment of the hospitalized adult was included in these skills validations. The second level faculty evaluated student demonstrations of selected previously learned skills (foley catheterization, IVPB administration, and head-to-toe physical assessment). 16 students did not pass on the first attempt. A skills validation was also implemented in the fourth semester in spring, 2011 with more advanced skills (venipuncture and peripherally inserted central catheter dressing change). There were no performance contracts written that semester, as all students met the expectations upon the first

demonstration (reported in Total Program Review meeting, June 2011, Exhibit 1.7). At the end of the fourth semester, 97% of students strongly agreed or agreed that the skills validations helped them to perform more proficiently in the clinical setting (NURS 52D Evaluation Notebook, Exhibit 5.3C). The data convinced the faculty to utilize skills validations at the beginning of every second, third and fourth semester to help students remain accountable for previously learned skills.

Summarized data from clinical evaluation tools from the past three years is displayed in the table below according to nursing education unit outcomes (NEUO's). The number of students is noted, along with the corresponding percentage of the class, with a grade of "Needs Improvement" (NI) or "Needs Significant Improvement" (NSI) in a particular clinical objective at the mid-term point and at the end of the course. Exhibit 1.1C includes the Clinical Evaluation tool which is located in the Clinical Guide for each semester and will be available to visitors on site. Exhibit 6.2A (available to visitors on site) displays the aggregated clinical evaluation grades for each objective for the past three years. This data demonstrated that more than 75% of all students at mid-term and more than 90% of all students at the end of each semester met all clinical objectives. The most frequent objectives for which students did not meet expectations is noted in the table.

TABLE: Summary of Most Frequent Clinical Objectives with a Grade “Needs Improvement” (NI) or “Needs Significant Improvement” (NSI) on Clinical Evaluation Tool

CLASS of 2009

NEUO #1: Provider of Safe Patient Care n=42 n=46 n=48								
Clinical Objectives	NURS 52A		NURS 52B		NURS 52C		NURS 52D	
	Mid-term	Final	Mid-term	Final	Mid-term	Final	Mid-term	Final
Safe administration of medications					4 (8%)	--		
Seeks supervision				2 (NSI)				
Maintains safe environment				2 (NSI)				
NEUO #2: Coordinates, Advocates and Teaches Patients as Manager of Care								
Patient assessment					4 (8%)	--		
NEUO #3: Responsible Member within the Discipline of Nursing								
Manages time well					9 (19%)	2 (NSI)		
Submits work on time					6 (12%)	1 (NSI)		

CLASS of 2010

NEUO #1: Provider of Safe Patient Care n=49 n=48 n=48								
Clinical Objectives	NURS 52A		NURS 52B		NURS 52C		NURS 52D	
	Mid-term	Final	Mid-term	Final	Mid-term	Final	Mid-term	Final
Administers medications by various routes			6 (12%)	--				
NEUO #2: Coordinates, Advocates and Teaches Patients as Manager of Care								
Patient assessment			4 (8%)	--				
NEUO #3: Responsible Member within the Discipline of Nursing								
Manages time well			4 (8%)	1 (NSI)				
Critical thinking			6 (12%)	--				

Class of 2011

NEUO #1: Provider of Safe Patient Care n=44 n=43 n=42								
n=36								
	NURS 52A		NURS 52B		NURS 52C		NURS 52D	
Maintains confidentiality			4 (9%)	--				
Safe administration of medication	1	--	1	--	1	2 (NSI)	1	--
Maintains safe environment						3 (NSI)		
Skills performance			1		1	2 (NSI)		
NEUO #2: Coordinates, Advocates and Teaches Patients as Manager of Care								
Patient assessment	6 (14%)	--						
NEUO #3: Responsible Member within the Discipline of Nursing								
Manages time well	4 (9%)	--	3 (7%)	--	3 (7%)	2 (NSI)	1	--
Prepared for clinical		1 (NSI)		1 (NSI)	3 (7%)	3 (NSI)	1	--

All fourth semester students are required to complete the ATI Comprehensive Examination which predicts the probability of passing the NCLEX-RN examination. Data over the past five years has consistently demonstrated that MCCSN fourth semester students perform above the program and national mean overall. The same is generally true for composite scores in all subcategories of the NCLEX-RN blueprint. However, the faculty noted in April, 2011 that students scored below the 50th percentile in the areas of delegation, supervision and advance directives (ATI Comprehensive Predictor Reports, 2008-2011, Exhibit 6.2B). The faculty plan to incorporate more exam questions relating to delegation and supervision (some with alternate format) at the application level and higher in NURS 52C and D. Simulated clinical experiences will also emphasize more delegation opportunities and feature scenarios involving the nursing role in implementing and educating patients about Advance Directives. Faculty also suggested adding a role-play scenario to the Preceptorship Orientation workshop in NURS 52D in 2012 (Total Program Review Minutes, Exhibit 1.7A). A summary of ATI Comprehensive Predictor Scores is found in the table below.

TABLE: ATI Comprehensive Predictor Scores

	ATI Adjusted Group Score	Individual Mean Score-Program	Individual Mean Score-National	Group Percentile Rank- program
Class 2007	76.4%	71.2%	71.0%	94
Class 2008	68.7%	65.4%	64.7%	90%
Class 2009	77.4%	71.2%	71%	96%
Class 2010	76.4%	71.2%	71%	94%
Class 2011	74.9%	68.1%	68.7%	Undetermined as of June 2011

6.3 Evaluation findings are shared with communities of interest.

The Nursing Program Advisory Committee meets annually regarding program outcomes, NCLEX-RN, graduation rates, employment status, program satisfaction, admissions, and any pertinent information related to the nursing education unit. The advisory committee members, comprised of community members such as local employers, graduates, faculty, and high school counselors, have an opportunity to give input to the Director, School of Nursing about the nursing program. Agendas and minutes of the Nursing Advisory Committee meetings are available as Exhibit 1.3. The Director, School of Nursing also meets quarterly with the Nursing Steering Committee, composed of the President of Monterey Peninsula College (MPC), President of Community Hospital of Monterey Peninsula (CHOMP), CHOMP Vice President of Financial Services, MPC Vice President of Administrative Services and the Vice President for Nursing, CHOMP. Steering Committee agendas and meeting minutes are available for review on site as Exhibit 1.2E.

6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.

In addition to rigorous examinations and clinical evaluations each semester, students demonstrate competence in a precepting experience in which preceptors (designated expert registered nurses) contribute to the student’s final clinical evaluation. This clinical experience helps students transition to the role of an entry level nurse. Data collection from a Preceptor Evaluation tool are aggregated to validate that students have met program outcomes and competencies appropriate to the role of the entry level nurse. The table below shows the

average score for each competency for students, who completed preceptorship during May, 2011. The Likert scale rates student performance as follows: (5) Strongly Agree; (4) Agree; (3) Neutral; (2) Disagree; (1) Strongly Disagree. 29 out of 36 preceptors returned the surveys, an 81% response rate.

TABLE: Summary of Preceptor Evaluation 2011 for Student Achievement of Competencies

score	Average
1. The <i>Precepting Information</i> packet prepared me to begin precepting my assigned student.	3.79
2. The learning objectives developed by the student helped us to stay focused.	4.58
3. The faculty advisor was available and supportive to me during the preceptorship.	4.79
4. The student was prepared for the experience and knew what was expected.	4.93
5. I enjoyed the mentorship role.	4.86
6. The student utilized the nursing process effectively.	4.78
7. The student developed and updated nursing care plans appropriately.	4.5
8. The student demonstrated effective clinical judgment.	4.82
9. The student documented effectively (charting).	4.89
10. The student communicated effectively (verbal).	4.78
11. The student worked effectively as a team member.	4.8
12. The student applied principles of safety to all aspects of patient care.	4.8
13. The student assumed responsibility for his/her own professional development.	4.8
14. The student incorporated knowledge of cultural diversity when caring for patients.	4.8
15. The student assumed a leadership role appropriate to a new graduate nurse.	4.78
16. The student demonstrated ethical-legal practices in caring for patients.	4.8
17. The student documented effectively (charting).	4.8

Students were also asked to complete an evaluation of their preceptorship using an online survey. All of the respondents indicated that they agree or strongly agree that they achieved the nursing unit education outcomes (#11, 12, and 13 on the survey tool below). 31 of 36 graduating seniors completed the survey (86% response rate).

TABLE: Summary of Preceptorship Evaluation of Outcomes by Students (Preceptees)

Preceptorship Evaluation by Students (Preceptees)	Strongly agree or Agree
1. The preceptorship Workshop provided valuable information.	97%
2. The nursing Program as a whole prepared me for the preceptorship.	97%
3. The learning objectives helped me stay focused.	87%
4. The preceptorship helped me meet objectives.	100%
5. The preceptorship will facilitate my transition to new graduate nurse.	97%
6. I would recommend this preceptor in the future.	97%
7. The preceptor was sensitive to my needs.	100%
8. The preceptor was an expert.	100%
9. The preceptor gave feedback to facilitate learning.	97%
10. I had an opportunity to apply knowledge and skills learned in the nursing program.	100%
11. I am able to organize and provide safe patient centered care for a group of patients.	100%
12. I am able to effectively communicate and collaborate with health care professionals on behalf of patients.	100%
13. My preceptor helped me develop as a member within the discipline of nursing.	100%

Employers reported on surveys (2008-2010) that graduates demonstrate Excellent or Average competencies expected of an Associate Degree Nurse graduate. Results of those surveys are included in Criterion 6.5.3 Program Satisfaction: Employer.

6.5 The program demonstrates evidence of achievement in meeting the following program outcomes:

- **Performance on licensure exam**
- **Program completion**
- **Program satisfaction**
- **Job placement**

6.5.1 Performance on licensure exam; Licensure exam pass rates will be at or above the national mean.

The graduates of the MCCSN over the past eight years displayed a consistently high average level of achievement on NCLEX-RN (92.7%). This is above the California and National mean and exceeds the MCCSN indicator of 90% pass rate. In 2008 and 2009, due to a pass rate below the indicator, faculty renewed efforts to bring students into instructor-led study groups, meeting with the Student Success Coordinator and increasing NCLEX-RN style questions on exams, including alternative format types. In 2010, the MCCSN pass rate for NCLEX-RN was 100% and to date in 2011 also 100% (Exhibit 6.5.1A). The table below displays the MCCSN, California and National NCLEX-RN pass rates of first-time takers.

TABLE: NCLEX-RN Pass Rates Compared to State and National Mean

NCLEX Pass Rate	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
n=	32	48	44	44	52
MCCSN	90.63%	97.92%	88.64%	86.36%	100%
California	87%	88%	87%	88%	89%
National	88.1%,	85.5%	86.7%,	88.42%	87.41%

6.5.2 Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.

Program Completion:

Faculty use the California Board of Registered Nursing (BRN) and California Chancellor's Office definition of program completion to report the number of generic students starting the

Nursing Program and those completing the program within the expected graduation date. Data derived from the BRN report was corrected for the class of 2009 as it differs from the report due to an inaccurate entry of data (Exhibit 6.5.2). The table below depicts the retention rate in the nursing program for the past four years based on the admission year accepted into the program.

TABLE: Program Completion Rates Class of 2006-2011

Year Accepted Into Program	Completion Rate for 2 years Generic Students	Graduates/ Number Admitted
2004 (class 2006)	84.4%	38/45
2005 (class 2007)	90.0%	36/40
2006 (class 2008)	94.2%	49/52
2007 (class 2009)	92.2%	47/51
2008 (class 2010)	94.1%	48/51
2009 (class 2011)	78.3%	36/46

The program completion rate has met the 85% indicator standard for many years. However, recently the attrition rate has increased. The completion rate for the Class of 2011 was 78.3%, which is below the indicator identified in the evaluation plan. The Class of 2012, who are beginning the second year, currently has a retention rate of 81.2%. Faculty have spent a great deal of time discussing the reasons for the higher attrition, and determining actions to help improve student success. Faculty reviewed the higher attrition in the class of 2010 and determined it to be the result of the current difficult economic situation, resulting in many students working more hours than recommended, and a temporary increase in the student: faculty ratio due to workforce reduction in fall, 2009. Interventions to address this problem have included: increased load time for the Student Success Coordinator in Fall 2010, continued study groups led by instructors for at-risk students in first level, establishing a skills validation requirement for students in second, third and fourth semesters, and an increase in patient simulation practice to enhance skill development and critical thinking. Faculty continue to encourage students to attend NURS 70, Supervised Nursing Clinical Experience (an optional course) which provides students with additional clinical experiences in the summer session.

The Director, School of Nursing, has also initiated a project with the MPC Director of Institutional Research to quantify and analyze data, including the current Success Index Score and the use of the Test of Essential Academic Skills (TEAS), to determine whether they are accurate predictors of success in the nursing program. Faculty will continue to assess the program retention rate carefully.

6.5.3 Program satisfaction: Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

Graduate and employer surveys are sent six to nine months after graduation to determine program satisfaction of the graduate and employer satisfaction. The graduate's self assessment also asks if the graduate feels prepared to assume the role of entry level nurse. The graduate survey for the past three years has reflected consistent data indicating that over 90% of graduates are satisfied with the education at MCCSN and feel prepared to assume the role of an entry level nurse. This meets the indicator of 90%, set by the faculty for new graduate satisfaction. The tables below reflect graduate satisfaction with the MCCSN program.

TABLE: Graduate Satisfaction with the Nursing Program

Program Satisfaction	2008	2009	2010
Yes	100%	100%	96%
No	0	0	4%
Undecided	0	0	0

TABLE: Graduate Satisfaction with Specific Aspects of the Nursing Program

Category Rating of Satisfied	2008			2009			2010		
	Satisfied	Unsat	No response	Satisfied	Unsat.	No response	Satisfied	Unsat.	No response
Nursing Curriculum	100%	0	0	100%	0	0	100%	0	0
Learning Environment	92%	8%	0	100%	0	0	100%	0	0
Learning Resources	92%	8%	0	100%	0	0	97%	3%	0
Clinical Experience	92%	8%	0	100%	0	0	93%	7%	0
Use of Technology	92%	8%	0	88%	12%	0	100%	0	0
Program Policies	92%	8%	0	100%	0	0	100%	0	0
MPC Support Services (Financial Aid, Children's Center, Counseling)	85%	15%	0	72%	6%	22%	96%	4%	0

Employer Survey results from 2008-2010, obtained 6-12 months after graduation, indicated that employers found that MCCSN graduates demonstrate excellent or average competencies expected of an Associate Degree Nurse graduate. The findings meet the indicator of 90% established by faculty. Graduates in 2009 and 2010 were particularly strong in the areas of effective use of the nursing process, care planning, verbal and written communication, effective team membership, safety, assumes responsibility for professional development, and incorporates culturally competent care. Return rates for the survey in 2010 were 50% at six months and 78% at 12 months after graduation. The following table displays the results of Employer Satisfaction from 2008 through 2010.

