APPENDIX D *(Revised)*: SYSTEMATIC PROGRAM EVALUATION 2010-2013

Systematic Program Evaluation - Mission and Administrative Capacity 2010-2013					
Standard 1. 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.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection and Analysis *Including Actual Level/s of Achievement*	Actions *for Program Development, Maintenance, or Revision*
1.1 The mission/ philosophy and outcomes of the nursing education unit are congruent with those of the governing organizations.	The mission/ philosophy and outcomes of the nursing education unit will be congruent with those of the governing organization.	Annually, in May.	Nurse faculty will review the mission, philosophy and SLOs of the nursing education unit to ensure they are current, relevant, and remain congruent with those of the governing organization.	***Level of Achievement: Met*** The nursing department's mission/philosophy statement and outcomes are congruent with the governing organization: It is incorporated in the published El Camino College 2012-2013 Catalog (p. 182) and on page 9 of the 2013-2014 College Catalog. It is also found in the 2013-2014 Nursing Faculty Handbook (page 5) and the 2013-2014 Student Nursing Handbook (page 6). Student Learning Outcomes (SLOs) are found on the college web site at www.elcamino.edu/academics/slo/DivisionSLOpage.asp ; on pages 8-9 of the Nursing Faculty Handbook and on pages 8-11 of the	The nursing department will continue to review compliance of mission/philosophy statement with the governing organizations.

				Student Nursing Handbook.	
				Institutional Learning Outcomes are listed on page 10 of the 2013-2014 College Catalog.	The Bylaws Committee will verify that the nursing department's mission/philosophy is incorporated into the College Catalog, Faculty and Student Handbook and remain congruent with the governing organization.
				From the ADNFO Meeting 10/4/10: T. Orton will submit mission/philosophy statement to Quajuana Chapman.	
				From the End-of-Year-Report by the Bylaws Committee (2010-2011), "Nursing philosophy was submitted to ECC for inclusion in the college catalog."	
				From the Bylaws Committee Meeting 3/28/2011: "V. Orton has informed the committee that Quajuana Chapman has confirmed receipt of her email requesting that the Nursing Philosophy statement be placed in the school catalog for Fall 2011".	
1.2 The governing organization and nursing education unit ensure representation of students, faculty and administrators in ongoing governance activities.	There will be representation and participation of students and faculty in ongoing governance activities.	Annually, in April.	Department Committee Meeting Minutes reflecting student representation in Departmental Governance. College Committee Meeting Minutes reflecting faculty	***Level of Achievement: Met*** There is student representation in the following Departmental Governance meetings during the years 2010-2013: Curriculum: 12/12 meetings Evaluation: 15/21 meetings Learning Resources: 2/9 meetings Student Affairs: 2/7 meetings ATP: 0/3 meetings 40 students attended 22/52 meetings = 42%	For program maintenance, there will continue to be increased communication between faculty and students to ensure adequate student representation in ongoing department governance activities.

			representation in College Governance.	Each term, the Iota Kappa Chi board of directors recruits students to attend committee meetings.	
				To ensure better student representation on Departmental Governance committees, there has been increased communication between faculty and the student association of Iota Kappa Chi, resulting in greater student participation in Departmental Governance activities. Implementation of these actions has resulted in greater student representation.	
				There are 18 College Governance Committees. 94% of full-time nursing faculty has participated in a minimum of one College Governance committees over the past three years (Table 4).	
				Link to minutes of the El Camino College Governance committees :	
				http://www.elcamino.edu/cmte_minutes/display.asp	
				Link to minutes of the El Camino College – CEC for the faculty council http://www.compton.edu/campusinformation/committees-governance/FacultySenate.aspx	

| 1.3 Communities of interest have input into program processes and decision making. | Faculty will attend meetings with communities of interest a minimum of two times per academic year. | Annually, in May | Documented evidence of attendance/partici-pation in meetings with communities of interest. | *Level of Achievement: Met*

Evidence shows participation at the following meetings by nursing faculty with communities of interest:
• ECC Advisory Committee
• Los Angeles Advisory Committee
• Pre-Post Agency Minutes
• BRN Site Visit Meetings
• CINHC
• COADN

Communities of interest have contributed valuable input toward improving program processes. Based on this input, leadership and delegation skills have been emphasized in the clinical setting for second year nursing students; increased use of ATI and correlations to student learning have been implemented across the curricula.

Under the direction of the BRN, the state of California is advancing a 36-unit ADN curriculum to facilitate student transfer to colleges that offer the ADN to BSN education track. The Curriculum Committee has been preparing a revised curriculum to meet those requirements in anticipation of pending State legislative developments. | Faculty will implement new techniques to enhance communications with communities of interest as a means of obtaining greater input into program processes and decision making. |

