

CONTINUING APPROVAL REPORT
El Camino College
Spring 2009
For Continued Approval of Nursing Program

This report covers program review for the four -year period immediately following the last Interim Report.

Program Name: El Camino College	Date of Report 2009
Check type(s) of program offered: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate	Options Available: <input type="checkbox"/> Accelerated BSN
Date of Last Approval Visit: 2000	<input checked="" type="checkbox"/> Evening/Weekend Program
Date of Last Major Curriculum Change: Early 90's	Academic System: <input checked="" type="checkbox"/> Semester <u>16</u> weeks/semester
Date of Last Minor Curriculum Change: 2005	<input type="checkbox"/> Quarter _____ weeks/quarter

SECTION 1:

A. PROGRAM DIRECTOR AND ASSISTANT DIRECTOR INFORMATION [CCR 1442(f); 1425]

Name of the Program Director and Title Kim Baily RN, MSN, PhD Interim Director of Nursing		Name of the Assistant Director and Title Monica Gross RN, MSN Wanda Morris RN, MSN Patricia McGinley RN, FNP, MSN	
Date appointed to the position:	July 2008	Date appointed to the position:	July 2008
Percentage of release time:	100%	Percentage of release time:	Gross – 50% Morris – 50% McGinley – 20%
Additional program(s) managed by the Program Director	CNA Program, Home Health Aid Program, School Health Clerk Program, Post Licensure Program		

Benchmark: There must be sufficient release time for the Director to administer the program. Indicate any changes in the Director's release time and describe how these changes impact the Director's ability to administer the pre-licensure RN Program. [CCR 1442(f); 1425]

The Acting Director, Kim Baily RN, MSN, PhD has 100% release time committed exclusively to the administration of the program. She has been the Interim Acting Director of the nursing department since July 2008. She assumed this position after Acting Director Susan Zareski retired in August 2008. Ms. Zareski served as Acting Director for one school year after long time Director Doctor Katherine Townsend retired in August 2007.

There has been no change in the Director's release time since the last approval visit, but there have been changes in the Nursing Program that require additional administrative oversight. In the year 2003, a partnership with Little Company of Mary Hospital (LCMH) was initiated. Additional nursing classes were offered at the LCMH site in the evenings and on weekends. An additional 24 students were admitted each semester. The funding for this extension program was for five years and will end in 2008. Recently, grant funding has been secured from the Chancellor's office to continue offering the program at the LCMH site for the 2009 semester. Continuation of classes at LCMH will be contingent on continued grant funding.

A similar agreement was made with Centinela/Daniel Freeman Hospital (CDFH.) This extension program began in 2006. Additional nursing classes were offered at the CDFH site in the evenings and on weekends. An additional thirty students were admitted each semester. Because of financial difficulties at CDFH, this program only admitted students for two semesters and has subsequently closed. Students from the two CDFH cohorts have been absorbed into classes at the main campus.

In the year 2006, Compton Community College lost its accreditation. El Camino College was approved by the State of California to oversee the education offered at the Compton Center. Compton College does not exist, but the Compton Community College School District does exist. The partnership with the Compton Center is for the purpose of eventually obtaining re accreditation for Compton Community College. This process may take 8-10 years. The Compton Center nursing students and faculty are now El Camino College nursing students and faculty. The Compton Center utilizes the El Camino College nursing curriculum and is now the El Camino College nursing program offered at the Compton Center.

These program changes have increased the administrative responsibilities of the Director of Nursing. Total student population in all nursing classes at the Crenshaw and LCMH campuses is 510 students. This includes students in the core classes as well as students in all pre licensure classes, the CNA Program, Home Health Aid Program, School Health Clerk Program, and Post Licensure classes. There are 339 students in the generic nursing program at the Crenshaw and LCMH campuses. The Compton Center campus enrollment is 111. In response to the increased demands place on the director, the release time of the Assistant Directors of Nursing have been increased. The Compton Center has an Assistant Director of Nursing with 50% release time and the main campus has two assistant directors with a total of 70% release time. The Director of Nursing provides administrative oversight for all campuses. The Director and Assistant Directors of Nursing job descriptions are below.

The Director of Nursing is a 12-month full-time administrative position. The functions performed by the director include but are not limited to the following:

- Recommending faculty for hire
- Evaluating all nursing faculty
- Providing leadership in the development, evaluation and revision of the curriculum
- Serving as the chair of the Associate Degree Nursing Faculty Organization
- Proposing the Nursing Department budget within the guidelines of the college and Dean of Health Sciences and Athletics
- Coordinating the course, clinical agency, and faculty assignments
- Assigning instructors according to content expertise
- Serving as the representative for the program for the community, state and national areas
- Assuring that the program is in compliance with regulations of the California Board of Registered Nurses and the National League for Nursing Accrediting Commission

The Assistant Director, a full-time faculty member, is directly responsible to the Director. In the absence of the Director, faculty report to the Assistant. The Assistant does not have authority if the Director is in residence.

- Assist the director with the tasks, responsibilities and functioning of the program
- Orient students/faculty to the program/philosophy
- Coordinate both first and second year cohorts and faculty
- Mentor full time/part time faculty
- Notify students regarding available scholarships and other resources
- Coordinate lead instructors for each course
- Participate on various committees within the department and campus wide
- Provide consistency within the total program
- Deal with problems/issues occurring within the curriculum

B. Program Summary Statement

Summarize the major program events, changes, and improvements that have occurred since the submission of the last Interim Report. Discuss anticipated changes in the program, including changes in the curriculum.