TABLE: Employer Survey of Graduates Rated Excellent and Average

Criterion Evaluation of Excellent or Average	2008	2009	2010
The graduate:			
utilizes the nursing process effectively.	100%	100%	100%
develops and updates nursing care plans.	87.5%	100%	100%
demonstrates effective critical thinking skills.	100%	100%	85%
communicates effectively verbally.	100%	100%	93%
communicates effectively in writing.	100%	100%	100%
collaborates effectively as a team member.	100%	100%	100%
applies principles of safety to all aspects of patient care.	100%	100%	100%
assumes responsibility for his/her own professional development.	100%	100%	100%
incorporates knowledge of cultural diversity when caring for patients.	100%	100%	100%
assumes a leadership role appropriate to the new graduate nurse.	100%	100%	85%

In 2010, “critical thinking skills” and “assumes leadership role” were 85% excellent or satisfactory, below the indicator of 90%. This was reviewed at the Total Program Review meeting and the following actions were implemented: 1) assign multiple patients during clinical simulation experiences during the second semester, 2) increase experience in SBAR communication, delegation, and prioritizing in second level simulations. To better quantify the outcome indicator, the Employer Survey of 2011 graduates will utilize a Likert scale to rate performance.

6.5.4 Job placement: Job placement rates are addressed through quantified measures that reflect program demographics and history.

Through 2008, the rate of graduates surveyed six months after graduation was 100% employment for those who sought employment, primarily in local acute care hospitals. However for the next two years (2009 and 2010), graduates reported difficulty finding jobs, particularly in acute care hospitals. Of the 20 graduates from 2010 who responded to the

graduate survey (41% response rate), 60% stated they were employed in a nursing position. Of those responding, 17% were working in acute care hospitals, and 47% were employed in Skilled Nursing Facilities. Thirty (30) percent of the respondents stated they were unable to locate a nursing job. To establish contact with distant graduates, the faculty set up a social networking website for 2010 alumni, and 12 months after 76% of the class joined. Currently 67% are employed: 52% in acute care, 30% in skilled nursing facilities, and 15% have moved out of Northern California. Graduate Surveys are available on site for visitors as Exhibit 6.5.3A.

This downward employment trend for nursing graduates is consistent with state data. The California Institute for Nursing & Health Care (CINHC) surveyed 7,000 recent graduates in October 2010 (Exhibit 6.5.4). The report stated that 57% of respondents were working in their first position as a registered nurse, and 43% were not working as a registered nurse. The reasons were lack of experience (93%) and lack of available positions (67%). The survey also stated that California needs to keep newly licensed RNs engaged in the nursing workforce, and recommended Nurse Residency Programs. To this end the faculty proposed using the Supervised Nursing Clinical Experience, Advanced class (NURS 70) to increase experience in a summer course, which may in turn increase the chances of being offered a nursing position. Faculty will review the outcomes in June, 2012 at the Total Program Review meeting. Based on the Graduate Nurse Survey results which indicated there were fewer jobs found in acute care hospitals, faculty added more skilled nursing facility out-rotations and preceptorship experiences in the fourth semester to expose more students to areas other than acute care settings. This change occurred in spring, 2011 allowing students to receive more clinical experience where they are more likely to find employment opportunities. The Clinical Rotation Schedule Notebook, Exhibit 2.3, is available to site visitors and lists clinical sites for NURS 52D, spring 2011.)

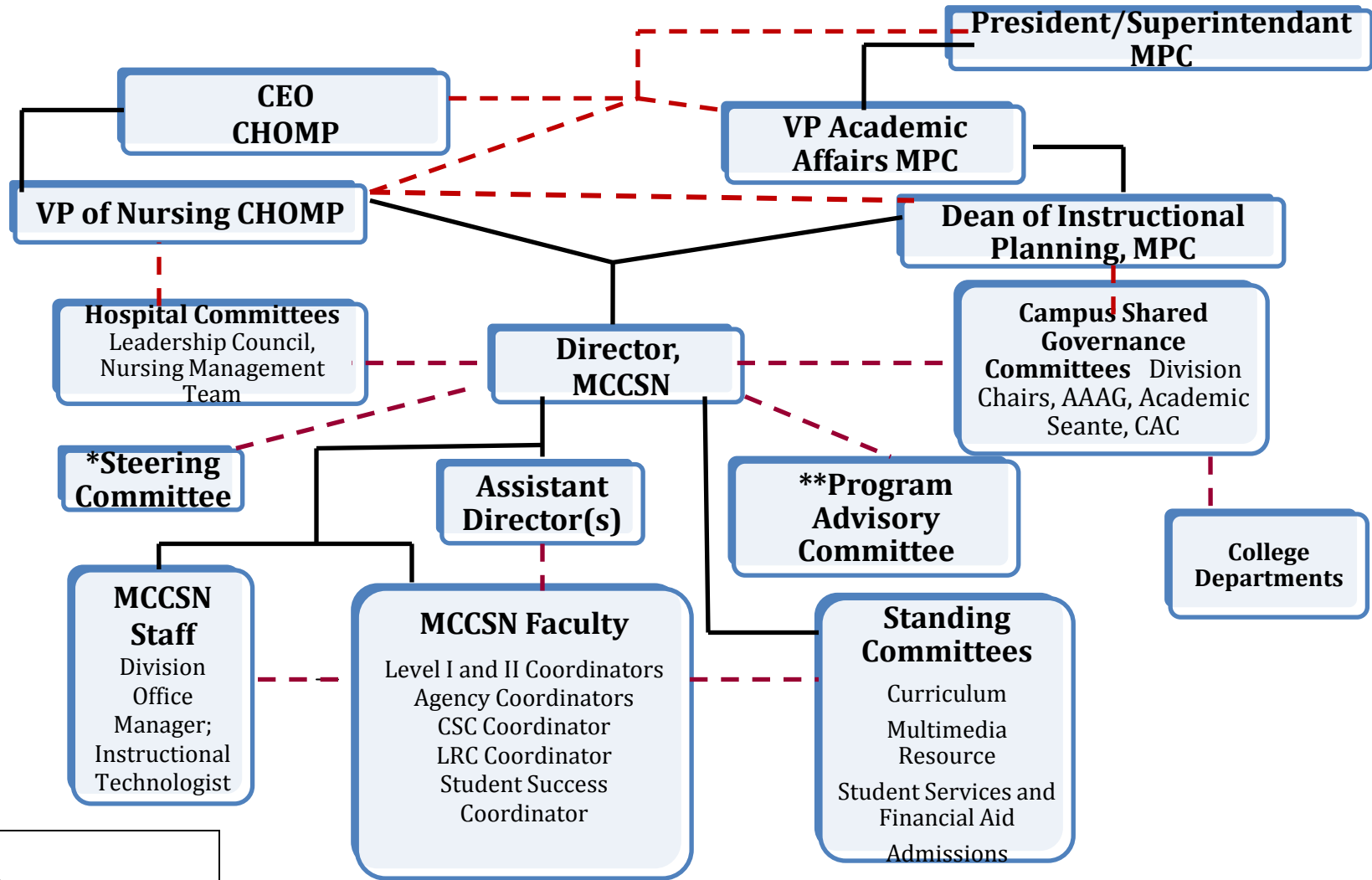
The Program Outcomes Summary Table below displays a clear correlation of required program outcomes to the indicators of program achievement and the actual level of achievement. Time frames for evaluation and resulting actions are indicated when action is necessary.

TABLE: Nursing Program Outcome Summary

Nursing Program Outcomes Summary								
Required Program Outcomes	Expected Level of Achievement	Actual Level of Achievement					Resulting Action(s) Taken/To Be Taken with Time Frame for Implementation	
		2007	2008	2009	2010	2011	Action(s)	Time Frame
Performance of NCLEX-RN	90% or greater pass rate	97.9%	88.6%	86.3%	100%	100% to date	Success Coordinator available more time Instructor-led study groups	fall 2010 fall 2009
Program Completion	85% of students who are admitted will graduate on time	94.2%	94.2%	92.2%	94.1%	78.3%	Success Coordinator available more time Review application process Track trend over time	fall 2010 spring 2011
Program Satisfaction Graduate Survey 6-9 months after graduation	90% satisfaction of graduates in preparation for entry level role	100%	100%	100%	100%	To be surveyed	Contact graduates 6-12 months after graduation, to accommodate longer time needed to find employment. Use social networking website for better response rate.	

Nursing Program Outcomes Summary (cont'd)								
Required Program Outcomes	Expected Level of Achievement	Actual Level of Achievement					Resulting Action(s) Taken/To Be Taken with Time Frame for Implementation	
		2007	2008	2009	2010	2011	Action(s)	Time Frame
Employer Satisfaction	90% of Employers rate graduates as Excellent or Average	100%	100%	100%	100% except Critical thinking & leadership role	To be surveyed	Increase critical thinking activities in Clinical Simulation Center and Preceptorship Orientation	fall 2011 and spring 2012
Job Placement	90% of those who seek employment in nursing within 6 months	100%	100%	60%	27% at 6 months 76% at 12 months	To be surveyed	Encourage NURS 70 summer experience Use more long term care resume writing & interview workshops Develop job placement networking post graduation	June 2009-2011 fall 2009 spring 2010-2011 spring 2010

**MAURINE CHURCH COBURN SCHOOL OF NURSING AT MONTEREY PENINSULA COLLEGE
ORGANIZATIONAL STRUCTURE**



Legend:
 Lines of authority _____
 Lines of communication - - - - -

***Members of Steering Committee:** 1) President of MPC 2) CEO of CHOMP 3)VP Nursing CHOMP 4) VP Administrative Services, MPC 5) VP Financial Services CHOMP 6) Director School of Nursing

****Members of Program Advisory Committee:** 1) Dean of Instructional Planning MPC 2)Nursing Program Counselor 3)Three faculty members 4)Nursing school Graduates 5)Counselors local high school 6)Representatives of clinical agencies 7)Community members 8)Director School of Nursing

APPENDIX B

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is for the purpose of specifying operational and financial arrangements between Monterey Peninsula College, hereafter referred to as the College, and Community Hospital Foundation, hereafter referred to as the Foundation during the fiscal year July 1, 2011 to June 30, 2012. The arrangements are as follows:

1. Funding

The annual operating expenses for the Maurine Church Coburn School of Nursing will be funded as follows:

- A. The College will contribute \$700,000 of the approved 2011-12 School of Nursing budget (see attachment A).
- B. The Foundation will contribute \$700,000 of the approved 2011-12 School of Nursing budget (see attachment A).
- C. Additional sources of funding include \$131,156 from the State Chancellor's Office Enrollment Growth Grant, \$16,096 from the Lillian W. Adams Bequest, \$16,800 from the Perkins Grant, and \$14,300 from the Barnet Segal Charitable Trust.
- D. Direct grants may be awarded by the Foundation for scholarships, capital purchases, supplemental program needs and/or faculty expenses. These grants will be directed and administered solely by the Foundation.
- E. Changes in the type of direct expense categories as shown on attachment A or significant variations to the direct expense amounts approved must be reviewed and agreed to by both the College and Foundation

2. Fiscal Management:

A. The College will maintain responsibility for initial development, preparation, submission and management of the operational budget. The College will submit a tentative operational budget to the Foundation by June 8 which allows time for the Foundation's review and response to the College by July 1.

B. The Hospital will administer the basic salary program. The Foundation may administer any incentive (stipend) program outside the College budgeting program.

C. The Foundation will serve as the employer of record for all faculty members and approve the overall budget for the school.

D. The Foundation will furnish the College a monthly statement of salaries paid on behalf of the School of Nursing within fifteen days of the end of the month. When the Foundation's contribution for salaries exceed the amount determined in Attachment A, the College will reimburse the Foundation for the excess amount after the close of the fiscal year.

3. Program Evaluation:

An opportunity for review of the School of Nursing for quality and need will be provided through joint meetings between the College and Foundation no less than three times during the period of this agreement. Meetings will be held between College and Foundation representatives during or near September 2011, February 2012 and June 2012.

The purpose of the meetings will be to:

A. Review the status of the School of Nursing with specific attention to activities which resolve identified problems, improve the quality of the nursing graduate, or upgrade the program curriculum.

B. Review:

1) Summary of quarterly expenses.

2) Current and projected funding levels by the College.

3) Current and projected indirect expenses for the School.

4) Approve budget for the next fiscal year.

4. Responsibilities

Monterey Peninsula College (School) is responsible for the educational program, conducted in part at Community Hospital of the Monterey Peninsula (Hospital). The School will provide ancillary and support services for students, and assure that all instructors will meet minimum qualifications for teaching the courses, consistent with requirements in courses taught at the college. All college procedures will be followed relating to enrollments, fees, class hours, supervision and evaluation of students, and withdrawal of students.

Hospital employees conducting instruction for the School programs will agree in writing that the School has the primary right to control and direct the instructional activities of the instructor. The School will provide instructors with orientation, course outlines and materials, testing and grading procedures, and other educational materials used in the educational process.

All courses and programs will be approved by the State Chancellor's Office and courses that make up programs will be part of approved programs, or the college will have received delegated authority to separately approve these courses locally. Courses to be taught may include:

NURS 52A Nursing I

NURS 52B Nursing II

NURS 52C Nursing III

NURS 52D Nursing IV

The outlines of instruction of these courses are approved by the College's curriculum committee as meeting Title V standards and have been approved by the College Board of Trustees.