1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.	Nursing faculty will maintain memberships in professional nursing organizations and be involved in community/ service partnerships.	November and April.	Faculty Profile Logs.	*Level of Achievement: Met* 75% of faculty belong to professional organizations and participate in community/service partnerships.	The Testing Committee will resume responsibility for collecting and updating data on full and part-time faculty every semester to simplfy and improve the collection process.
1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	The Nurse Administrator will be a nurse who holds a graduate degree with a major in nursing.	At the time of hire for the position of Director of Nursing.	The Hiring Committee will assess the applicant's qualifications during the hiring process.	*Level of Achievement: Met* All past and present directors hold a graduate degree with a major in nursing as evidenced by their transcripts: 7/2008 to 7/2011: Kim Baily, PhD, RN, CEN 7/2011 to 8/2013: Theresa Kyle, MSN, CPNP, RN 8/2013 to Present: Octavia Hyacinth, DNP, MSN, FNP-C, RN, CCRN	The college has approved and is moving ahead in the selection of a full time permanent director who holds a graduate degree with a major in nursing.
1.6 The nurse administrator has authority and responsibility for	The Nurse Administrator will have authority and	Biannually, in August and May, and as	Job description/require ments for the Nursing Director.	*Level of Achievement: Met* Job Discription: The Nurse Administrator has 100% release time to administer the	The new interim Director of Nursing will meet each semester, and as needed, with the Vice

the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	responsibility for development and administration of the program. The Nurse Administrator will be provided adequate time and resources to fulfill the role responsibilities.	needed.	Yearly budget allocation.	ADN program for both campuses. Additionally, the Nurse Administrator is responsible for development and administration of the program. The Nurse Administrator has adequate resources to fulfill her role responsibilities, as noted in the budget reports: • Two Assistant Directors on the Torrance Campus and one on the Compton campus • An Administrative Assistant and an additional front office staff member on both campuses • Access to technology and equipment needed for the day to day operations of the program. • Funding is provided for attendance at training seminars and educational conferences. • The College, grant monies, and the El Camino College Foundation monies provide financial resources needed for additional staff utilized to improve student success. This staff includes the Simulation Technician, The Student Success Coordinator, and an additional front office staff member. • Funding is sufficient to provide for adequate full time and part time theory and clinical instructor. Unfortunately, due to the current economic down fall, limited number of nurses with BSN and MSN degrees, and significant differences in teaching salaries versus hospital salaries, the applicant pools for	President of Academic Affairs, Francisco Arce, and the Vice-President of El Camino College Compton Center, Barbara Perez, to evaluate progress related to the development and administration of the nursing program on both campuses by the Nurse Administrator. The new interim Director will have an established office with posted office hours at the Compton campus. Targeted date for implementation is by the end of the fall, 2013 semester. Faculty will utilize innovative techniques to increase the applicant pools for part time and full time nursing instructor positions.

				educated and trained nursing instructors is very limited.	
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 nurse administrator will have authority to prepare and administer the program budget and advocates for equity within the unit and among other units.	Annually, in April.	Annual Plans developed yearly and accompanied with status reports two times per year via Plan Builder software.	*Level of Achievement: Met* Annual plans and status reports demonstate that the Nurse Administrator has authority over restricted and unrestricted funds for the nursing program on both campuses. The Nurse Administrator also oversees budget planning for both campuses.	The nurse administrator will continue to develop annual plans and advocate for sufficient funds to support student success.
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.	Policies of the nursing education unit will be comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization.	Annually, in April	The Nursing Administer will review and compare policies of the nursing department, contained in the Faculty Handbook, to those of the governing organization, those contained in the district contracts, to ensure consistency.	*Level of Achievement: Met* 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. The Faculty Handbook is revised/updated to reflect departmental changes, new state and federal regulations, and changes to district contracts as applicable. There are differences in policies between the two campuses because each campus is governed by its own contract/own district. These differences do not impact Student Learning Outcomes which are consistent between the campuses. Faculty on both campuses have similar access to essential	Policies will continue to be reviewed on an annual basis to ensure compliance.

				resources. All college policies are delineated in the contract and can be found at the following web addresses: http://www.elcamino.edu/administration/hr/Federation-Agreement-201202015.pdf http://district.compton.edu/administration/human-resources/CBAFaculty1013.pdf	
1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	Records will reflect that program complaints and grievances receive due process and include evidence of resolution.	Annually, in June.	Information reported by the Nurse Administrator.	*Level of Achievement: Met* The Nurse Administrator reported that student complaints were followed up with a meeting with the Nurse Administrator. Attempts were made to resolve the issue. If the Nurse Administrator was unable to resolve the issue and/or the student requested additional intervention, then in some cases the students filed a formal grievance. The student was then allowed to have their case heard before a panel. The Panel takes a vote and depending on the result, they may make a recommendation as to how to resolve the issue or they can dismiss it entirely. 10/9/12 Student complaint filed. Result: Student reinstated to course. 10/25/12 Student complaint filed. Result: Student permitted to take retake course at ECC rather than at home campus. 11/2012 Anonymous complaint made by faculty to BRN	The Bylaws committee will resume assessments of complaints and grievances.

				Result: Director T. Kyle submitted required BRN report addressing areas of concern Result: No further action required.	

Systematic Program Evaluation - Faculty and Staff 2010-2013					
Standard 2. Qualified faculty and staff provide leadership and support necessary to attain goals and outcomes of the nursing education unit.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection and Analysis *Including Actual Level/s of Achievement*	Actions *for Program Development, Maintenance, or Revision*
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 area of responsibility.	Full time faculty will be credentialed with a minimum of a master's degree with a major in nursing and maintains expertise in their area of responsibility.	At the time of hire.	Credentials are reviewed by the Director of Nursing, Human Resources, and the California Board of Registered Nursing.	*Level of Achievement: Met* 100% of full-time faculty has a Master's Degree with a major in Nursing.	Maintain current actions for this component.
2.1.1 The majority of part-time	The majority of part-time	At the time of hire, and	Credentials are reviewed by the	*Level of Achievement: Met*	Faculty will consider sceening applicants by

