# NLNAC ANNUAL REPORT
## for Postsecondary and Higher Degree Programs in Nursing
### 2011-2012 Academic Year: July 1, 2011 - June 30, 2012*

**NLNAC Accredited Programs: Associate**
Report Not Submitted

## GENERAL INFORMATION

| Governing Organization | | Nursing Education Unit | |
|---|---|---|---|
| Name: | El Camino College | Name: | |
| Address: | 16007 Crenshaw Boulevard | Address: | 16007 Crenshaw Boulevard |
| City: | Torrance | City: | Torrance |
| State: | CA | State: | CA |
| Zip: | 90506 | Zip: | 90506 |
| Website: | | Website: | www.elcamino.edu/nursing |

| Chief Executive Officer | | Nurse Administrator | |
|---|---|---|---|
| Prefix: | Dr. | Prefix: | Ms. |
| Firstname: | Tom | Firstname: | Theresa |
| Lastname: | Fallo | Lastname: | Kyle |
| Credentials: | EdD, MBA, BA | Credentials: | MSN, RN, CPNP |
| Title: | Superintendant/President | Title: | Director, Nursing Program |
| Phone: | (310)660-3111 | Phone: | (310)660-3281 |
| Extension: | | Extension: | |
| Fax: | (310)660-6067 | Fax: | (310)660-3439 |
| Email: | tfallo@elcamino.edu | Email: | tkyle@elcamino.edu |

## SECTION I. SUBSTANTIVE CHANGE

**1. Substantive Change**
Indicate whether you have made any of the following substantive changes during the 2011-2012 academic year*.
*(see online Accreditation Manual, pp. 44-50)*

***\* academic year: July 1, 2011 - June 30, 2012***

| Substantive Change Notification required within 4 months prior to implementation | | | |
|---|---|---|---|
| **a.** Change in ownership, legal status, or form of control | ○ No  ○ Yes | ☐ | reported to NLNAC prior to change |
| **b.** Change in mission/ philosophy/ core values | ○ No  ○ Yes | ☐ | reported to NLNAC prior to change |
| **c.** Change in organizational structure of the nursing education unit | ○ No | ☐ | reported to NLNAC prior to change |

| | | | |
|---|---|---|---|
| | ○ Yes | | |
| **d.** Implementation of distance education | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **e.** Addition of courses or programs different in context or method of delivery from what was previously offered and accepted | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **f.** Addition of programs with a different level of credentials | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **g.** Change in length of program in relation to program and credentials | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **h.** Changes in method of academic measurements (clock or credit) or change in the number of clock or credit hours | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **i.** Establishment of an additional location | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **j.** Relocation of nursing education unit and/or program | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **k.** Program Closing | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |
| **l.** Change in enrollment (≥25%) by headcount for the 2011-2012 academic year | ○ No | ☐ | reported to NLNAC prior to change |
| | ○ Yes | | |

**Other Substantive Change Notification required immediately**

| | | | |
|---|---|---|---|
| **m.** Change in State Board of Nursing approval status (see Policy # 17) | ○ No | ☐ | reported to NLNAC |
| | ○ Yes | | |
| **n.** Adverse action by appropriate institutional accrediting agency (see Policy #18) | ○ No | ☐ | reported to NLNAC |
| | ○ Yes | | |
| **o.** Decline in program outcomes including performance on licensure or certifying examinations, program completion rates, program satisfaction, and employment rates | ○ No | ☐ | reported to NLNAC |
| | ○ Yes | | |
| **p.** Title IV Participant Compliance: | | | |
| • Default rate in student loan program that exceeds threshold set by legislation, regulation, and policies | ○ No | ☐ | reported to NLNAC |
| | ○ Yes | | |
| • Fraud and abuse | ○ No | ☐ | reported to NLNAC |
| | ○ Yes | | |
| • Adverse action following financial or | ○ No | ☐ | reported to NLNAC |

| compliance audits, program review, or other information that becomes available | ○ Yes | | |
|---|---|---|---|
| • Entering into a contract with an educational organization that is not eligible to participate in Title IV | ○ No  ○ Yes | ☐ | reported to NLNAC |

**Other Changes - Informational**

**q.** Change in Nurse Administrator  ○ No  ○ Yes   ☐ reported to NLNAC

**r.** If you have answered **Yes** to any of the above, provide date of implementation and a brief explanation of the change. Please also note that all substantive changes require the submission of a substantive change report in accordance with Policy #14. **Reporting on this form does not replace the submission of a substantive change report.**

[text box]

## SECTION II. PROGRAM OUTCOMES

**2.** What is the graduate rate of employment (percentage) during the 2011-2012 academic year*? (employment in nursing within 6-9 months after graduation, excluding those who have returned to formal education)  [    ] %

**3.** What is your licensure pass rate during the 2011-2012 academic year*   First-time Exam Takers [    ] %

**4.** What is the program completion rate for the 2011-2012 academic year*?   [    ] %

## SECTION III. PROGRAM OPERATIONS

**5.** Total number of nursing students as of October 15, 2012   Full-time [    ]   Part-time [    ]

**6.** Total number of nursing graduates for the 2011-2012 academic year*   [    ]

**7. Program Length**
    **a.** Total number of academic credits in the program of study (Please use a conversion factor of 1:1 for lecture and 1:3 for clinicals and labs for reporting total credits)   [    ]
    **b.** Total number of academic terms (semester/quater) required to complete the program of study, including all prerequisites and required general education courses.   [    ]
    **c.** Choose one (1):   ○ Semester Credits   ○ Quarter Credits