MONTEREY PENINSULA COMMUNITY
COLLEGE DISTRICT, BY

COMMUNITY HOSPITAL
FOUNDATION, BY:

Doug Garrison
Superintendent/President

Steve Packer
President

Date

Date

School of Nursing Budget for 2011-2012 (06/02/11)

Item	2011-2012 Approved Budget
Teachers	1,050,794
Faculty Practice	9,421
Benefits/Payroll Costs	307,462
Indirect costs for Grant	5,044
Classified Salaries	98,532
Classified Benefits/ Payroll Costs	74,684
Instructional Supplies LRC software/Equipment	5,865
Office Supplies	5,525
Printing	2,125
Travel – regular CNSA	2,000
Travel – director training	3,000
Contractual Services	1000
Student Activities graduation	500
Accreditation	7,700
Memberships	3,200
Equipment Repair / Phone	1,500
Equipment	0
Total	1,578,352

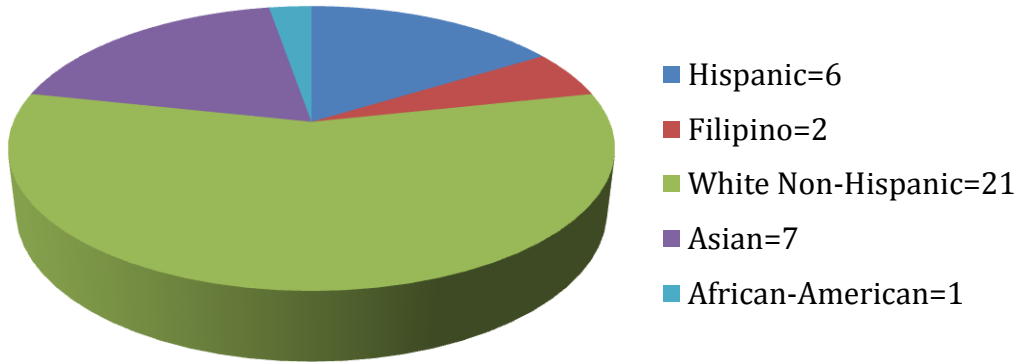
Sources of Funds 2010-11:

MPC	\$ 700,000
CHOMP	700,000
Chancellor's Office Grant	131,156
Adams Bequest	16,096
Barnet Segal Charitable Trust	14,300
Perkins Grant	16,800

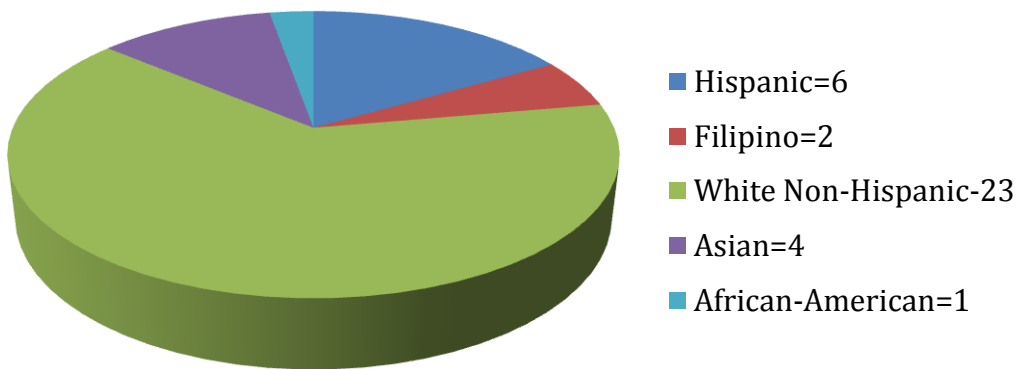
Total **\$1,578,352**

APPENDIX C: Demographic Data of Accepted Students

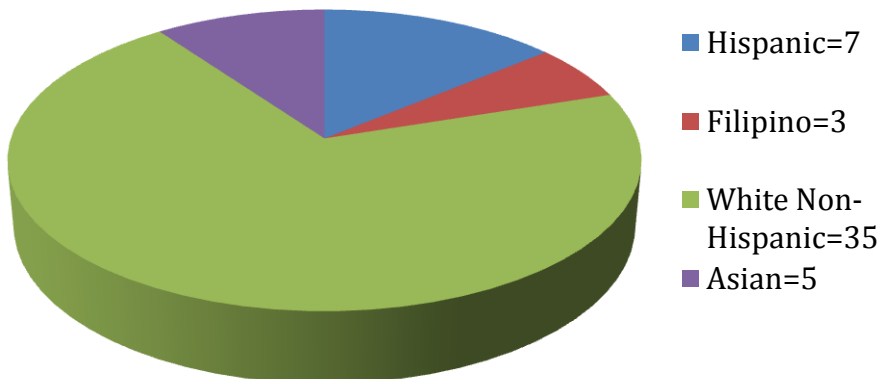
Class of 2013



Class of 2012



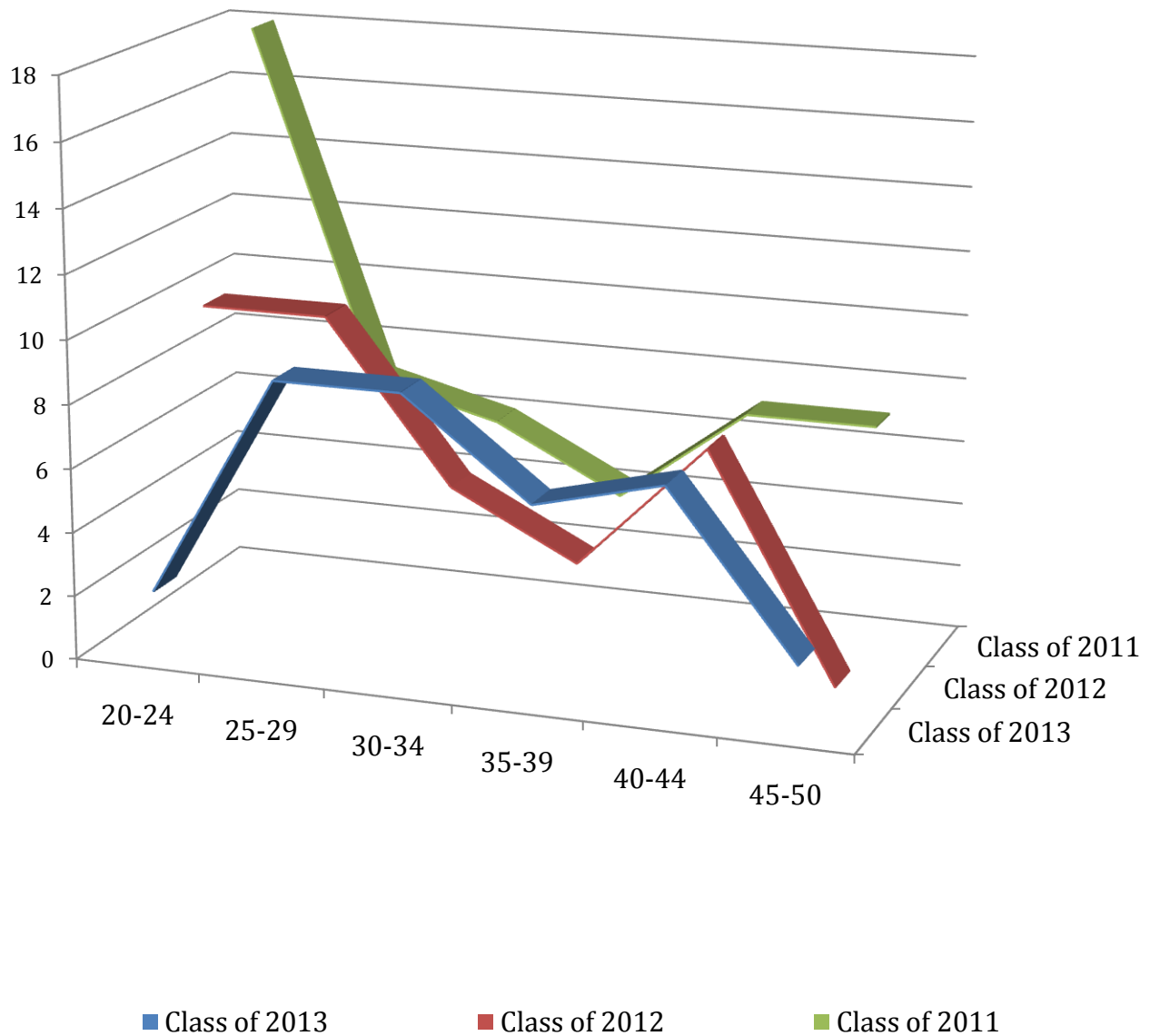
Class of 2011



APPENDIX C: Demographic Data of Accepted Students

(Cont'd)

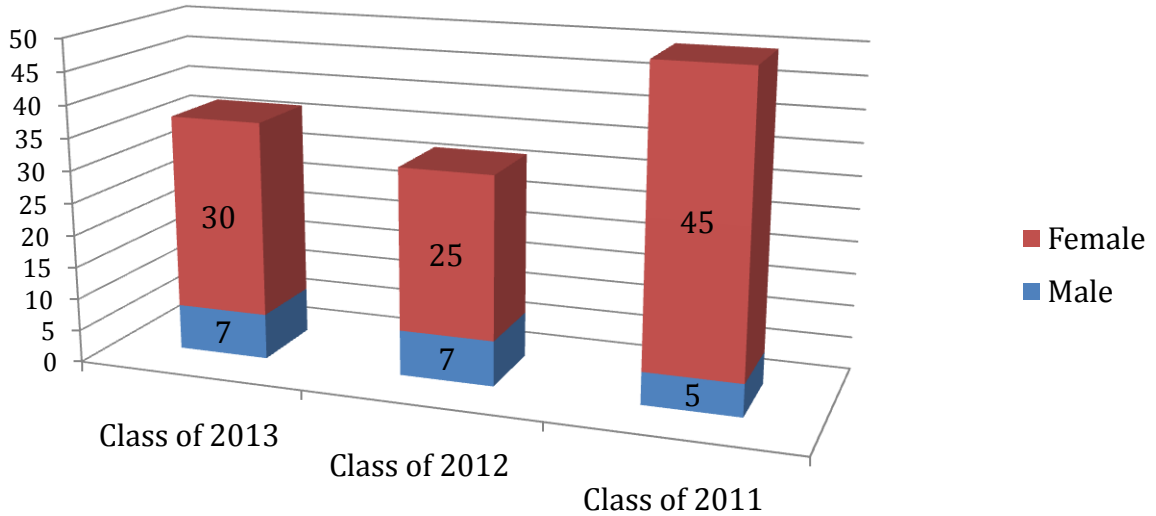
Age Trends for Accepted Students



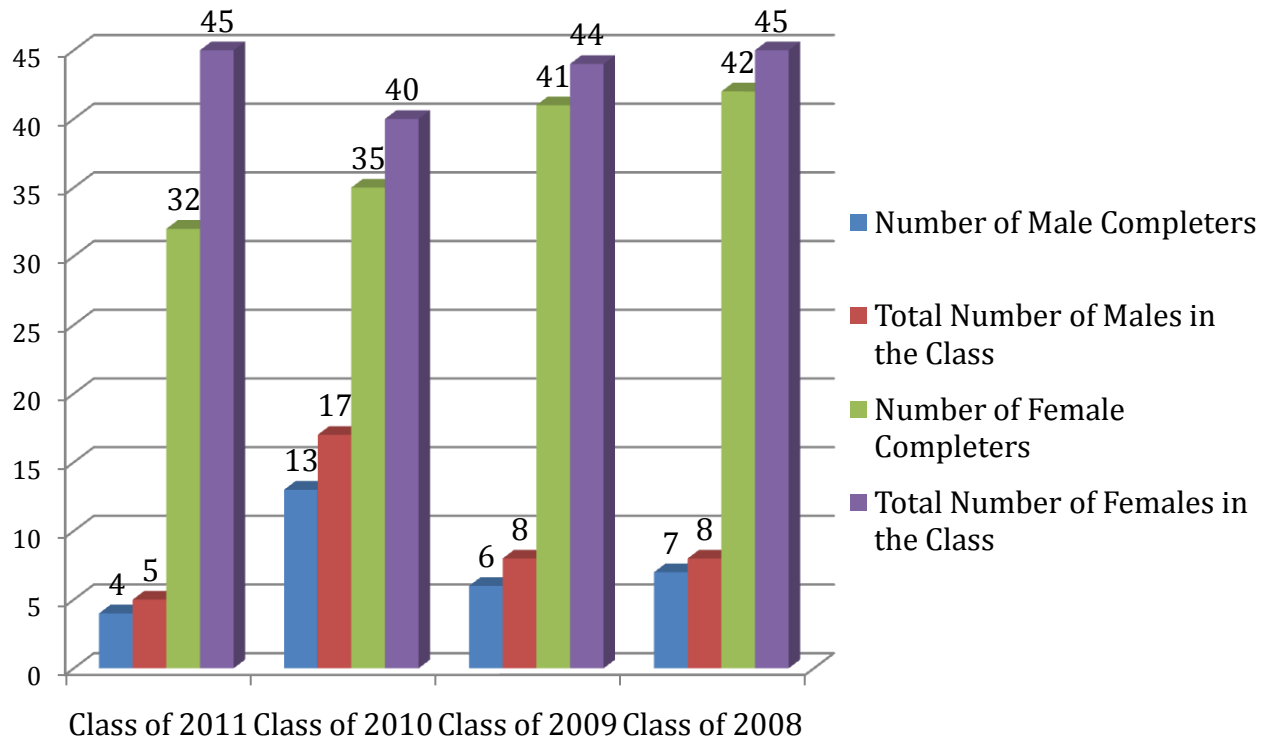
APPENDIX C: Demographic Data of Accepted Students

(Cont'd)

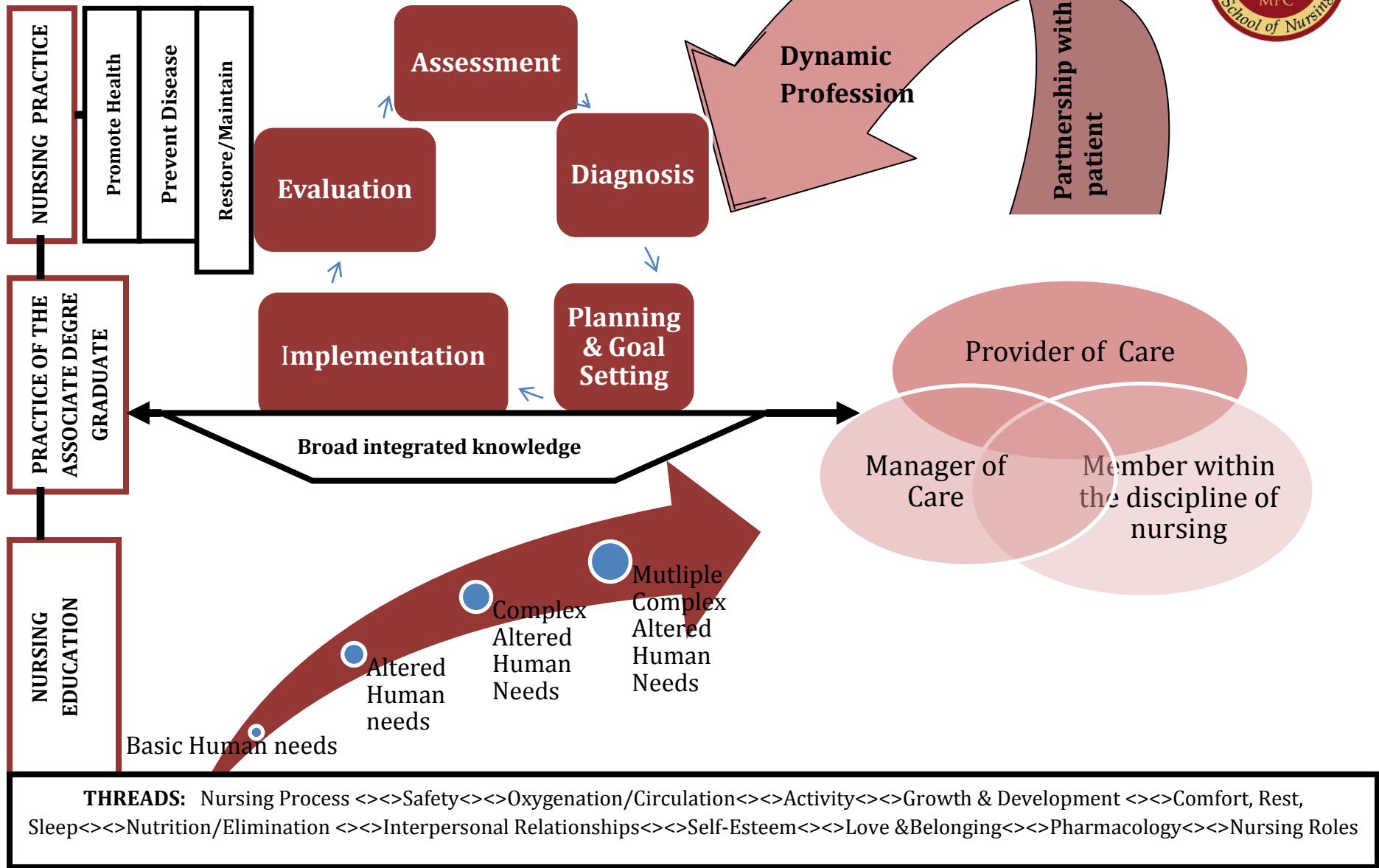
Gender Trends of Accepted Students



Number of Program Completers Within Gender Type



APPENDIX D: MCCSN CURRICULUM CONCEPTUAL MODEL



APPENDIX E MCCSN PROGRAM REQUIREMENTS

**Maurine Church Coburn School of Nursing
Monterey Peninsula College
Associate of Science Degree**

PREREQUISITES **UNITS**

The following must be completed by fall semester prior to admission and a transcript with grade included with the application:

Math 263 or higher math course		4
ENGL 1A	Composition and Reading for Transfer	3
ANAT 1	General Human Anatomy	2
ANAT 2	General Human Anatomy Lab	2
PHSO 1	General Physiology	3
PHSO 2	General Physiology Lab	2
BIOL 25	Applied Microbiology	3
BIOL 26	Applied Microbiology Lab	1

The following must be completed prior to admission. Documentation of enrollment must be submitted along with the application, and a transcript with grade submitted at the end of the semester. These two courses are not required for qualified advanced placement LVN students.