faculty is credentialed with a minimum of a Master's Degree with a major in nursing; the remaining part-time faculties hold a minimum of a baccalaureate degree with a major in nursing.	faculty will be credentialed with a minimum of a Master's Degree with a major in nursing; the remaining part-time faculty will hold a minimum of a baccalaureate degree with a major in nursing.	every May and November, prior to the start of each semester.	Director of Nursing, Human Resources, and the California Board of Registered Nursing at the time of hire. Faculty logs are reviewed every August and December, prior to the start of each semester.	76% of part time faculty hold a Master's Degree with a major in nursing. 100% of part-time faculty hold a minimum of a baccalaureate degree with a major in nursing. <table><tr><td></td><td>MSN</td><td>BSN only</td></tr><tr><td>ECC</td><td>15</td><td>6</td></tr><tr><td>CEC</td><td>20</td><td>5</td></tr></table>	their educational preparation, and hire part-time faculty who have completed or are in the process of completing a Master's Degree in Nursing.
2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.	Rationales will be provided for utilization of faculty who do not meet the minimum credential.	At time of hire.	Rationales for utilization of faculty who do not meet the minimum credentials will be reviewed by the Director of Nursing to determine compliance with ACEN standards. Faculty Logs.	*Level of Achievement: Met* All faculty meet minimum credentials as evidence by Faculty Logs.	Maintain current actions for this component.
2.2 Faculty (full and part-time) credentials meet governing organization and state requirements.	Faculty (full and part-time) credentials will meet governing organization and state	At the time of hire.	Credentials will be reviewed by the Director of Nursing, Human Resources, and the California Board of	*Level of Achievement: Met* 100% of faculty (full and part-time) meets governing organization and state requirements.	The Director of Nursing will continue to ensure that all faculty hired will meet governing organization and state requirements.

	requirements.			Registered Nursing at the time of hire. Faculty logs.	
2.3 Credentials of practice laboratory personnel are commensurate with their level of responsibilities.	Credentials of practice laboratory personnel will be commensurate with their level of responsibilities.	At the time of hire.	Credentials will be reviewed by the Director of Nursing and Human Resources at the time of hire.	*Level of Achievement: Met* All skills practice laboratory personnel have credentials commensurate with their level of responsibilities. The simulation technician operates and maintains equipment but does not provide any instruction related to nursing content and nursing skills to the nursing students.	The Director of Nursing will continue to ensure that all skills practice laboratory faculty will have credentials commensurate with their level of responsibilities.
2.4 The number and utilization of faculty (full and part-time) ensure that program outcomes are achieved.	Faculty staffing will be sufficient for course and clinical needs of the educational unit.	In May and November.	The Nursing Director will organize faculty assignments according to BRN area of clinical expertise and educational degree as evidence by Faculty Teaching Assignment Spreadsheet and Faculty Contracts.	*Level of Achievement: Met* Faculty Teaching Assignment Spreadsheets demonstrate sufficient staffing for meeting student learning objectives. The Nursing Director generates and establishes load for Full and Part-time Faculty according to Faculty Union Contracts.	The Nursing Director will continue to hire full-time and part-time faculty as needed to maintain sufficient staffing.

2.5 Faculty (full and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.	Faculty evaluations will reflect scholarly works or evidence-based teaching.	At the time of faculty evaluation.	Evidence-based teaching or scholarship activities will be documented in the faculty evaluation.	*Level of Achievement: Met* Evidence-based teaching and clinical practices as well as scholarly activities have been presented by faculty members at conferences and at ADNFO meetings. Faculty with recent doctorates: Saundra Bosfield – EdD, 8/2013 Faculty enrolled in doctoral programs: Deborah Heming, Renee Johnson, Phoebe Kim, Wanda Morris, Kathleen Rosales, Shirley Thomas, and DeeDee White. Faculty presentations: 8/2013: Kim Baily- San Antonio 11/2012: Victoria Orton & Kathleen Stephens- Magic in Teaching 9/2013: Kathleen Rosales - Simulation/CINHC	Faculty will work on developing a binder which will contain examples of faculty performance in the areas of scholarship, evidence-based teaching, and clinical practice.
2.6 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.	The nursing department will maintain an Administrative Assistant and at least one additional front office staff on both campuses.	Annually, in May	Documentation of staff currently employed.	*Level of Achievement: Met* An Administrative Assistant and a front office staff member are maintained on both campuses.	Assessments will continue as planned.
2.7 Faculty (full and part-time) are oriented and	Faculty at both locations will be oriented and	Every semester in August and	Documentation of orientation and mentoring	*Level of Achievement: Needs Improvement* Susan Zareski is the facilitator who mentors	The Faculty Mentor will submit the Orientation Checklist and Meeting