**8. Faculty**

    **a.** Total FTE (full-time equivalant) faculty teaching Associate degree students
as of October 15, 2012        FTE [ ]

    **b.** Total number of individuals teaching full-time [ ]

    **c.** Full-time faculty education listing **only the highest degree earned per individual
(list each individual once)**

        **i.** Number with an earned doctoral degree [ ]

        **ii.** Number with an earned nursing master's degree [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

        **iii.** Number with an earned nursing baccalaureate degree [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

        **iv.** Number with non-nursing master's degree with an earned nursing baccalaureate degree [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

        **v.** Number of faculty with other degrees [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

    **d.** Total number of individuals teaching part-time (anyone teaching less than full-time) [ ]

    **e.** Part-time faculty education listing **only the highest degree earned per individual
(list each individual once)**

        **i.** Number with an earned doctoral degree [ ]

        **ii.** Number with an earned nursing master's degree [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

        **iii.** Number with an earned nursing baccalaureate degree [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

        **iv.** Number with non-nursing master's degree with an earned nursing baccalaureate degree [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

        **v.** Number of faculty with other degrees [ ]

           -- Of these, number currently enrolled in a graduate nursing program [ ]

**9. Preceptors**

    **a.** Do you use preceptors in the delivery of your nursing program?
      ○ No    ○ Yes( If Yes, answer 9b and 9c)

    **b.** How many are used on average per semester/quarter? [ ]

**c.** When are preceptors used during the program of study?　○ Last Course　○ Multiple Courses

**d.** Describe the preceptor roles.

## 10. Complaints
Total number of complaints about the program for the 2011-2012 academic year*

## 11. Enrollment

**a. Total number of students enrolled at the governing organization, including students as of October 15, 2012 by headcount.**

**b. Organization specific**

Significant change in enrollment (≥25%) for the 2011-2012 academic year* by headcount

○ Increase　○ Decrease　○ No Significant Change

**c. Program specific**

Significant change in enrollment (≥25%) for the 2011-2012 academic year* by headcount

Associate　○ Increase　○ Decrease　○ No Significant Change

## 12. Alternate Methods of Delivery

**a.** Do you use alternate methods of delivery?
If Yes, select all that apply　○ No　○ Yes

- ☐ Online (if selected, please answer 12b.)
- ☐ Multiple (teaching) locations
- ☐ Accelerated program option
- ☐ Alternate schedule (e.g. part-time or weekend)
- ☐ ITV
- ☐ Self-paced learning packages/courses
- ☐ Compressed video
- ☐ Other (if other, please explain below)

**Online Delivery**

**b.** Which one of the following options best applies to the online offerings?

- ○ entire nursing program major is online
- ○ several courses of the nursing program major are online
- ○ one course of the nursing program major is online
- ○ online activities as requirements in at least one course of the nursing program major
- ○ no online activities

## 13. Standardized Testing

**a.** Do you use standardized testing in your nursing program?
(If Yes, answer 13b and 13c)　○ No　○ Yes

**b.** Are standardized tests a course requirement?　○ No　○ Yes

**c.** Do students have to achieve a certain minimum score to continue or graduate from the program?  ○ No  ○ Yes

## 14. Partnerships
Do you currently have partnerships?  ○ No  ○ Yes
If Yes, please identify partnerships below



## 15. Laboratory Personnel
**a.** What types of personnel are used in your skills laboratory?

○ Staff (If staff personnel are used, answer 15b)

○ Faculty

○ Combination of staff and faculty

○ None

**b.** If staff personnel are used, please note qualifications (check all that apply)

☐ RN with associate degree

☐ RN with baccalaureate degree

☐ RN with master's degree

☐ Non-nurse staff

☐ Other (if other, please specify)

## 16. Simulations

**a.** Do you use simulation(s) in the delivery of your curriculum?  ○ No  ○ Yes (if Yes, answer 16b and 16c)

**b.** Identify the type(s) of simulations used



**c.** How are simulations used (check all that apply)

☐ Part of a class

☐ Out-of-class assignment

☐ Remediation

☐ Skill check-off

☐ Other (if other, please explain below)

## 17. Resources

Significant change of ≥20% in available fiscal resources for the nursing program

Associate     ○ Increase     ○ Decrease     ○ No Significant Change

## 18. Systematic Plan of Evaluation

**a.** Is your program's systematic plan of evaluation fully implemented?     ○ No    ○ Yes

**b.** Does the plan include ongoing assessment of:

    **all** student learning outcomes?     ○ No    ○ Yes

    **all** program outcomes?     ○ No    ○ Yes

    **all** NLNAC Standards?     ○ No    ○ Yes

## FEEDBACK/SUGGESTIONS

Please use the space provided below for suggestions in improving NLNAC policies and procedures.