*NURS 100	Pharmacology for Nursing	2
*PSYC 25	Child and Adult Development	3

Please be advised that some prerequisite courses require placement testing or prerequisite courses. Students should see a counselor for details.

GENERAL EDUCATION

Communication Skills (select one of the following) 3

#SPCH 1	Introduction to Public Speaking
SPCH 2	Small Group Communication
SPCH 3	Interpersonal Communication

Humanities Select one course from Monterey Peninsula College General Education Requirements List, Area C 3

Social Sciences Select one course from Monterey Peninsula College General Education Requirements List, Area D 3
#SOC1 1 Humanity and Society

All students must complete the Information Competency Graduation Requirement by taking LIBR 50 or LIBR 80 or equivalent 1-3

NURSING CORE COURSES

*NURS 52A	Nursing I	9
*NURS 52B	Nursing II	9
NURS 52C	Nursing III	10
NURS 52D	Nursing IV	<u>10</u>

Total Degree Units **73-75**

#Recommended for BSN Transfer

*Not required for advanced placement LVN students

Advanced Placement LVN Students must also take NURS 65 Nursing Role Transition (4 units), for a total of 54 units

APPENDIX F

SYSTEMATIC PLAN FOR PROGRAM EVALUATION

MONTEREY PENINSULA COLLEGE (MPC)

NLNAC Standard 1: Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
1.1. Nursing program and college mission and philosophy are congruent.	Congruence is evident between the mission and institutional objectives of the college and the philosophy, purposes and nursing education unit outcomes of the MCCSN.	Every 3 years or when College's mission and institutional objectives are updated. Nursing Philosophy is revised or reaffirmed annually.	Comparison between the College mission statement and the nursing program philosophy	The concepts of the Nursing Program philosophy and the MPC College mission statement and institutional objectives are congruent. CHOMP strategic goals for patient safety and quality care are also congruent with a focus on evidence based nursing practice. Reaffirmation of program philosophy occurred early in the academic year (Faculty minutes August 18, 2010).	Review of program philosophy will be moved to Total Program review every June as a foundation for program decisions. Include current CHOMP strategic goals in the discussion, as one of the governing institutions. Continue to assess congruency every 3 years as college mission and objectives are updated. The institutional and component goals are due for next review/revision 2011-2012.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
1.2. Student, faculty and administrators participate in College and Nursing Department activities.	All faculty participate in MCCSN and/or college-wide committees Students participate in all standing committees in the nursing program (Curriculum, Student Services/Financial Aid and Multimedia Resource)	Annually at Total Program Review meeting Student elections every Fall semester	Maintenance of a list of nursing faculty committee assignments (by Director according to faculty bylaws); reports at faculty meetings Maintenance of a list of student representatives on each committee (level coordinators) 90% of students state satisfaction with committee participation	All faculty serve on nursing department committees; student representatives and alternates participate on every committee (Committees List, Exhibit 1.2I) Minutes are recorded for each committee and reported at faculty meetings (Committee Minutes Notebook, Exhibit 1.2F). Faculty are represented at the following key campus shared governance committees: Academic Affair Advisory Group (minutes, exhibit 1.2H) Academic Senate http://www.mpcfaculty.net/senate/Home.htm Curriculum Advisory Committee http://www.mpc.edu/curriculumadvisorycommittee/Pages/default.aspx Program Exit Survey 2011 shows that 81% of students were very satisfied or somewhat satisfied with representation on Multimedia and Resource Committee; 91% were very satisfied or somewhat satisfied with representation on Curriculum committee (Student Services was evaluated separately in SPE for Standard 3). 91% were very satisfied or somewhat satisfied with program polices overall, reflecting input into decision-making.	Continue to track nursing faculty committee participation and document committee reports (nursing department and campus-wide) as an agenda item for full faculty meetings. Continue to encourage participation by holding elections at the beginning of fall semester for both levels. Multimedia Resource Committee chair will elicit student input about ways to best communicate ideas about the usefulness of current learning resources.
1.3 Input from communities of interest	Nursing Advisory Committee members will meet at least annually, and the minutes will be shared with all	Annually	Review of Advisory Board meeting minutes, membership, and report by Director at subsequent faculty meetings and at	Communities of interest have an opportunity for input into program processes and decision making as reported in minutes from fall meeting. Written minutes have been available to faculty from May 25 th and November 16 th , 2010 (Exhibit 1.3). However, discussion about recommendations/input has not occurred regularly at	Director will review the membership list of the Nursing Program Advisory Committee for currency prior to the next meeting, scheduled for October, 2011. Minutes

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	faculty.		Total Program Evaluation meeting	faculty meetings or at Total Program Review.	of that meeting will be available onsite as part of Exhibit 1.3. Faculty meeting minutes from that date forward will reflect a discussion about the input of the Nursing Program Advisory Committee by way of the Director's Report.
1.4 Partnerships with nursing program	Existing partnerships support student outcomes and the health of the community; Adherence to terms of MOUs.	Annually with budget preparation	Review of MOUs of all existing partnerships by Director Organizational partnership with Community Hospital Foundation (CHF) State Chancellor's Office grant for student success Perkins Grant for nontraditional students	MOU between MPC and Community Hospital Foundation has been renewed annually since program inception. Current MOU (and budget) is found in APPENDIX B. Funding provided by the Community Hospital Foundation provided for the creation of the Clinical Simulation Center. Students participate in the annual Health Fair at MPC, sponsored by CHOMP, as well as at the Big Sur International Marathon first aid stations. California Community College Chancellors Office Enrollment Growth and Retention Grant provided \$131,156 (for 2010-2011 and 2011-2012) allowing enrollment of 32 students instead of 24; provided for student success activities in the form of faculty led study groups and student success coordinator role. Grant accounting is available in the Director's Office. Perkins Funds provided \$19,200 during 2010-2011 for monthly Men In Nursing meetings (nontraditional student population), as well as discussion groups and conference travel.	Continue to seek grant funding for the nursing program and to nurture existing community partnerships. Breakthrough to Nursing (CNSA student committee) will increase community outreach efforts to increase the percentage of nontraditional (male) student applications.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			<p>Monterey Bay Geriatric Resource Center (MBayGRC)</p> <p>Monterey Bay Regional Nursing Collaborative</p>	<p>Graduating class of 2011 had 11% males; Grant goal is 20%. Original cohort was 14% male.</p> <p>Perkins Funds for 2011-2012, \$16,800, will help to fund a male clinical instructor who will conduct Intimate Touch and Cultural Diversity workshops. Perkins grant accounting is completed through the Office of the Dean of Instructional Planning.</p> <p>MBayGRC has offered a basic geriatric curriculum at MPC. Two faculty members attended the Fall, 2010 session. The Monterey Bay Regional Nursing Collaborative will launch a BSN pathway program Summer, 2012 at California State University Monterey Bay (CSUMB) with input from community college school of nursing Directors. A meeting with CSUMB Director of Nursing is scheduled in August, 2011. MOUs between MPC and MBayGRC, MPC and CSUMB (Exhibit 1.4D)</p>	
1.5 Qualifications of Nursing Program Director	The Director, School of Nursing holds a Master's Degree in Nursing	Upon hire or appointment as Director of Nursing	Review of position, description (Exhibit 1.6), Curriculum Vitae (Exhibit 1.5)	<p>Change in Director, School of Nursing occurred in April, 2011.</p> <p>Transcripts show that the last two directors Dr. Debra Schulte (1988-2011) and Cheryl Jacobson (April 2011 to present) possess the qualifications for Director, School of Nursing.</p>	New Director has identified a mentor and plans to attend the BRN training sessions offered by California Organization of Associate Degree Nurses (COADN) in October, 2011. She has informed both the NLNAC and the BRN of the change in leadership.
1.6 Authority and responsibilities	The Director, School of Nursing has the authority	With any change in position	Position description provides for authority and	Director position has provided 100% release time for Director responsibilities since the inception of the program. Position description reflects authority for all program decisions	Continue to review the Director, School of Nursing position

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
of Nursing Program Director	and responsibility for the development, revision and maintenance of the nursing program.	description for Director	release time for Director responsibilities	(Exhibit 1.6)	description to assure compliance with governing body requirements.
1.7 Financial responsibility of Nursing Program Director and nursing faculty input	The Director develops the budget for the school of nursing based on program needs.	Annually	Review of annual budget Review of Annual Action Plan, Academic Affairs Program Review	As per 2011-2012 MOU (APPENDIX B), the budget is developed by Director, School of Nursing with input from faculty During the Spring semester of the school year, the Director, School of Nursing meets with the Nursing Steering Committee (College VP of Finance; College President/CEO, VP of Finance at CHOMP, VP for Nursing At CHOMP and President/CEO of CHOMP) to present a budget for the next school year (Minutes of the Steering Committee, Exhibit 1.2E). Data reported on the Annual Action Plan Spring, 2011 was directly tied to the projected number of faculty needed to accommodate student enrollment, as well as enhancement of simulation equipment (Exhibit 1.2D).	Continue to participate in shared governance process by way of the Steering Committee and the Annual Action Plan. Continue to elicit requests from faculty regarding needs for equipment, supplies and software for promoting student success.
1.8 Consistency between Nursing Program faculty policies and general college faculty policies	Nursing faculty policies are equitable with other college faculty members except when necessary for the health and safety of students and patients.	Every year and when policies change	Comparison of MPC Teacher's Association Agreement and MPC Governing Board Policies with those of CHOMP Personnel Manual and Payroll and Benefits	Polices are congruent except for the expected health and safety requirements of hospitals which apply to faculty clinical instructors (drug and tobacco screen upon hire, annual respiratory fit testing, tuberculin skin test, CPR certification, etc). Tenure is an area of non-congruence, and is justified by the personnel policies of Community Hospital Foundation as the employer of record for the faculty. Salaries for MCCSN faculty are generally higher than MPC	Continue to participate in campus shared governance committees and CHOMP leadership committees.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				<p>faculty because of the partnership with Community Hospital Foundation. Favorable comparison of salary and benefits (Exhibits 1.8B, 1.8D, 1.8L).</p> <p>Director participates in Division Chair meetings at MPC, and at Leadership Council meetings at CHOMP.</p>	
1.9 Due process and resolution of grievances	100% of nursing grievances will be given due process with resolution in writing.	<p>Ongoing per occurrence; reported annually at Total Program Review</p> <p>Compliance with Student Handbook Statement of Understanding</p>	Complaint and Grievance file in Director's office	<p>The grievance process is outlined in the Student Handbook (Student Rights and Responsibilities), Exhibit 1.1A</p> <p>100% of the students have signed the Statement of Understanding form stating they have read the handbook.</p> <p>Two grievances and two complaints have been filed since October 2005.</p> <p>One pre-nursing student had a meeting with the new Director to seek a change in application date based on inconsistent academic advisement.</p>	<p>Student Handbook policy language was clarified to exclude any re-admission after failing grade in theory or clinical.</p> <p>Testing accommodations for ATI Comprehensive exam were implemented for students with written accommodations April 2011.</p> <p>Ongoing Admissions Planning meetings have been held with the Nursing Program Counselor (minutes available in Committee Minutes Notebook, Exhibit 1.2F). Joint calculation of the success index score to be implemented Fall, 2011.</p>

SYSTEMATIC PLAN FOR PROGRAM EVALUATION (cont'd)