mentored in their areas of responsibilities.	mentored in their areas of responsibilities for both campuses.	January.	maintained by the designated Faculty Mentor. Orientation checklist	new faculty. Each semester she is given a list of new faculty and provided with their contact information. Mentoring occurs in groups and/or individual sessions. Susan attempts to accommodate their work and family schedules in order to capture as many participants as possible. Challenges: The majority of new faculty are part time, which means they are not paid for there involvement with mentorship. Some faculty do not see the value in mentorship and choose not to participate. Need numbers/stats!!	Agenda to the Director of Nursing for review. Faculty will work on revising the previous faculty orientation checklist to improve the orientation process.
2.8 Systematic assessment of faculty (full and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.	Faculty evaluations that include demonstration of competencies that are consistent with the program goals and outcomes will be conducted.	Evaluations will be scheduled in accordance with governing contract regulations.	Faculty Evaluations	*Level of Achievement: Met* Faculty and staff evaluations are completed per contract. Faculty evaluations do not consistently reflect program goals and outcomes.	Under the direction of the Dean of Health Sciences and Athletics, the Nursing Director has implemented a new procedure for all faculty evaluations. Faculty evaluations that do not reflect program goals and outcomes will not be accepted.
2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing	Administrative support staff and Simulation Technicians will be evaluated according to	Annually, according to scheduled evaluations.	Nurse Administrator will evaluate according to contract requirements.	*Level of Achievement: Met* There is no non-nurse faculty employed at CEC or ECC. Administrative support staff and Simulation Technicians have been evaluated annually	The Nurse Administrator will continue evaluations of job performance per contract.

organization.	contract requirements.			per contract requirements by the Nurse Administrator.	

Systematic Program Evaluation - Students 2010-2013					
Standard 3. Student's policies, development, and services support the goals and outcomes of the nursing education unit.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection and Analysis *Including Actual Level/s of Achievement*	Actions *for Program Development, Maintenance, or Revision*
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.	Program documents, student policies, student services and department information will be consistent with the governing orgainization, publicly accessible, and non-discriminatory. Differences between the student policies	Annually in March and as needed.	Student Handbook ECC Nursing Websites Course Syllabus College Catalog	***Level of Achievement: Met*** In general, the nursing department student policies comply with the governing organization with a few exceptions (see Standard 3.1, Table 9). These exceptions are justifiable and relate to specific program outcomes. The Nursing department information is publicized and accessible to all students on both campuses in a variety of ways including: college and department websites, student handbook, and specific course content. The Student Handbook, ECC Nursing websites, course syllabus, and College Cataglog are reviewed annually and corrections are made based on these reviews.	The nursing department will develop a more efficient and accurate method of ensuring that updates are completed in a more timely manner.

	of the Nursing Program and the El Camino College policies are justified by the goals and outcomes of the education unit.			While changes are made based on reviews, additional steps need to be taken to achieve the implementation of all changes. The College has simplified the process required to implement changes to the schools website. The timeframe for implementation within the Nursing Department still has room for improvement.	
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.	Student services will be adequate for achieving the mission of the nursing program.	Every three years and as needed.	The faculty will evaluate campus wide and program specific services to determine adequacy to achieve program outcome.	***Level of Achievement: Met*** Student services are sufficient to meet the needs of nursing students. A variety of services are available. College Services include: Student Health Center, Academic Advisement, Child Development, EOP&S, Financial Aid Services, Learning Resource Center, Libraries, Special Resource Center, and Writing Center. Nursing specific services include: use of ATI; the Student Success Program, which includes workshops, tutorials, skills labs, and individual counseling support. Due to changes in repeatability of courses, the Academic Strategies course cannot be used to remediate students who have failed the DRP test, which was part of the assessment criteria for entry into the Nursing Program. This was reviewed and discuss with faculty during ADNFO meetings. Concensus was reached that the continued use of the TEAS test is sufficient for testing entry level abilities and the DRP would no longer be required. Therefore, students are	A form will be created by the evaluation committee to obtain feedback from graduates regarding the overall access and utilized of student resources during their tenure as a nursing student. The Student Succeess Program Facilitators will develop strategies to improve students utilization of the services at the beginning of the semester. This will be implemented in Spring of 2014.

				no longer required to remediate with the Academic Strategies course. Faculty involved in the Student Success Program report that services are underutilized at the beginning of the semester and greatly impacted at the end of the semester. The identified challenge was that students are seeking assistance too late.	
3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.	Educational and financial records will be in compliance with the policies of the governing organization and state and federal guidelines 100% of the time. The nursing department and the college will be in full compliance with FERPA and HIPPA mandates 100% of the time.	At the end of every semester	The Nursing Administrator will confirm that student records are kept and stored in compliance with FERPA, HIPPA and the California Education Code (Section 76230-76234).	*Level of Achievement: Met* The Nursing Administrator confirmed that student records are kept and stored in compliance with FERPA, HIPPA and the California Education Code (Section 76230-76234).	Student records will continue to be kept under lock and key with limited access. A new faculty form is under development which requires faculty to confirm that they adhere to FERPA, HIPPA and California Education Code.

3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.	The college's financial aid department will be in compliance with Title IV requirements 100% of the time.	Annually	The Director of Financial Aid & Scholarship will ensure that the institution is in compliance with Higher Education Reauthorization Act Title IV.	*Level of Achievement: Met* Hortense Cooper, Director of Financial Aid & Scholarship confirmed that El Camino Nursing is in compliance with Title IV policy. Effective Fall of 2013, El Camino College no longer offers student loans. While the current default rate for the school is still in good standing, a decision was made to discontinue this service due to increases noted in default rates.	The nursing department will continue communications with the Financial Aid & Scholarship office to ensure compliance is continued.
3.4.1-A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	*Standard 3.4.1 is no longer applicable since the college has decided to no longer offer loans to students.	n/a	n/a	n/a	

3.4.2-Students are informed of their ethical responsibilities regarding financial assistance.	Students will be informed of their ethical responsibilities regarding financial assistance 100% of the time.	Annually	The Director of Financial Aid & Scholarship, Hortense Cooper, will verify that students are informed of their ethical responsibilities.	*Level of Achievement: Met* Hortense Cooper, Director of Financial Aid & Scholarship verified that students are informed of their ethical responsibilities.	Processes in place to assess annually that students are informed by the Financial Aid Department of their ethical responsibilities regarding financial assistance will continue.
3.5 Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and ACEN contact information.	Information regarding the program accreditation status and ACEN contact information will be available to the public 100% of the time.	Review each semester.	The Nurse Administrator will review the department's website, the catalog and written program information documents for integrity and consistency.	*Level of Achievement: Met* There is integrity and consistency for information intended to inform the public. The approval of the ECC nursing program by the ACEN is found on the welcome page of the Nursing Department's two Websites and in the ECC Catalog (p. 221). www.elcamino.edu/academics/healthsciences/**nursing** http://www.compton.edu/academics/cte/nursing/	Designated faculty will continue to update department websites and ensure consistency of information.
3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a	Changes in policies, procedures, and program information will be clearly and consistently communicated to current and	Review each semester	The designated webmaster for the Nursing Department will review the department's website, the catalog and written program	*Level of Achievement: Needs Improvement* Overall changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner via printed materials and the ECC Nursing Website. Students are updated as policy changes are made in writing and electronic mail; student	The nursing faculty will work on developing an action plan to determine what processes need to be put in place to expedite the updating of information provided via online access.

timely manner.	prospective nursing students in a timely manner.		information documents to assure timely dissemination of information related to changes in policies, procedures or the program.	acknowledges receipt in writing. • The ECC Nursing Website identifies a link to the Compton Center Nursing Department. Due to the large number of changes occurring within the Nursing Department in a short about of time, it is taking longer than anticipated to make updates and catch corrections that may have been missed. Students are provided with immediate updates verbally, followed by hardcopy documents.	
3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.	All students in N150 will attend Information Technology Orientations presented during the first week of class. Note: the ECC Nursing Program does not offer Distance Education Classes.	Every semester	First semester instructors will review N150 course schedule to ensure that it contains appropriate technological orientations.	*Level of Achievement: Met* All N150 students have attended technology information sessions for the past 3 years. These sessions included orientations to ATI, Neehr Perfect Electronic Medical Record, MyNursingLab and Pyxis Medication Dispensing Unit. In addition, all students are oriented to the simulation lab at the beginning of each session. All orientation sessions are either offered in a joint N150 orientation or in separate orientations offered on both campuses. Students are also oriented to specific hospital technology during their clinical orientations. Ongoing support is available through ATI, Neehr Perfect and Pearson for MyNursingLab as well as from individual faculty.	All courses where new technology is introduced will continue to offer orientations as part of the classroom activities.

Systematic Program Evaluation - Curriculum 2010-2013

Standard 4. The curriculum prepares the student to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection and Analysis *Including Actual Level/s of Achievement*	Actions *for Program Development, Maintenance, or Revision*
4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.	The curriculum will incorporate professional standards, guidelines and competencies 75% of the time. 75% of the nursing student learning outcomes (SLOs) will articulated with the program learning outcomes (PLOs) and the	Annually at the December meeting	Curriculum committee will assess all clinical courses for incorporation of professional standards and guidelines using the Quality Safety Education in Nursing (QSEN) and National Patient Safety Goals (NPSG) course chart. Curriculum Committee will examine SLOs, PLOs and ILOs for articulation using the Health Sciences	***Level of Achievement: Met*** 100% of clinical courses incorporated professional standards and guidelines using the QSEN/ NPSG chart. 100% of the nursing SLOs are articulated with the PLOs and the ILOs according to the Health Sciences - ILO, PLO and SLO Alignment Worksheet. All nursing courses currently have one SLO, which was in compliance with the college requirements. These requirements were recently changed and each course is now mandated to have three SLOs minimum.	Each course will update NPSGs as the Joint Commission introduces annual updates. The Curriculum Committee will continue to evaluate each course using the QSEN/NPSG course chart. Each course will develop two additional SLOs and these will also be articulated with the PLOs and ILOs.

	institutional learning outcomes (ILOs).		and ILO, PLO and SLO Alignment Worksheet.		
4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.	33% percent of nursing courses will be reviewed annually by the Nursing Curriculum Committee for rigor and currency. 100% of nursing courses will be reviewed on a rotating basis.	Annually, in November at the Nursing Curriculum Committee meeting. As per the College Curriculum Committee, courses will be reviewed every six years.	The Curriculum Committee will review the course syllabi for rigor and currency using the Current Curriculum with Suggestions for Merging Non-Clinical Courses tool. Documentation of updated courses will be maintained on the CurricUNET website.	*Level of achievement: Met* 100% of nursing courses were reviewed in Spring 2012. This process was postponed so that the Curriculum Committee could focus on concept-based curriculum development during the 2012-2013 school year. Faculty determined that the current tool utilized to review courses for rigor and currency is not adequate. The Nursing Department is in compliance with and on schedule for College Curriculum Committee course review.	Under the guidance of the new Nurse Administrator, the Curriculum Committee will reinstitute course reviews. The tool will be revised in the fall of 2013 and utilized in the spring of 2014. Faculty will continue to maintain updated course information on CurricUNET.
4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	90% of course syllabi will reflect student learning outcomes.	Annually, in November at the Nursing Curriculum Committee meeting.	Curriculum Committee will review all course syllabi for SLO statements.	*Level of achievement: Met* 100% course syllabi contain SLO statements.	All faculty will attend presentations and workshops on designing SLOs in the fall 2013 to maintain currency.