NLNAC Standard 2: Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
2.1 Credentials of full time nursing faculty	<p>All full time faculty are Master's prepared and hold valid California state license</p> <p>All clinical faculty are approved by the California State Board of Registered Nursing.</p>	<p>Upon employment</p> <p>Every two years with renewal of California state license</p>	<p>Review of academic transcripts/application for employment/CV by CHOMP Human Resources and Director, School of Nursing</p> <p>Copy of renewed California state license (or California BRN website can confirm an active license www.rn.ca.gov)</p> <p>California BRN Approval Forms for clinical and content areas</p>	<p>All full-time faculty are Master's prepared (five of six hold a Master's Degree in Nursing and the other holds an MA in psychology and is a candidate for MSN in Dec. 2011). All hold a valid California state license.</p> <p>All clinical faculty have been approved by the California State Board of Registered Nursing (Exhibit 2.2C).</p> <p>All faculty have current licensure which requires a minimum of 30 hours of continuing education every 2 years.</p> <p>Faculty Profile Forms (Exhibit 2.2D) list educational and experiential qualifications.</p>	<p>Director, School of Nursing will maintain documentation of credentials in faculty files which are secured in her office.</p>
2.1.1 and 2.12 Credentials of part time faculty	<p>All permanent part time instructors are Master's prepared and hold a valid California</p>	<p>Upon employment</p> <p>Every two years with renewal of California</p>	<p>Review of Academic transcripts/application for employment/CV by CHOMP HR and</p>	<p>All permanent part time instructors are Master's prepared and hold a valid</p>	<p>Director, School of Nursing will maintain documentation of credentials in faculty</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	<p>state license</p> <p>All clinical adjunct faculty hold at least a BSN</p>	state license	<p>Director, School of Nursing</p> <p>Copy of renewed California state license (or California BRN website can confirm an active license www.rn.ca.gov)</p> <p>California BRN Approval Forms for clinical and content areas</p>	<p>California state license</p> <p>One clinical adjunct faculty member holds a BSN, the other holds an MSN and both have current licensure which requires a minimum of 30 hours of continuing education every 2 years.</p> <p>During 2007-2010, three adjunct clinical faculty were employed, one was Doctoral prepared and two held a BSN.</p> <p>During 2010-2011, two adjunct clinical adjunct faculty were employed. Both were BSN prepared.</p> <p>In 2011-2012, one adjunct faculty holds an MSN and the other holds a BSN</p> <p>All part time and clinical adjunct faculty meet the MPC minimum qualifications for teaching and BRN minimums for clinical instructing, and have been approved by the California BRN to teach in their content/clinical area (Exhibit 2.2C).</p>	<p>files which are secured in her office.</p> <p>Continue to actively seek Master's prepared clinical adjunct faculty candidates when needed</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
2.3 Credentials of practice lab personnel	All practice lab instructors (and skills lab coordinator) hold an MSN or BSN and have current RN license in California.	Upon employment and every 2 years at renewal of RN license	<p>Review of Academic transcripts/application for employment/CV by CHOMP HR and Director, School of Nursing</p> <p>Copy of renewed California state license (or California BRN website can confirm an active license www.rn.ca.gov)</p>	<p>Skills lab coordinator holds an MSN and current RN license. All instructors in the skills lab meet minimum qualifications.</p> <p>Instructional Technology Specialist (ITS) does not teach or evaluate students in the Learning Resource Center (LRC)</p>	Continue to post LRC schedule with faculty availability for student reference on "MPC Online" and inside room Nu 105
2.4 Utilization of full and part time faculty	<p>Nursing faculty assignments reflect MPCTA load agreement (15 TLUs per semester or 30 TLUs per academic year for full time faculty; proportionate percentages for permanent part time faculty)</p> <p>Clinical rotation schedules confirm desired ratios</p>	Annually in the Spring semester	<p>Director (or Assistant Director designee)</p> <p>Review of load documents in consultation with Level Coordinators</p> <p>Review of clinical rotation schedules</p>	<p>Faculty Letters of appointment and loads documents confirm adherence to MPCTA load policy, (Exhibit 1.8C)</p> <p>In the 2010-2011 all clinical faculty maintained 1:8 faculty-to-student ratio in the first semester, and 1:10 ratio in subsequent semesters.</p> <p>In 2009-2010 when endowment money was reduced, three clinical</p>	<p>Continue to review faculty load and attach a copy of the load to the annual contract</p> <p>Continue to review staffing plan annually to assure faculty-to-student ratios are factored into the budgeting process</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	Budget accommodates Faculty-to-student ratio of 1:8 in the first semester clinical settings, and 1:10 in subsequent semesters			<p>instructors were permanently laid off and the clinical ratio was 1:10 in the first semester.</p> <p>The 2011-2012 budget supports desired ratios (Exhibit 5.1G), and clinical rotation schedules (Exhibit 2.3A) confirm that students are scheduled in the clinical setting using the desired ratios.</p>	A projected staffing plan through 2013 has been developed to predict the number of faculty needed to retain desired ratios with student enrollment of 24-32 in each level (Exhibit ES5).
2.5 Faculty scholarship and evidence-based teaching and clinical practices	All faculty participate in scholarly activities such as conference attendance and/or presentation, continuing education, faculty practice, and committee work.	Annually at performance appraisals	Annual Performance Appraisal	All faculty have evidence of continuing education relevant to areas of responsibility, conference attendance and/or presentations, and committee participation, and/or service (Faculty Data Forms, Exhibit 2.2E).	<p>Continue to support faculty participation in scholarly activities.</p> <p>Continue to encourage faculty to use the \$2000/2years for Continuing Education Allowance from CHOMP (prorated for part-time)</p> <p>Remind faculty they are eligible for CHOMP Scholarship (\$2250 per year for full-time employees; prorated for part-time) to assist with advanced degree attainment</p> <p>Continue monthly</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
					Journal Club Continue to support faculty practice in annual budget
2.6 & 2.9 Non-nurse staff	All classified (non-nurse) staff meet or exceed the standards of performance as indicated on annual performance evaluation	Annually by Director, School of Nursing	Evidence of timely and satisfactory annual performance evaluation according to CSEA agreement	Both classified staff meet performance expectations (Annual performance evaluations are available in the Director's office upon request).	Director, School of Nursing, will continue to evaluate classified staff annually. Elicit student input about the effectiveness of classified staff.
2.7 Faculty orientation and mentoring	New faculty are oriented to role expectations at the MCCSN according to the Orientation Plan	Upon employment	Evidence of compliance	All new faculty were oriented in July, 2006 (last new hires), and returning temporary adjunct faculty were re-oriented in August, 2011 (New Faculty Orientation Notebook, Exhibit 2.7A). Returning adjunct faculty will complete CHOMP general orientation September, 2011. Mentors have been assigned to returning adjunct faculty for 2011-2012.	Update the Orientation Plan over the next 1-2 years
2.8 Faculty evaluation	For all faculty: Compliance with standards of	Annually per CHOMP performance appraisal policy	Evidence of timely and satisfactory performance appraisals according to policies of	100% of faculty members have received timely and satisfactory performance appraisals (available in the	Continue to elicit peer and student input in faculty evaluation

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	performance and core competencies (CHOMP) Satisfactory evaluation by the Evaluation Committee, including peer and student input (MPC)	Every 3 years per MPCTA agreement	both institutions	Director's office upon request).	processes

NLNAC STANDARD 3: Students

Student policies, development, and services support the goals and outcomes of the nursing education unit.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
3.1 Student policies	Nursing student policies are congruent with college policies, (except when directly linked to clinical sites and health and safety of staff	Annually at Total Program Review and as needed at faculty meetings	Review of Nursing Student Handbook for congruency with MPC policies by all faculty at Total Program Review	Admission and graduation requirements posted in the MPC Catalog, Information and Application Packet and Nursing Student Handbook are congruent with the mission of MPC. The MPC catalog is accessible online at http://www.mpc.edu/academics/nursing/Pages/default.aspx Director's review of admissions procedures found that Success Index Score has not been validated for student	As part of a larger discussion about data collection and program outcomes, the Director has initiated work with the college statistician to correlate the student success score with program completion (Special

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	<p>and patients)</p> <p>All nursing student policies are non-discriminatory and consistently applied</p> <p>90% of students or more will report satisfaction with program policies.</p>	<p>Annually</p> <p>Annually</p>	<p>Review of formal complaints/grievances</p> <p>Feedback from students in program committee meetings</p> <p>Program Exit Survey</p>	<p>population since 2004</p> <p>Student complaint 11/09 alleged violation of rights regarding ineligibility to return to the program. Policy unclear about space availability for first semester. Student complaint 04/10 alleged disability discrimination in failing to arrange for testing accommodations for ATI comprehensive exam (Complaints/Grievances are further explained in Standard 1.9; files are locked in Director's office).</p> <p>The Curriculum committee found that policies for expectations for social networking (Committee Minutes Notebook, April 18 2011, Exhibit 1.2F) and selection criteria for faculty-coordinated scholarships (which may include merit awards) (Committee Minutes Notebook, May 16, 2011, Exhibit 1.2F) were not explicitly stated in the Student Handbook (and</p> <p>100% of the nursing students have signed the Statement of Understanding form stating they have read the Nursing Student Handbook (student files)</p> <p>All incoming nursing students are oriented to student policies by way of a live orientation session held in June before the first semester and videotaped for later review, and/or by make-up session with the Level 1 Coordinator</p> <p>Spring 2011 Program Exit Survey, N=32; 91 % are very satisfied or somewhat satisfied with program policies (NURS 52D Evaluation Notebook, Exhibit 5.3C)</p>	<p>Faculty/Staff Meeting minutes May 3, 2011);</p> <p>Director will form new Admissions Committee Fall, 2011 via campus governance procedure to evaluate all admissions policies,</p> <p>Continue to review policies annually or as changes occur.</p> <p>Add Student Handbook policies for Fall 2011 for Social Networking and Faculty-Coordinated Scholarships (which may include merit awards).</p> <p>Instructional Technology Specialist received additional instruction for ATI for electronic test-time programming, and a</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
		Every Semester	Theory Course Evaluations	<p>2010-2011: Faculty did not use a Program Exit Survey.</p> <p>Theory course surveys indicated course requirements were clearly indicated: 96% for NURS 52D and 89% for NURS 52C; 100% for NURS 52B, 94% for NURS 52A</p> <p>2009-2010: 95% for NURS 52C and 100% of NURS D (NURS 52A-B-C-D Evaluation Notebooks, Exhibit 5.3C)</p>	<p>separate date was set for students requiring accommodations. Separate date was implemented April 22, 2011.</p> <p>Student Handbook will be posted to I-Learn continuously beginning Fall 2011.</p> <p>Level 2 coordinator will continue to develop Program Exit Survey and all coordinators will consistently utilize survey tracking via I-Learn for semester-end surveys.</p>
3.2 Student services	100% of students are aware of program specific and college-wide services available	Annually	Theory Course Evaluations Program Exit Survey Demographic data per student admission rosters	<p>Prior to 2011, course evaluation surveys were conducted, but student satisfaction was not measured with regard to specific student services, except for Financial Aid and Scholarships (as below)</p> <p>Filed in NURS 52D Evaluation Notebook, Exhibit 5.3C:</p> <p>Surveys conducted since 2005 indicate a variable numbers</p>	<p>Program Exit Survey was implemented Spring 2011 to provide quantitative Likert rating scale for trending of student satisfaction at the time of program conclusion.</p> <p>Graduating seniors are</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	<p>75% of students will file a FAFSA, and at least 75% of students who utilize Financial Aid services will be satisfied</p> <p>Attrition rate for male students will not exceed program outcome goal of 15%</p>			<p>of students filing their FAFSA's. Students voluntarily self-reported:</p> <p>2005: 44% (of 27 responses) 2006: 78% (of 11 responses) 2007: 57% (of 7 responses) 2008: 55% (of 20 responses) 2009: 74% (of 20 responses) 2010: 92% (of 12 responses) 2011: 75% (of 32 responses)</p> <p>Qualitative data supports classroom announcements and electronic postings/emails as the best way to communicate Financial Aid and scholarship info.</p> <p>Program Exit Survey findings Spring 2011 regarding student services reported:</p> <p>Spring 2011: 72% were satisfied or very satisfied with Financial Aid services on campus services (3% were dissatisfied and 22% did not use the service).</p> <p>(NURS 52D Evaluation Notebook, Exhibit 5.3C)</p> <p>Attrition rates for male students:</p> <p>2008: 12.5% 2009: 25% 2010: 23.5%</p>	<p>assigned a supervised time after preceptorship wrap-up session to complete the survey in order to enhance compliance.</p> <p>Continue to look for trends in student needs and to post info about student services electronically as well as by live announcements in class.</p> <p>Continue to educate students about services; Financial Aid presentation and LRC Scholarship workshops first semester. Share student feedback with campus departments as it occurs.</p> <p>Grant funding will provide a male clinical instructor for 2011-2012 to provide role modeling for the</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				<p>2011: 20%</p> <p>Gender trend of accepted students (% male):</p> <p>Class of 2011: 10%</p> <p>Class of 2012: 22%</p> <p>Class of 2013: 19%</p>	<p>continued Men In Nursing project, diversity and intimate touch workshops.</p> <p>Outreach projects through Breakthrough To Nursing committee of CNSA to recruit more male applicants (e.g. Monterey County Allied Health & Nursing Career Fair, October, 2011).</p>
3.3 Student records	Student records are in compliance with all governing policies	Continuously	<p>Monitoring of locked records files by Division Office Manager</p> <p>Faculty/staff self-surveillance, logging off of computer stations when not in use</p>	<p>Student records are kept in a locked cabinet in the Nursing Office. Access is limited to Director, Department Office Manager and faculty.</p> <p>FERPA rights are posted on the MPC website http://www.mpc.edu/student-services/Pages/StudentRightsandResponsibilities.aspx and on I-Learn.</p> <p>Computer access is secured in all faculty offices, and staff and faculty log off when away from their desks.</p>	Continue to ensure confidentiality of records following FERPA guidelines.
3.4 , 3.4.1, 3.4.2 Title IV	Title IV requirements are included in mandatory	Annually in Spring by the Student Services and	Review of college Financial Aid website;	<p>Financial Aid Orientation and <i>Financial Aid 101</i> is continuously available at the MPC website http://www.mpc.edu/financialaid/Pages/Student%20FinancialAid.aspx</p>	Continue to collaborate with Student Financial Services to educate students about ethical

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
compliance	<p>student orientation to financial aid</p> <p>Student Loan default rate for MPC</p>	Financial Aid Committee	US Dept. of Education Student Loan Default Rates	<p>al%20Services.aspx</p> <p>Financial aid counseling is available to all students on campus at the Student Services building. Each student who applies for financial aid is required to complete an online orientation prior to disbursement.</p> <p>First time borrowers must take the on-line entrance and exit counseling tutorials. Info is reinforced on Financial Aid Tip Sheet for Nursing Students, updated annually by the Student Services and Financial Aid Committee.</p> <p>Student loan default rates reported by the US Dept. of Education as of 7/31/10: http://www2.ed.gov/offices/OSFAP/defaultmanagement/2008staterates.pdf (Exhibit 3.4.1)</p> <p>FY2006: 9.9% FY2007: 17% FY2008: 12.3%</p>	obligations. Update the Financial Aid Tip Sheet (for nursing students) annually in the Spring semester. Given the high default rate compared to the CA state average of 6.7%, a statement about financial obligation was added to the current MCCSN Financial Aid Tip Sheet (Exhibit 3.1D)
3.5 Communication and consistency of public information	Public information about the nursing program is consistent, complete and easily accessible	Annually at Total Program Review	Review of college catalog, website, Student Handbook, and Application and Information Packet for congruency	<p>Incongruencies between website links leading to old documents on the the MCCSN webpage have been identified and corrected.</p> <p>Links to NLNAC and California Board of Registered Nursing are located on the MCCSN webpage, in the MPC catalog (p. 200), and in the Student Handbook</p> <p>Director meetings with the Nursing Program Counselor have identified variances in calculating GPA in the assignment of</p>	Ongoing meetings with the Nursing program Counselor have begun as of Summer 2011. New Admissions Committee to form 2011-2012 via the shared governance procedure.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				the Success Index Score, as well as inadequate information about the timing and rigor of the new TEAS V entrance test in pre-admission counseling (See (Admissions Planning Minutes 3/18/11, 6/3/11, 7/25/11 in Committee Minutes Notebook, Exhibit 1.2F)	
3.6 Communication of changes to students	100% of current students are informed of policy changes Systems are in place to accurately communicate admissions policy changes to pre-nursing students at least one year in advance, as	Every semester by level coordinators	Statement of Understanding in each student file Review of college catalog, website, and Application and Information Packet for congruency; meetings with Nursing Program Counselor	100% of nursing students have signed the Statement of Understanding every semester stating they have read the Nursing Student Handbook (student files). Incongruencies between website links leading to old documents on the MCCSN webpage have been identified and corrected. As above, Director meetings with the Nursing Program Counselor have identified inadequate information about the timing and rigor of the new TEAS V entrance test in pre-admission counseling. (Admissions Planning Minutes 3/18/11, 6/3/11, 07/25/11,	Continue to review and update student policies at Curriculum Committee, full faculty meetings and Total Program Review. Admissions Committee to form 2011-2012; TEAS remediation procedures to be considered in time frame for admissions process