4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.	75% of the course learning activities will reflect cultural, ethnic or socially diverse concept**s**.	Annually, in April	Course teams will review the learning activities of didactic courses with a clinical component for evidence of cultural, ethnic or socially diverse concept threads.	*Level of Achievement: Met* 100% of learning activities in didactic courses with a clinical component contain evidence of cultural, ethnic or socially diverse concept threads.	Faculty will review the current level of integration of these key concepts to determine if it is adequately covered throughout the curriculum.
4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.	75% of courses will use evaluation methodologies that reflect established professional and practice competencies to measure the achievement of student learning and program outcomes.	Annually, in November	Curriculum Committee will review use of the Course Didactic Evaluation Tool to assess course methodologies.	*Level of achievement: Met* 100% of courses have identifiable and varied methodologies that are utilized to measure student learning and program outcomes.	Faculty will consider development of a more refined tool that looks at professional practice competencies.

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.	Curriculum delivery methods will reflect the educational theory of the seven basic needs as applied to the adult learner. The curriculum will foster interdisciplin-ary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.	Annually, in November	The Clinical Evaluation Tool (CET) and the nursing care plan will be utilized in clinical courses. Interdisciplinary criteria on the CET. Simulation lab, the clinical setting and post-conference will demonstrate evidence of research, and best practice standards while allowing for innovation, flexibility, and technological advances.	*Level of achievement: Met* All clinical courses are utilizing the CET and nursing care plans which reflect the seven basic needs. All CETs include at least one interdisciplinary criterion.	The Nursing Department will develop interdisciplinary collaboration with the Respiratory and Radiology Technology Departments related to simulation experiences in the school setting. Anticipated date of implementation within the next academic year.
4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of governing organization, state and national standards, and best practices.	The program will maintain local, state and national approval. The program will maintain national standards and best practices.	Annually, in November	The Curriculum Committee will determine if the nursing program is consistent with the policies of governing organization, state and national standards, and best practices.	*Level of achievement: Met* The education unit meets college (ECC) and state (BRN) best practices. The nursing program incorporates National Patient Safety Goals (NPSG), Evidenced Based Practice (EBP), and Quality and Safety Education for Nurses (QSEN) in the curriculum.	Maintain compliance with BRN regulations. Continue to review and update NPSG, EBP and QSEN competencies for currency.

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.	Facility contracts will be current, demonstrate appropriateness for student learning, support student learning outcomes, and ensure the protection of students.	Biannually, August and January	Director of Nursing will review facility contracts for currency.	*Level of achievement: Met* Facility contracts are current.	Program Administrator will continue to review contracts to ensure success with student learning outcomes.
4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.	Clinical courses will incorporate best practices and nationally established patient health and safety goals.	Annually, in May	Patient safety and current best practices criteria on the CET.	*Level of achievement: Met* Student clinical experiences demonstrate use of current best practice and patient health and safety goals as evidenced by criteria on clinical evaluation tool.	Faculty will consider developing a tool that will assist students in identifying current best practices in the clinical setting.

Systematic Program Evaluation - Resources 2010-2013					
Standard 5. Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection and Analysis *Including Actual Level/s of Achievement*	Actions *for Program Development, Maintenance, or Revision*
5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.	The budget for both campuses will demonstrate that fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes.	Annually, in May	Budget Reports	*Level of achievement: Met* Budget reports demonstrate that funds are sufficient to ensure the achievement of the nursing education unit outcomes. Faculty report the need for a full time Simulation Technologist to assist in providing more opportunities for the students to utilize the simulation lab.	Although resources are currently adequate, grant funding is continuously being sought. The nursing director is working in collaboration with the dean of Health Sciences and Athletics to develop a full time simulation position for the spring of 2014.
5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to	75% of students, faculty, and staff will agree that physical	Annually, in May	Plan Builder	*Level of achievement: Met* The new Math, Business, and Allied Health building (MBA) on the ECC campus has a state of the art simulation lab. The facility also houses radiation technology and	Faculty will continue to utilize the Plan Builder program to identify the physical resource needs of the department so that appropriate steps

ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.	resources are sufficient.			respiratory therapy programs. These programs moved into the new building in the spring of 2012. Faculty offices and equipment are shared between two to three faculty members. There is also a faculty workroom with additional equipment and space for faculty. There is a space for study rooms, and large classrooms. The CEC campus is presently under renovations with the allied health building projected for completion in Fall 2014. At this time CEC faculty also share office space and equipment, including space for part time faculty to have a desk. Both campuses have simulation labs containing high fidelity simulators allowing the presentations of various patient situations. Students are able to see and manipulate mannequins for skills practice ranging from simple dressing changes to the more complex skills of tracheal suctioning and tracheostomy care. Regular skills practice is required of all students in the nursing program. Feedback for this criterion is discussed with staff members.	can be taken to ensure that resources are maintained at sufficient levels.
5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including	75% of students will agree that learning resources and technology are comprehensive, current, and accessible.	Annually, in May	Faculty communication in ADNFO and team Meetings Student Survey	***Level of achievement: Met*** Learning resources and technology are selected by the faculty. Course teams are continuously assessing new material for use in the classroom. Grant monies are often used to purchase new materials. Course textbooks and other learning resource materials are updated often and/or	Learning resources identified as helpful and/or effective in assisting faculty and students will be monitored as an integral part of ensuring the achievement of student learning outcomes.

those engaged in alternative methods of delivery.				changed in response to SLOs. Course resources are also driven by student evaluations of materials. Learning resources are evaluated by students using an end of course survey. Students are asked to evaluate whether the textbook is clear, understandable, and current. Other areas evaluated are audiovisual materials, computer or interactive media and handouts. Learning resources available to students and faculty include the Schauerman Library on the ECC campus and the Emily B. Hart-Holyfield Library on the CEC campus. Both libraries provide books, periodicals, disk, audiotapes, and internet resources.	The Learning Resource Committee will be charged with assessing and reporting of these findings moving forward.

Systematic Program Evaluation - Educational Outcomes 2010-2013

Standard 6. Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional missions and professional standards and that the outcomes of the nursing education unit have been achieved.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection and Analysis *Including Actual Level/s of Achievement*	Actions *for Program Development, Maintenance, or Revision*
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.	Faculty will use the systematic plan for the End of Year Report with 75% compliance for didactic nursing courses with a clinical component.	In May, each course with a clinical component will assess aggregate data collected during the academic year.	Electronic and manual survey tools are given to students and faculty at the end of each didactic nursing course with a clinical component in December and May. End of Year Course reports incorporate data from the survey tools, which reflect the SPE for ongoing assessment and evaluation of the student learning and program outcomes.	***Level of achievement: Met*** Analyses of the data collection are written by course faculty in the End of Year Report. *Student Learning Outcomes:* Data utilized for ongoing assessment and evaluation of student learning and program outcomes were documented in the End of Year Reports: • N150 – 3/3 • N153 – 3/3 • N154 – 3/3 • N250 – 3/3 • N253 – 3/3 • N254 – 3/3 There are six didactic nursing courses with a clinical component 15/18 = 94% compliance Although faculty has reviewed course data for student learning outcomes, including, course evaluations and ATI results into	The evaluation committee will develop a form describing specific components that are necessary in the evaluation of all courses. Faculty will be required to report their findings at the end of year ADNFO meeting.

				theory courses, there was minimal evaluation of program outcomes. (See narrative in 6.3 of the self-study)	
6.2 Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.	75% of the data received by various courses and department committees will guide program decision making at ADNFO meetings.	Annually, in April.	ADNFO Meeting Minutes Team Meeting Minutes End of Year Reports	*Level of achievement: Met* The following supporting data reflect achievement of this criterion: ADNFO Meeting Minutes (see standard 6 binder) Team Meeting Minutes (see standard 6 binder) END OF YEAR REPORTS: 2010-11, 2011-12, 2012-13 N150 – 3/3 N153 – 3/3 N154 – 3/3 N250 – 2/3 N253 – 3/3 N254 -3/3 N255 3/3	Faculty will work on a more efficient method for tracking this data.

| 6.3 Evaluation findings are shared with communities of interest. | There will be meetings with communities of interest a minimum of two times per year to share evaluation findings of student learning and program outcomes. | Annually, in May | Documentation of meeting minutes with communities of interest. | *Level of achievement: Met*

Communities of Interest:

• El Camino College Advisory Committee
• Los Angeles County Nursing Advisory Committee
• California Institute of Nursing and Health Care (CINHC)
• Affiliate Hospital Clinical Liaisons
• El Camino College Council of Deans
• El Camino College Academic Deans and Directors

*Documentation of meetings located in standard 6 binder. | The faculty will continue communications with communities of interest. |

6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.	75% of N255 students will meet or exceed the national average on a standardized exam, testing comprehensive RN student knowledge, prior to graduation.	Biannually, in May and December	ATI Comprehensive Predictor	*Level of achievement: Met* 90% of students have passed the ATI Comprehensive Predictor on the first attempt during the academic years 2010-2011, 2011-2012, & 2012-2013. Students take the proctored Comprehensive Practice Predictor during Nursing 254, and remediate before taking the Comprehensive predictor exam.	Continue to integrate ATI into core courses with remediation encouraged.

Systematic Program Evaluation: Education Outcomes 2010-2013					
Standard 6.5 The program demonstrates evidence of achievement in meeting the following program outcomes.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection and Analysis *Including Level/s of Achievement*	Actions *for Program Development, Maintenance, or Revision*
6.5.1 Performance on the licensure exam pass rates will be at or above the national mean.	NCLEX exam pass rates will meet or exceed the national mean.	Annually, in July.	Review NCLEX pass rates annually as reported on the California BRN website. Correlate NCSBN results for NCLEX pass rates of ADN programs to ECC NCLEX pass rates.	*Level of achievement: Met- for the last 2 years* Current combined NCLEX pass rates have exceeded the national mean for the last two academic years: (see table below) CA BRN results based on academic year: http://www.rn.ca.gov/schools/passrates.shtml NCSBN results for national mean based on calendar year: https://www.ncsbn.org/1232.htm Steps taken to improve NCLEX pass rates included the following: • Multi-criteria screening process was implemented 10/2010. • See p. 48 of 2011 report	Continue with Multi-screening criteria, student success (SS), and ATI with integration, into core courses.

Table within Results column:

Academic Year	BRN Torrance	BRN Compton	BRN Combined	NCSBN ADN Results for National Mean
2009-2010	92.04%	71.93%	85%	2010 – 86.46%
2010-2011	94.20%	81.82%	89%	2011 – 86.99%
2011-2012	97.83%	84.75%	90.48%	2012 – 89.32%
2012-2013	Data not available at this time.			