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	required by the California Board of Registered Nursing			Committee Minutes Notebook, Exhibit 1.2F)	
3.7 Technology orientation and support	90% of students are satisfied with instruction in use of technology	Annually	<p>Completion of Computer Competency Workshop</p> <p>LRC and Theory Course Evaluations every semester;</p>	<p>All students completed the Computer Competency Workshop during NURS 52A Fall 2008-2010 as a scheduled lab. Attendance is tracked only as a clinical absence if the student did not show. Students who opt to take the NURS 160 Role Development Course may complete the Computer Competency Workshop in the summer.</p> <p>LRC coordinator noted that "how to print" power point handouts is not specifically included in the Computer Competency Workshop. Theory course evaluations had narrative comments about time-consuming nature of printing. To be compliant with campus efforts to reduce printing, power points have been posted to I-Learn (and not printed for class distribution) since 2009-2010. Faculty post I-Learn class materials approximately one week in advance.</p> <p>Students "agree" that computer lab instruction meets their needs (2010-2011):</p> <p>Nur 52A: 81% Nur 52B: 85% Nur 52C: 81% Nur 52D: 90% (NURS 52A-B-C-D Evaluation Notebooks, Exhibit 5.3C)</p>	<p>Added an objective to the Computer Competency Workshop for power point printing so that students can choose the most time- and cost-efficient handout option, or delete slides that are less amenable to print (Exhibit 3.7A)</p> <p>Faculty committed at Curriculum Meeting (Minutes Sep. 20, 2010) that if there are multiple items posted for a given class date on</p> <p>I-Learn, they will note which ones are important to print.</p> <p>(Committee Minutes Notebook, Exhibit 1.2F)</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			Program Exit Survey	Program Exit Survey 2011; 75% were very satisfied, 19% were somewhat satisfied with use of technology (NURS 52D Evaluation Notebook, Exhibit 5.3C)	

NLNAC Standard 4: Curriculum

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
4.1 Standards, guidelines and competencies	Course outlines reflect professional standards, guidelines and competencies	Annually at level wrap up meetings and at Total Program Review	Review course outlines/syllabi/course materials for evidence of professional standards: <ul style="list-style-type: none"> • BRN Standards of Competent Performance • NPSG (TJC) • NLN Graduate Competencies Review Clinical Evaluation Tools for leveling of	All nursing course outlines/syllabi incorporate established professional standards, guidelines and competencies from the following organizations into the curriculum: National patient Safety Guidelines (e.g. 2 patient identifiers, prevention of hospital acquired infections) NLN (e.g. SBAR and read	Systematically review existing curriculum over the next 2 years to explicitly incorporate QSEN KSA's January 2011: One faculty member was selected based on criteria to attend the QSEN Faculty Development Institute. Two other faculty

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			competencies by clinical objectives	back; Nursing Judgment) BRN (e.g. Nursing Process) Clinical objectives are appropriately leveled on the Clinical Evaluation Tool to measure competency (Course Syllabi and Clinical Guides, Exhibit 1.1C)	members were selected to attend the next QSEN Institute Workshop in September, 2011.
4.2. Curriculum development and revision	The curriculum is regularly reviewed and revised for rigor and currency	Annually at Total Program Review	Curriculum Committee Reports Total Program Review of Courses, threads and leveling of content; Curriculum Blueprint	Minutes of TPR demonstrate annual review of every nursing course, including recommendations from previous year and leveling of content across the blueprint (TPR Minutes, Exhibit 1.7) Curriculum Committee minutes demonstrate regular input from faculty and students (Committee Minutes Notebook, Exhibit 1.2F)	Added skills validation 2010-2011 as a requirement for NURS 52B, C, D to hold students accountable for previously learned skills. Added NG insertion as a skill validation for NURS 52C

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			Course Evaluations	<p>Students stated that class content met objectives: (2010-2011) NURS 52A: 82% NURS 52B: 77% NURS 52C: 89% NURS 52D: 83%</p> <p>Students valued skills validations, more NCLEX questions in textbooks. Did not like performing a skill in simulation that was not a required return demo. Requested more clinical time with multiple patients in fourth semester</p>	Continue to provide clinical and simulated experiences in which students have the opportunity to prioritize for multiple patients; consider assigning in dyads in NURS 52C
4.3 Learning outcomes guide the curriculum, learning activities, instructional and evaluation methodologies.	All nursing courses have identified student learning outcomes which drive the selection of instructional methodologies, learning activities and evaluation methodologies	Annually at Total Program Review.	<p>Review student learning outcomes listed in each course syllabus</p> <p>Review of learning activities and instructional delivery at level meetings</p>	<p>All nursing courses use student learning outcomes (SLOs) to guide activities, instructional delivery and evaluation methods. SLOs are organized by Nursing Education Unit Outcomes for graduates</p> <p>(See "MCCSN Curriculum Organized by Student Learning Outcomes" Standard 4.3 narrative)</p>	<p>Continue to evaluate Student Learning Objectives at the end of each course and at Total Program Review meeting as they lead to nursing education unit outcomes:</p> <ul style="list-style-type: none"> • Provider of Care • Manager of Care • Member within the discipline of

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			<p>Tracking of student progress in relation to meeting outcomes for clinical performance</p> <p>(Detailed analysis of student level of achievement in Standard 6.2)</p>		Nursing
4.4 Cultural, ethnic and social diversity	Cultural, ethnic and social diversity objectives are incorporated into each course.	Level wrap up meetings and annual Total Program Review	<p>Review of learning activities that address cultural, ethnic, and social diversity</p> <p>Cultural, ethnic and social diversity threads are integrated into each course</p> <p>Observation of students in the clinical setting by instructors</p> <p>Clinical evaluation tool in each course</p>	<p>Students in CNSA wrote resolution fall 2010, to increase awareness of culturally competent care which passed at the state and national conventions</p> <p>Clinical sites in county hospital and clinics provide students diverse nursing experiences.</p> <p>Culturally diverse manikins are used in the skills lab and OB course.</p> <p>Course and clinical objectives address cultural, ethnic and social diversity</p>	<p>Continue review of cultural diversity thread and workshop every year.</p> <p>Include a male of under-represented group in nursing in the presentation of the cultural diversity workshop Fall, 2011.</p> <p>Use culturally diverse names in the pharmacology lab practice scenarios. Use culturally diverse moulage in clinical simulations.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
					<p>Incorporate geriatric sensitivity training into NURS 52C growth and development lecture</p>
4.5 Evaluation methodologies	All nursing courses use varied evaluation methodologies to measure student learning and program outcomes	Every semester at level wrap up meetings and annually at Total Program Review	Review of course outlines and evaluations tools	<p>All courses use more than one of the following evaluation methodologies:</p> <ul style="list-style-type: none"> Theory Exams Dosage Calculation Exams Clinical Evaluation Tools Written assignments Presentations Care Plans Concept Maps Case studies Peer Evaluation Skills return demonstrations and validations Clinical Simulations Comprehensive Exit Exam (ATI) <p>ATI Comprehensive exam showed low scores in delegation and supervision, and Advance Directives.</p> <p>Skills validations were introduced 2010-2011: 16 out of 42 students did not</p>	<p>Begin using the NCSBN NCLEX-RN test plan/blueprint to design written exams.</p> <p>Continue to identify critical skills to validate for NURS 52B, C, D</p> <p>Provide clinical simulation experiences with opportunity to delegate to team members and to work with Advance Directives. Add exam items in these areas to NURS 52C and D exams</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				pass skills validation on the first attempt in 3 rd semester. All passed on first attempt 4 th semester.	
4.6 Curriculum reflects educational theory, research and best practice standards	All courses reflect Maslow's Hierarchy of Needs, evidence based best practice, safety and nursing process, and are leveled from simple to complex	Every semester at level wrap up meetings and annually at Total Program Review	Course review (syllabi and course outlines)	<p>All nursing courses reflect Maslow's Hierarchy and nursing process within the curricular threads.</p> <p>Syllabi/course objectives reflect leveling of objectives from simple to complex, and use of nursing process across four semesters.</p> <p>Student assignments (care plans, concept maps) reflect use of evidence based best practice</p> <p>(Student work on display in room Nu 101)</p> <p>Clinical Simulated Experiences emphasize National Patient Safety Goals and are integrated each semester (Simulated Clinical Experience Planning and Evaluation Tool, Exhibit 4.1C)</p> <p>Precepting experiences offer immersion in health</p>	<p>Continue to review courses every semester for evidence based practices.</p> <p>Two iPads have been purchased for clinical faculty to role model accessing pertinent evidence based practices at the point of care (Fall, 2011).</p> <p>Continue to assess the existing curriculum for QSEN competencies</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				care setting to practice SBAR communication and hand-off report	
4.7 Program length	<p>Program length is congruent with the college, state and national standards,</p> <p>California Board of Registered Nursing and NLNAC established standards.</p>	Annually with admissions process	Comparison to local BRN approved and NLNAC accredited Associate Degree Nursing Programs	<p>Program length is congruent with all regulatory standards. Nursing program is four semesters long excluding general education required for the Associate of Science Degree, and is comparable to other generic ADN programs in the Central Coast region.</p> <p>The Associate of Science Nursing degree is awarded at MPC after completion of 73 units of total college courses (38 core nursing units). The program includes 288 hours of theory and 960 hours of clinical/lab time.</p> <p>Hartnell Community College, Salinas, CA: 73.7-77.7 units</p> <p>Santa Barbara City College: Approximately 77.6 units</p> <p>Cabrillo Community</p>	<p>No changes needed at this time.</p> <p>The length of the nursing program is congruent with local Associate Degree Nursing programs.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				<p>College, Aptos, CA: 60 units after math and chemistry requirements are satisfied</p> <p>Cuesta Community College, San Luis Obispo, CA: 63.5 units plus 6 general education courses</p>	
4.8 Clinical sites are appropriate, contracts are current and ensure student protection	100% of clinical sites are appropriate for achievement of student learning outcomes, contracts are current and ensure protection of students.	<p>Annually by Director, School of Nursing</p> <p>Clinical contracts are reviewed according to specifications set within the clinical agreements, usually every 3 to 5 years</p>	<p>Review of current clinical contracts</p> <p>Review of student evaluations of clinical agencies</p> <p>Program Exit Survey by fourth semester students</p>	<p>100% of clinical contracts are current and contain agreements that ensure student protection.</p> <p>Mutual contracts include information on non-discrimination, rights and responsibilities of the hospital and college, contract term and termination.</p> <p>Student evaluations of clinical sites demonstrate overall satisfaction with sites selected (NURS 52A,B,C, D Evaluation Notebooks, Exhibit 5.3C).</p> <p>84% of fourth semester students in Spring 2011 were very satisfied and</p>	<p>Continue review of clinical contracts for currency.</p> <p>Continue review of student and faculty evaluations of clinical agencies.</p> <p>Continue to use of an on-line evaluation tool to assist with data aggregation and trending.</p> <p>The skilled nursing site was changed Fall, 2010 to provide students a more comprehensive setting in which to perform geriatric assessments and complete cases</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			Review of clinical agency planning minutes documented by faculty	<p>12 % were somewhat satisfied with clinical experiences</p> <p>Faculty notes reflect appropriateness of clinical sites for achieving student learning outcomes (Planning and Clinical Agency Minutes Notebook, Exhibit 4.8B)</p>	<p>studies. The former site had skilled and long term care patients; the current site has skilled care, long term, assisted and independent living. Continue to evaluate.</p> <p>An out rotation was added to fourth semester for more geriatric experience in skilled care, as this is a frequent setting for new graduate positions. Continue to utilize community settings.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
4.8.1 Clinical experiences reflect best practices and patient health and safety goals	<p>Both acute care hospitals are Joint Commission approved</p> <p>Simulation experiences incorporate best practice or National Patient Safety Guidelines</p> <p>Out rotation sites maintain national accreditation</p>	Annually at Total Program Review	Review of clinical agency planning minutes documented by faculty	<p>Both acute care facilities remain accredited by TJC.</p> <p>CHOMP is a center of excellence for Bariatric Care, Breast Care and is a Primary Stroke Center. NMC is a member of the National Patient Safety Foundation.</p> <p>Outpatient surgery endoscopy and oncology settings have been selected by faculty for relevance and use of best practice. The skilled care/long term care facility is accredited by the Commission on Accreditation of Rehabilitation Facilities, and Continuing Care Accrediting Commission</p>	<p>Continue to use current facilities which are TJC and nationally accredited</p> <p>Continue to review student and faculty evaluations of clinical agencies</p>

NLNAC Standard 5: Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
5.1 Fiscal Resources	Fiscal resources available to the nursing program will allow for achievement of student learning and program outcomes as evidenced by clinical ratios of no more than 1:10, and less when appropriate for patient acuity and specialty	Annually	<p>Director School of Nursing and faculty review the budget needs in Total Program Review every year, and throughout the year via full faculty meeting minutes and MultiMedia Committee feedback and requests.</p> <p>Comparison of budget to program needs based on numbers of students and available faculty. (Projected Staffing Plan)</p> <p>Input from Director, School of Nursing in collaboration with Steering Committee</p> <p>Memorandum of Understanding MPC and CHOMP</p>	<p>Budget supports 6 full time faculty, 4 part-time or adjunct faculty, and supports a ratio of faculty to student at 1:10 or better in clinical settings.</p> <p>Salary supports a full time Division Office Manager and full time Instructional Technology Specialist</p> <p>MPC required a 15% reduction in discretionary funding for the 2011-2012 year which will reduce supplies and materials by that amount.</p> <p>Grant and donation</p>	<p>A \$1,578,352 budget was approved by the Nursing Steering Committee May, 2011 for the 2011-2012 academic year, and was approved by the MPC Board of Trustees June, 2011.</p> <p>The Nursing program has been able to meet student learning and program outcomes with budgetary funding.</p> <p>Continue budget development process as is.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			Clinical rotation schedules	<p>monies, especially in the area of clinical simulation, allowed educational opportunities for faculty and enabled purchase of high fidelity manikins and simulation supplies and equipment.</p> <p>Ratios of faculty-to-student have been maintained at 1:10 or less.</p>	
5.2 Physical Resources	Physical resources are sufficient to ensure achievement of outcomes and meet the needs of the faculty, staff and students	Annually	<p>End of semester course evaluations by students</p> <p>Anecdotal reports from faculty and staff</p>	<p>Students report satisfaction (see 5.3)</p> <p>Faculty report satisfaction in Total Program Review Minutes</p>	No changes needed.
5.3 Learning resources and technology	Learning resources are selected by faculty, comprehensive, current and made accessible to students and faculty.	Annually	Graduate Survey	<p>Graduate Survey 6-9 months after graduation, indicted learning resource satisfaction as:</p> <p>Class 2010: Resources 100% Technology 100%</p>	Continue using CINAHL databases.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
			<p data-bbox="1058 979 1304 1154">Student Learning Resource Center (LRC) Satisfaction Survey Student input from Multimedia Resource Committee</p> <p data-bbox="1058 1252 1262 1344">Review of List of Learning Resource Holdings</p>	<p data-bbox="1350 326 1591 521">Learning Environment 100% Class 2009: Resources 100% Technology 88% Learning Environment 100%</p> <p data-bbox="1350 553 1591 691">Class 2008: Resources 92% Technology 92% Learning Environment 92%</p> <p data-bbox="1350 699 1619 854">Level of satisfaction with readily available and current resources of all students in 2010-2011 was 93%</p> <p data-bbox="1350 886 1612 1081">Students have adequate input and access to requesting learning materials (as based on MMRC minutes and student feedback)</p> <p data-bbox="1350 1146 1602 1195">Learning Resources are current and adequate</p>	<p data-bbox="1642 1243 1904 1336">Continue to review and update LRC holdings for relevance.</p>