				• Student Success was implemented on both campuses (grant-funded). • ATI was integrated into core courses.	
6.5.2 Program Completion: Expected levels of achievement for program completion are determined by faculty and reflect program demo-graphics, academic progression and program history.	The nursing program will achieve a retention rate >80% by cohort and an attrition rate <20% by cohort.	Every November and May.	Documented statistical data BRN self-report	Program demographics for 2011: Retrieved from annual BRN self-report 	The Evaluation committee will establish measures for data collection based on the academic year.

58% of new El Camino Students come from areas where less than 25% of the population over 25 years has earned a BA or higher degree. This indicates new students may be lacking the economic capital necessary to achieve success in college.

Approximately 47% of the new students live in areas where the average household income is less than $50,000. Approximately 7% live in areas that are below the Federal

	Torrance	Compton	Combined
Student Admissions	2010 - 126 2011 - 118 2012 - 101	2010 - 95 2011 - 79 2012 - 71	2010 - 221 2011 - 197 2012 - 172
Graduates of Program	2010 - 54 2011 - 21 2012 *Pending*	2010 - 66 2011 – 35 2012 *Pending*	2010 - 120 2011 – 56 2012 *Pending*
Completion Rates	2010 – 43% 2011 – 18% 2012 *Pending*	2010 – 69% 2011 – 44% 2012 *Pending*	2010 -56% 2011 -31% 2012 *Pending*
Student Attrition Rates	2010 – 51% 2011 – 82% 2012 *Pending*	2010 – 31% 2011 – 56% 2012 *Pending*	2010 -45% 2011 -29% 2012*Pending*

poverty line for a family of four.

Program Completion and Attrition Rates:

Data analysis for this table was affected by the data collection process: one campus collected data based on the academic year, another campus collected data based on the calendar year.

It was also noted that data for attrition rates was inconsistent secondary to varied definitions of student attrition by faculty.

Revise Code 7:
Questions 12-20 need

| 6.5.3 Program satisfaction: Program satisfaction measures (qualitative and quantitative) address graduates and their employers. | Based on survey returns, at least 75% of graduates responding will agree they are satisfied with their educational preparation.

Based on survey returns, at least 75% of employers responding will agree they are satisfied with the entry practice readiness of the student graduate. | Review results in April and November:

Code 9 (Post-Graduation Evaluation)

Code 10 (Employer Evaluation of Graduate)

Final Program evaluation by student (Code 8)

Preceptor evaluation of student (Code 7) | Survey Tools:

Code 9 (Post-graduation Evaluation)

Code 10 (Employer Evaluation of Graduate)

Code 8 (Final Program Evaluation)

Code 7 (Preceptor Evaluation) | *(see tables below)* | to be moved to Code 10.

Revise Code 8: Include student's self-assessment of readiness for entry into practice.

Revise Code 9: Change time frame for survey; send 9-12 months post-graduation. Inquire if graduate is currently enrolled in a BSN/MSN program.

Revise Code 10: Include preceptor's assessment of the student's readiness for entry into practice. |

Graduate Response Rate To Program Satisfaction
Statistics based on returned surveys not total graduates

Year	El Camino College	Compton Education Center	Aggregate
2010	18/21 86%	24/26 92%	42/47 89%
2011	54/56 96%	25/28 89%	79/84 94%
Sp 2012	7/7 100%	11/11 100%	18/18 100%

Graduate Response Rate Regarding Readiness Into Entry Level Practice
Statistics based on returned surveys not total graduates

Year	El Camino College	Compton Education Center	Aggregate
2010	19/21 90%	24/26 92%	43/47 91%
2011	50/56 89%	25/28 89%	75/84 89%
Sp 2012	7/7 100%	11/11 100%	18/18 100%

Employer Response Regarding Readiness Into Entry Level Practice

Year	El Camino College	Compton Education Center	Aggregate
2009-10	2 spring	----	2
2010-11	4 fall	6 fall, 6 spring	16
2011-12	4 spring	2 fall, 2 spring	8

| 6.5.4 Job placement: | At least 50% of program | Every December | Survey Tool: Code 10 | **Graduate Response/Job Placement** | Revise Code 10: Include preceptor's |

Job placement rates are addressed through quantified measures that reflect program demo-graphics and history.	graduates will be employed within six months of graduation.	and May	(Employer Evaluation of Graduate)	Statistics based on returned surveys, not total graduates				assessment of the student's readiness for entry into practice.
				Year	El Camino College	Compton Education Center	Aggregate	Survey graduates at 9-12 months to allow for time for graduate to gain employment.
				2010	19/21 90.4 %	24/26 92.3%	43/47 91.4%	NEW LEVEL OF ACHIEVEMENT At least 50% of program graduates will be employed within 9-12 months of graduation
				2011	26/56 46.42%	25/28 89.2%	51/84 60.7%	
				Sp 2012	7/7 100%	11/11 100%	18/18 100%	

Students have not been successful with obtaining employment within six months due to a number of factors:

- Changes in the economy have resulted in a significant decrease in the number of RN position postings.
- Local community hospitals are working towards Magnet status and are recruiting mainly BSN prepared RN graduates.
- ADN student graduates are continuing on the obtain BSN degrees and some are postponing employment while pursuing their educational goals.