NLNAC Standard 6- Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
6.1 Systematic Plan for Evaluation of Student Learning and Program Outcomes and NLNAC Standards	Existing plan provides for ongoing assessment of the Program Outcomes and Nursing Education Outcomes, and results are documented.	Annually	Review SPE annually and document findings in Total Program Review Minutes	<p>MCCSN's Systematic Plan for Program Evaluation (SPE) is discussed and results are documented annually at Total Program Review meetings every June (Exhibit 1.7).</p> <p>Indicators of student outcomes are measured in several ways:</p> <ul style="list-style-type: none"> --General Program Outcomes (NCLEX pass rates, Program completion rates, Program Satisfaction and Job Placement) --ATI Comprehensive Exam results --Summary of student clinical evaluation results --Preceptorship evaluations by student and preceptors 	<p>SPE has been revised (Summer 2011) to more closely align with NLNAC standards. Previously separate tools were used for Total Program Review and for NLNAC criteria. The program review tool did not address Nursing Education Unit Outcomes specifically for each core course, only as "knowledge base of 4th semester students."</p> <p>Faculty adopted the SPE for NLNAC Standard 6 (this document) as the plan to implement and continue developing for the next 8 years.</p> <p>Continue to work with Office of Institutional Research to refine surveys and data management tools.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
6.2 Evaluation findings are used to improve student learning outcomes	<p>Program changes are made based on learning outcome data collected from:</p> <ol style="list-style-type: none"> 1) ATI Comprehensive result group composite scores less than the program or national mean 2) Program Exit Survey results less than 75% satisfied 3) Clinical Evaluation Summaries less than 75% "satisfactory" at midterm evaluation and 90% "satisfactory" at final evaluation 	Annually	<p>Review of ATI results every April</p> <p>Review of Program Exit Survey every June</p> <p>Review of student attainment of "satisfactory" grade on clinical evaluation tool for all clinical objectives.</p>	<p>ATI Comprehensive Exam Adjusted Group Scores:</p> <p>Spring 2009: 77.4% Program: 71.2% National: 71%</p> <p>Spring 2010: 76.4% Program: 71.2% National: 71%</p> <p>Spring 2011: 74.9% Program: 68.1% National: 68.7% (Exhibit 6.2A)</p> <p>Spring 2011: Less than 50th percentile scores for delegation, supervision and advance directives.</p> <p>Program Exit Survey 2011: More than 75% of graduates are satisfied or very satisfied with all program elements (NURS 52D Evaluation Notebook, Exhibit 5.3C)</p> <p>Clinical Evaluation Tool Summary: All clinical objectives were met for more than 75% of students at midterm and 90% at final evaluation for the past 3 years. Themes identified: <i>Nursing Education Unit Outcome</i></p>	<p>Add exam questions at application and higher levels to NURS 52C and NURS 52D to reflect delegation, supervision, implementation and patient teaching about advance directives. Include alternate format.</p> <p>Add scenario involving delegation opportunities to simulated clinical experiences and to Preceptorship Orientation.</p> <p>Continue to identify critical skills for validation to hold students accountable for previously learned information. Continue to validate head-to-toe assessment in NURS 52B and NURS 52C (second</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				<p><i>#1 (Provider of safe patient-centered care)</i></p> <p>Classes of 2009- 2011 results:</p> <p>Most frequent objectives needing improvement were: administration of medications, seeking supervision, maintaining safe environment, maintains confidentiality, skills performance</p> <p><i>Nursing Education Unit Outcome #2 (Coordinates, advocates, teaches patients as manager of care)</i></p> <p>Classes of 2009-2011 results: Most frequent objectives needing improvement were: Patient Assessment</p> <p><i>Nursing Education Unit Outcome #3 (Responsible member within the discipline of Nursing)</i></p> <p>Classes of 2009-2011 results: Most frequent objectives needing improvement were: Manages time well, submits work on time, critical thinking, prepared for clinical</p>	<p>and third</p> <p>semesters)</p> <p>Supervise medication experiences with multiple patients beginning in the second semester and reinforce during the remainder of the program.</p> <p>Continue to seek precepting experiences that provide opportunity for clinical judgment about multiple patients with complex needs. Introduce multiple patients in simulated clinical experiences second semester.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				(Evaluation Tool included in Syllabi and Clinical Guides, Exhibit 1.1C, and aggregated data available as Exhibit 6.2A).	Continue to aggregate and trend data to support program decisions.
6.3 Evaluation findings are shared with communities of interest	Program outcomes are shared with the Nursing Program Advisory Committee and Nursing Steering Committee	Annually	Review of annual Nursing Advisory Committee minutes by Director and Faculty	<p>NCLEX-RN pass rates, Employment rates, Graduate Survey and Employer Survey results are communicated by the Director, School of Nursing annually at both meetings.</p> <p>(Minutes of Nursing Program Advisory Committee, 5/25/10, Exhibit 1.3.</p> <p>Minutes of Steering Committee, 5/25/11, Exhibit 1.2E)</p>	Continue annual reports to the Nursing Program Advisory Committee and to Nursing Steering Committee.
6.4 Demonstration of competencies by graduates	Average score at least 4.0 for all competencies identified on the Preceptor Evaluation tool	Annually	Review: Preceptorship evaluations (by preceptor and preceptee) every June	<p>Preceptor Evaluations tools:</p> <p>Class of 2011:</p> <p>Except for satisfaction with the Precepting Information packet (score 3.79), average score on all items in the Preceptor Evaluation was above 4.0</p> <p>The following data were collected using a simpler tool without a Likert scale:</p>	<p>Continue analysis of annual preceptorship evaluations as an indicator of student achievement of competencies and nursing education unit outcomes.</p> <p>Provide varied experiences for students to manage care of multiple complex patients in the clinical setting, and in Simulated</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	<p>At least 90% of fourth semester students agree or strongly agree that they have achieved nursing unit education outcomes statements on the student preceptorship evaluation tool:</p> <p>#11 able to provide safe patient centered care for a group of patients</p> <p>#12 able to effectively communicate and collaborate with health care professionals on behalf of patients</p>			<p>Class of 2010:</p> <p>100% of preceptors (n=19/48) stated students were prepared for the precepting experience</p> <p>Class of 2009:</p> <p>100% of preceptors (n=36/47) stated students were prepared for the precepting experience</p> <p>Student Preceptorship Evaluation tools:</p> <p>Class of 2011:</p> <p>100 % of fourth semester students agree or strongly agree with all 3 outcome statements</p> <p>The following data were collected using a simpler tool without a Likert scale:</p> <p>Class of 2010:</p> <p>100% of respondents stated readiness to begin the preceptorship experience (n=32/48)</p> <p>Class of 2009:</p> <p>100% of respondents stated</p>	<p>Clinical Experiences.</p> <p>Continue to seek acute care, long term care and community-based preceptorship experiences that provide role immersion.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
	#13 able to develop as a member within the discipline of nursing			readiness to begin the preceptorship experience (n=31/36)	
6.5.1 NCLEX-RN pass rate	90% or greater pass rate on NCLEX-RN examination	Annually	Review of California BRN Report	<p>NCLEX-RN pass rates of first time takers (includes graduates of previous years who delayed testing):</p> <p>2005-06 90.62% n=32 2006-07 97.92% n=48 2007-08 88.64% n=44 2008-09 86.36% n=44 2009-2010: 100% n=52 2010-2011: (unavailable) n=36</p>	<p>Continue using NCLEX-RN type questions and testing; begin mapping questions to NCSBN blueprint in Fall, 2011.</p> <p>Regular review of NCLEX-RN test plan</p> <p>Continue using the ATI Comprehensive exam for NCLEX-RN self-assessment and remediation</p> <p>More emphasis on delegation and prioritizing in theory (exam items at the analysis level, NURS 52D) and integration in clinical practice and in simulated clinical experiences</p> <p>Identify students with learning challenges and refer to Support Services</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
6.5.2 Program Completion	85% of students who are admitted will graduate on schedule.	Annually in spring	Review of graduation rate per class	<p>Total cohorts: Class of 2006: 38/45 (84.4%) Class of 2007: 36/40 (90%) Class of 2008: 49/52 (94.2%) Class of 2009: 36/51 (70.6%) Class of 2010: 48/51 (94.1%) Class of 2011: 36/46 (78.3%)</p> <p>Class of 2012 currently retains 26/32 (81%)</p> <p>LVN-only cohorts: Class of 2008: 3/5 (60%) Class of 2009: 2/5 (40%) Class of 2010: 3/3 (100%) Class of 2011: N/A (no LVNs admitted)</p>	<p>Work with Office of Institutional Research to re-evaluate current Success Index Score and TEAS as predictors of success. (Statistical analysis of success scores for admissions).</p> <p>Early identification of students facing multiple challenges with referral to Student Health Services, Support Services, Financial Aid services as appropriate</p> <p>Individualized Student Success plan with Student Success Coordinator</p> <p>Identify students who have learning difficulties and put them into faculty led study groups.</p> <p>Use TEAS scores to identify students at risk and implement individualized remediation plan.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
					Continue strong partnership with Support Services.
6.5.3 Program Satisfaction- Graduate	<p>90% of students state they feel satisfaction with program</p> <p>More than 90% of graduates state they feel prepared for entry-level practice</p>	<p>Six to nine months after graduation</p> <p>Annually</p>	<p>Analysis of Graduate survey</p> <p>Analysis of graduate survey</p>	<p>The following data were obtained from graduate surveys 6-12 months after graduation. Overall satisfaction: 2008 = 100% (n=13/49) 2009 = 100% (n=18/47) 2010 = 100% (n=20/48)</p> <p>Results from Graduate survey: 2008(n=13)Satisfaction: Prepared to assume role:100% Curriculum:100% Learning Environment: 92 % Learning Resources: 92 % Clinical Experiences: 92 % Policies: 92 % Support Services: 85 %</p> <p>2009(n=18)Satisfaction: Prepared to assume role: 100% Curriculum: 100% Learning Environment 100% Learning Resources 100% Clinical Experiences 100% Policies 100% Support Services 72% (22% no opinion)</p>	<p>Change graduate survey to Likert scale to better quantify data, and survey nine to twelve months after graduation to allow more time to find first nursing position</p> <p>Separate categories of Support Services to determine specific areas of dissatisfaction.</p>

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				2010(n=23)Satisfaction: Prepared to assume role: 97% Curriculum: 100% Learning Environment 100% Learning Resources 96% Clinical Experiences 91% Policies 100% Support Services 96%	
6.5.3 Program Satisfaction: Employer	90% of graduates will receive a ranking of "Average" or "Excellent" by their employer	Annually 9-12 months after graduation	Analysis of Employer survey (formerly completed 6 months after graduation)	Employer survey results for the past three years indicate the majority of employers agreed that graduates possess the educational competence expected of a graduate from the ADN program especially in demonstration of critical thinking, safety, and knowledge of cultural diversity in caring for patients. Employers rank graduates 6 months after graduation as follows: 2008 n=13 (of 44 = 29 %) Nursing Process 100% Ex or Av NC Plans 87.5% Ex or Av Cr. Thinking 100% Ex or Av Comm. Verbal 100% Ex or Av Comm. Written 100% Ex or Av Team Member(effective) 100% Ex or Av Safety 100% Ex or Av Respon. Prof. Dev. 100% Ex or Av Cul/Div Care 100% Ex or Av	Develop a tool for survey with Likert scale to better quantify responses from employers. Use social networking page for graduate class to collect employer addresses to increase sample size. More emphasis on delegation and prioritizing in theory (NURS 52D) and integration in clinical practice and in simulated clinical experiences (e.g. Role playing scenarios in Preceptorship Orientation Workshop).

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				<p>Leadership role 100% Ex or Av</p> <p>2009 n= 14 (of 47= 29 %) Nursing Process 100% Ex or Av NC Plans 100% Ex or Av Cr. Thinking 100% Ex or Av Comm. Verbal 100% Ex or Av Comm. Written 100% Ex or Av Team Member(effective) 100% Ex or Av Safety 100% Ex or Av Respon. Prof. Dev. 100% Ex or Av Cul/Div Care 100% Ex or Av Leadership role 100% Ex or Av</p> <p>2010 n=13 (of 48 = 27%) Nursing Process 100% Ex or Av NC Plans 100% Ex or Av Cr. Thinking 85% Ex or Av Comm. Verbal 93% Ex or Av Comm. Written 100% Ex or Av Team Member(eff) 100% Ex or Av Safety 100% Ex or Av Respon. Prof. Dev. 100% Ex or Av Cul/Div Care 100% Ex or Av Leadership role 85% Ex or Av</p>	
6.5.4 Job placement: Job placement rates	90% of graduates who seek employment are working in a nursing related job within 6 months following graduation	Annually	Analysis of Graduate Survey six months after graduation	Of those who sought employment and who responded to the survey, percentages of graduates employed after six months:	Continue to seek employer feedback at Nursing Program Advisory Committee meetings. Continue to offer Resume and Interview Skills

Component	Indicators or expected level of achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions
				<p>2008 100% 2009 83% 2010 27% at six months (2010 76% at 12 months)</p> <p>Currently not meeting MCCSN indicator, but consistent with California state data by CINHC survey of new graduates which found 43% of new graduates were not employed in a nursing position within 6-12 months of graduation. 67% of those employed held their first position in acute care hospitals, and 12% in skilled care facilities. In 2010, 30% of new MCCSN graduates held their first nursing position in skilled care facilities.</p>	<p>workshops for graduating students every year. Encourage continued nursing education to seek BSN while looking for employment. Provide information on job opportunities through social networking site for alumni of MCCSN. Continue to monitor employment rates in California and surveys by CINHC of employment trends. Continue to provide additional clinical experiences in geriatric settings. Encourage new graduates to seek employment in skilled nursing facilities as well as acute care. Continue to provide optional clinical experiences through NURS 70 (Supervised Nursing Clinical Experience), Summer term between second and third semesters</p>

APPENDIX G

List of Exhibits Available to Site Visitors (in order of Standards)

Exhibit Number	Exhibit Name
1.1	California State Board of Nursing (BRN) Documents
1.1A	2011-2012 Student Handbook
1.1B	2011-2012 MPC College Catalog
1.1C	Course Syllabi and Clinical Guide, most recent for NURS 52A, B, C, D
1.2A	Diagram of the Roles of Academic Senate and Academic Affairs Advisory Group (AAAG) in College Decision Making
1.2B	MPC Planning and Resource Allocation Process
1.2C	Faculty Meeting Minutes of September 27, 2010
1.2D	Program Reflections on Student Learning & Academic Affairs Program Review (Action Plan)
1.2E	Steering Committee Minutes, June 2009-May 2011
1.2F	Committee Minutes Notebook
1.2G	Samples of The Central Line
1.2H	Sample Minutes of Academic Affairs Advisory Group 2009-2011
1.2I	2010-2011 Committees/Officers List
1.3	Minutes of the Nursing Program Advisory Committee
1.4A	Video "Maurine"
1.4B	Organizational Charts for MPC and CHOMP
1.4C	Terms of Current Grants
1.5	Director's Curriculum Vitae, RN License, and Transcript
1.6	Director's Position Description
1.7	Minutes of Total Program Review/Faculty Retreats Notebook 2005-2011

Exhibit Number	Exhibit Name
1.8B	Monterey Peninsula College Teachers Association Contract (MPCTA) 2007-2011 and Salary Schedule
1.8C	Faculty Letters of Appointment and Load Documents 2011-2012
1.8D	Current Salary Schedule for MCCSN Instructors
1.8E	Marketplace Survey Report (CHOMP) 2010, 2011
1.8F	Memo concerning Flexible Activities Contract
1.8G	CHOMP Personnel Policy #105 (Equal Employment Opportunity)
1.8H	MPC Governing Board Policy #5100 (Equal Employment Opportunity and Non Discrimination)
1.8I	CHOMP Personnel Policy #511 (Job Openings)
1.8J	CHOMP Personnel Policy #304 (Grievances)
1.8K	CHOMP Personnel Policy #434 (Promotions)
1.8L	CHOMP Payroll and Benefits “Benefits at a Glance”
1.8M	CHOMP Personnel Policy #115 (Performance Appraisals)
1.8N	MPC Governing Board Policy # 5320 (Teaching Faculty Duties and Responsibilities)
1.8O	CHOMP Personnel Policy #309 (Disciplinary Action)

Exhibit Number	Exhibit Name
2.2A	California Nursing Practice Act, 2011
2.2B	Minimum Qualifications for Faculty and Administrators in California Community Colleges, 2010
2.2C	BRN Approval Forms
2.2D	Faculty Profile Forms
2.2E	Faculty Data Forms
2.3A	Clinical Rotation Schedule Notebook

Exhibit Number	Exhibit Name
2.5A	Faculty Practice Proposals
2.5B	MCCSN Faculty Journal Club Notebook
2.7A	New Faculty Orientation Notebook
2.7B	Faculty Handbook
2.8A	Sample CHOMP Performance Appraisal Tool
2.8B	Instructions for Evaluating Temporary Faculty
2.9A	CSEA Agreement 2008-2011

Exhibit Number	Exhibit Name
3.1A	MCCSN Associate Degree Program Information and Application Packet
3.1B	New Student Orientation Packet 2011
3.1C	Exit Interview Form
3.1D	MCCSN Student Services Financial Aid Tip Sheet for Nursing Students
3.1E	Student Personal Profile Sheet
3.1F	ADN Model Prerequisite Validation Study
3.1G	TEAS V Test Grade contract
3.1H	3CNAC Guidelines for Implementing the TEAS V
3.2A	Monterey Peninsula College Enrollment and Demographic Trends, 2010
3.2B	California BRN Report 2000-2009
3.2C	Men In Nursing Conference Brochures
3.2D	Student Tracking forms for Scholarships Donated Directly to the MCCSN
3.2E	Poster: Got Success? Pay It Forward (mounted in the Exhibit Room)
3.2F	Directory of Student Services and Learning Resources
3.3A	Confidentiality Agreement and Consent to Video

Exhibit Number	Exhibit Name
3.4.1	US Department of Education Default Rate Report
3.7A	MCCSN Computer Competencies
3.7B	Nursing Information Competency Equivalency Assignment
3.7C	Sample Flex Day Schedules

Exhibit Number	Exhibit Name
4.1A	Letter to QSEN Faculty Institute
4.1B	Learning Activities Using QSEN Competencies
4.1C	Simulated Clinical Experience Planning and Evaluation Tool
4.1D	NLN Outcomes and Competencies for Graduates (publication)
4.2A	MCCSN Curriculum Blueprint
4.4A	Cultural Diversity Workshop handouts
4.4B	CNSA “Increasing Awareness of Cultural Nursing Care” Resolution
4.4C	Committee on Cultural Awareness (CCA) Starter Kit
4.5A	Dosage Calculation Exam Contract
4.5B	Clinical Evaluation Tools for Nur 52A-B-C-D and Precepting Evaluation Tool
4.5C	Contract Forms (all)
4.5D	Sample grading rubrics (Skills Validations, Care Plans, Concept Maps)
4.5E	MCCSN Skills Inventory List
4.6A	Precepting Sites 2009-2011
4.6B	Krames Patient Education samples
4.8A	Clinical Agency Contract Notebook
4.8B	Planning and Clinical Agency Minutes Notebook
4.8C	Preceptor and Preceptee Orientation packet

Exhibit Number	Exhibit Name
4.8D	Sample Clinical Information Packets
4.8.1A	CHOMP and NMC Facility Orientation Packets

Exhibit Number	Exhibit Name
5.1A	2011-2012 Budget Construction Packet
5.1B	Steering Committee Minutes May 25, 2011
5.1C	Minutes of Governing Board of Trustees, June 28, 2011
5.1D	Perkins and Barnet-Segal Grants
5.1E	California Chancellor's Office Enrollment Grant
5.1F	Lillian Adams and Jean Wilder Trusts
5.1G	Memoranda of Understanding 2005-2011
5.1H	MPC Operational Budget 2011-2012
5.1I	MPC 2011-2012 Scholarship Awards Ceremony
5.1J	Capital Equipment Financial Report
5.3A	List of Learning Resource Center (LRC) Holdings
5.3B	LRC Calendars
5.3C	NURS 52 A-B-C-D Evaluation Notebooks,
5.3D	General Campus Equipment Refreshment Guidelines
5.3E	Sample SXA Updates
5.3F	Meditech computerized documentation online training
5.3G	Email communication between Library Division Chair and Dean of Instructional Planning

Exhibit Number	Exhibit Name
6.2A	Aggregated Clinical Evaluation Tool grades for each clinical objective

Exhibit Number	Exhibit Name
6.2B	ATI Comprehensive Predictor Examination Scores
6.5.1A	NCLEX-RN Pass Rates, State and National
6.5.2	BRN Report, Completion rates 2006-2011
6.5.3A	Graduate Program Satisfaction survey tool six months after graduation (2008-2010)
6.5.3B	Employer Satisfaction Survey Tool Six Months after Graduation (2008-2010)
6.5.4A	Graduate Surveys, 2010
6.5.4B	California Institute for Nursing & Health Care (CINHC) Hiring Survey

APPENDIX H

GLOSSARY OF TERMS

BRN- Board of Registered Nursing, the state governmental agency of the Department of Consumer Affairs in California which approves schools of nursing based on set standards.

CAC - *Curriculum Advisory Committee*, a college-wide committee responsible for approval of all curriculum changes and course additions.

CAC- *Continued Areas of Concern* , a notification tool written by faculty at the end of a nursing course to communicate to the student and to subsequent instructors the specific areas of clinical performance that warrant continued close monitoring beyond the semester

CCR- California Code of Regulations; Title 16, Article 3 pertains to pre-licensure nursing programs.

Curriculum Committee—MCCSN standing committee of the Nursing Faculty Organization responsible for the review of curricular changes for recommendation to total faculty.

CHF- Community Hospital Foundation, the nonprofit parent company of Community Hospital of the Monterey Peninsula (CHOMP) and recipient of all charitable gifts.

CHOMP –Community Hospital of the Monterey Peninsula, a non-profit hospital located in Monterey, California, a subsidiary of the Community Hospital Foundation which partners with MPC in funding of the MCCSN

Completer- a nursing student who completes all graduation requirements of the nursing program.

CNSA –California Nursing Student Association at MPC

CSC- Clinical Simulation Center at the Maurine Church Coburn School of Nursing, located in Room Nur 203.

Complaint— a written statement by a student to the Director, a Dean, a Counselor or any college official that resolution is sought over a disputed action.

Core Concepts -are described by the philosophy, as the purposes of the program of study at MCCSN: 1) Integrate evidence-based nursing practice to respond to the changing health care needs of the community, 2) Cultivate competence and professionalism of the associate degree graduate as a contributing member of the nursing profession, 3) Further nursing

education as the assimilation of a unique body of knowledge which is continually expanding.

Course Objectives – small steps within each course that lead toward student learning outcomes

CSEA- California School Employees Association, Chapter #245, the union for classified (non-faculty) employees at MPC.

Faculty Practice – Faculty working in a nursing setting to enhance nursing knowledge, clinical skills, build relationships with staff in clinical agencies where students have experiences, achieve more credibility on the part of both students and clinical agency staff or increase job satisfaction. Faculty practice promotes positive benefits to the community due to the service rendered by faculty involved in practice. Faculty must submit a proposal for approval to receive compensation for carrying out practice activities in addition to their regular teaching loads. The amount of compensation available is determined each year in the annual budget.

Grievance— the formal notification by the college Grievance Committee that a petition for hearing has been filed by a student

i-Learn—the web-based course management system used by MPC for distance learning, but also for electronic posting of course materials, grades, Email and announcements for live courses as well. All students are oriented to I-learn at the beginning of the nursing program, and are expected to download course and program materials there (used interchangeably with the term “MPC Online” in the self study, because the system name was changed as the self study was near completion).

Level I— The Nursing I (NURS 52A) and Nursing II (NURS 52B) courses

Level II –The Nursing III (NURS 52C) and Nursing IV (NURS 52D) courses

Level Coordinator—the faculty member who serves as the instructor of record for the courses within Level I or Level II; responsibilities include planning of level agendas, production of syllabus, processing of examinations and grades, tracking overall student progress, and mentoring temporary and/or assistant instructors.

Level Wrap-Up- A meeting of nursing faculty held at the end of each semester to evaluate a course

LRC – Learning Resource Center which includes the Skills Lab, Nursing Computer Center and video/DVD/books resource library

LTC- The MPC Library and Technology Center, newly constructed in 2003, housing print and electronic media, professional library staff and a variety of academic support centers.

MBayGRC—Monterey Bay Geriatric Resource Center, a regional consortium of health care and educational organizations dedicated to the advancement of geriatric and chronic care management programs and services.

MCCSN –Maurine Church Coburn School of Nursing (located at Monterey Peninsula College) the Nursing Education Unit offering an associate nursing degree.

MMRC – Multimedia Resource Committee, MCCSN standing committee of the Nursing Faculty Organization responsible for ordering, maintaining and updating all holdings in the LRC. They also receive and approve or deny faculty requests for new equipment and supplies and generate payment orders for approved items.

MPC –Monterey Peninsula College, the governing organization

MPC Online—the web-based course management system used by MPC for distance learning, but also for electronic posting of course materials, grades, Email and announcements for live courses as well. All students are oriented to I-learn at the beginning of the nursing program, and are expected to download course and program materials there (used interchangeably with the term “I-learn” in the self study, because the system name was changed as the self study was near completion).

MPCTA- Monterey Peninsula College Teachers Association, the union for MPC faculty

NMC –Natividad Medical Center, the Monterey County hospital and clinics located in Salinas, California.

NSI – Needs Significant Improvement - The “Needs Significant Improvement” (NSI) rating is assigned when the instructor has serious concerns about student performance. It can be assigned anytime during the semester, and is always accompanied by a clinical evaluation addendum form outlining a specific plan for improvement, and time frame for prescribed actions in order for the student to continue in the clinical setting.

NSNA – National Student Nurses Association

NURS 52A- Nursing I is the first nursing course which includes fundamentals and obstetrics clinical experiences, simulations, and lectures.

NURS 52B- Nursing II is the second nursing course which includes medical-surgical and pediatric experiences, simulations, and lectures.

NURS 52C- Nursing III is the third nursing course which includes medical-surgical and geriatric experiences, simulations, and lectures.

NURS 52D- Nursing IV is the fourth nursing course which includes advanced medical-surgical and mental health clinical experiences, simulations, and lectures, with the last 96 hours of clinical in a precepting experience.

Nursing Education Unit Outcomes (NEUO) – same as NLNAC definition: statements that reflect the achievement of identified goals including both student learning and program outcomes. MCCSN nursing education unit outcomes are that students are able to: 1) Collaborate as providers of patient-centered care in meeting the health care needs of individuals in acute, long term and community-based settings, 2) Coordinate the activities of the health care team, advocate on behalf of patients, teach patients and families, and direct safe nursing care as managers of care, 3) Contribute to the profession as responsible members within the discipline of nursing.

Nursing Scholarships- grants or scholarships given to nursing students from CHOMP Auxiliary, private donors, or MPC scholarship sources to aid with their education expenses.

Program Completion/Retention Rate= is reported using the California BRN definition
$$\frac{[\text{\# of students who completed the program on schedule}]}{[\text{Total \# of students scheduled on admission to complete the program between August 1}^{\text{st}}, (\text{year}) \text{ and July 31}^{\text{st}} (\text{year})]} \times 100\%$$

Program Outcomes—Performance indicators that reflect the extent to which the purposes of the nursing education unit are achieved and by which program effectiveness is documented. They are measurable consumer-oriented indexes including but not limited to: NCLEX pass rates, Job Placement rates, Retention rate, Employer and Graduate program satisfaction.

SCE – Simulated Clinical Experience

SLOs—Student Learning Outcomes- at the course level, a SLO is a measurable or evaluable description of what students are expected to be able to “do” as they successfully complete a course. They are overarching specific observable characteristics developed by faculty that allow determination or demonstration of evidence that learning has occurred as a result of the course. They emphasize student performance as a course is completed (from MPC Academic Senate definition)

SON – School of Nursing – Maurine Church Coburn School of Nursing at Monterey Peninsula College

SPE –Systematic Program Evaluation Plan, a written document based on the NLNAC Standards that reflects the process of the ongoing comprehensive assessment of all program elements.

Student Success Coordinator – A faculty member assigned to oversee student support activities, including managing and tracking all written contracts for skills deficiencies, clinical absence make-ups, dosage calculation remediation and coordinating referrals, interventions for success and faculty-led study groups.

Student Services and Financial Aid Committee—MCCSN standing committee responsible for disseminating information about campus services to students and faculty, and for coordinating the distribution of direct donations to the MCCSN as needed.

TPR meeting- Total Program Review meeting held annually at the end of the academic year (usually June) using the systematic program evaluation plan to review and evaluate all program elements.

Wrap-Up- A meeting between nursing faculty and students held at the end of each semester to evaluate a clinical experience.