The Nursing Department participated in the development of the El Camino College Strategic Plan for the years 2007 - 2010. This strategic plan came about as a result of preparation for college wide accreditation which occurred in 2008. A discussion of this strategic plan and how it relates to the nursing department follows.

EI CAMINO COLEGE STRATEGIC PLAN 2007-2010

Vision Statement

El Camino College will be the College of choice for successful student learning, caring student services and open access. We, the employees, will work together to create an environment that emphasizes people, respect, integrity, diversity and excellence. Our College will be a leader demonstrating accountability to our community.

Mission Statement

El Camino College offers quality, comprehensive educational programs and services to ensure the educational success of students from our diverse community.

Statement of Philosophy

Everything El Camino College is or does must be centered on its community. The community saw the need and valued the reason for the creation of El Camino College. It is to our community that we must be responsible and responsive in all matters educational, fiscal and social.

Strategic Initiatives

1. Offer excellent educational and student support services
 - a. Enhance college services to support student learning using a variety of instructional delivery methods and services.
 - b. Maximize growth opportunities and strengthen programs and services to enhance student success.
 - c. Strengthen partnerships with schools, colleges, and universities, businesses and community-based organizations to provide workforce training and economic development for our community.
2. Support self-assessment, renewal, and innovation:
 - a. Use student learning outcomes and assessment to continually improve processes, programs and services.
 - b. Use research-based evidence as a foundation for effective planning, budgeting and evaluation processes.
3. Modernize the infrastructure to support quality programs and services:
 - a. Use technological advances to improve classroom instruction, services to students and employee productivity.
 - b. Improve facilities to meet the needs of students and the community for the next fifty years

EL CAMINO COLLEGE ADN PROGRAM

The Nursing Department participated in the development of and agrees with the college's vision, mission and philosophy statements. In order to put into operation these ideals, strategic initiatives were developed. Improvements and changes have happened in the nursing department related to the Strategic Plan 2007-2010 since the last Interim Report. These improvements and changes are described below. The department has:

1. maximized **growth opportunities**
2. strengthened the **curriculum**
3. strengthened **services** to enhance student success
4. supported **student learning** using a variety of instructional delivery methods
5. modernized **the infrastructure**
6. utilized **student learning outcomes** for self assessment
7. established **partnerships** with schools, colleges, and universities

Growth opportunities have been maximized to the fullest degree. In addition to what was described earlier about the LCMH site, grant funding has been obtained numerous times to increase enrollment on the main campus. Most recently, grant funds have been obtained to increase enrollment by 12 generic students in 2008 and 2009 and 12 LVN students in 2009 and 2010.

The **curriculum** has been strengthened. A substantial curriculum revision, considered minor, was implemented progressively starting in 2005. The goals for this curriculum change were to increase and strengthen the Medical-Surgical content, combine Obstetrics and Pediatrics, add a Health Assessment course and in response to Hospital Advisory Committee recommendation, increase the amount of time in the final preceptorship course.

Support services have been enhanced to improve student success. Educational specialists or faculty have dedicated hours in the skills laboratories on the various campuses to assist students with skill mastery. A tutoring coordinator is available for tutoring and reviewing examination difficulties. The Nursing Program offers the Institute for Nursing Success, funded by a grant, during both summer and winter terms. The institute provides seminars on various topics to assist students at risk from all campuses.

Student learning is supported by the implementation of a variety of instruction methods, most recently including simulation. The nursing department sought and obtained funding from the El Camino College Foundation and from various grant opportunities to implement a simulation program. This involved substantial training of 20 faculty in the use of simulation pedagogy, participation in the development of curriculum driven scenarios, and a complete reorganization of the nursing department to develop a dedicated simulation laboratory. A substantial amount of camera equipment is being purchased and will be installed to provide for a state of the art debriefing area. Currently one camera is being utilized. Implementation of the simulation program began in fall of 2008. The new simulation center is called the Ella Rose Madden Simulation Center.

The **infrastructure** has been updated, organized and modernized. The nursing department lab equipment was inventoried in the summer 2008 and old equipment was donated or disposed of. The remaining equipment was organized and a hospital central supply area was created. Disposable supplies will be

bought each year for student use instead of students purchasing nurse packs and reusing supplies as in the past. Students will have access to this storage area during skills labs and simulation labs. This will require that they plan for and obtain equipment from the central supply for any procedure that they need to perform. This more closely simulates the experience in the clinical setting. The department now simulates a virtual hospital.

The nursing department is utilizing **student learning outcomes** for self assessment. The entire college has examined its courses by completing student learning outcome assessment cycles. Almost all nursing courses with a Student Learning Outcome (SLO) in place have gone through the process of assessment and reflection. In addition, the nursing program is one of the only programs on campus not only to have a program level SLO in place, but also have assessed it and reflected on the results.

In the summer of 2008, the El Camino College and California State University Dominguez Hills (CSUDH) administrators and nursing faculty formed a **partnership** and enthusiastically endorsed the development of a program to allow the ADN student to progress more rapidly toward achieving a BSN degree through applying for a grant from the California Institute for Nursing and Health Care (CINHC.) The competitive grant as outlined in CINHC was to develop and promote a seamless program of study from the ADN to the BSN program. El Camino College and CSUDH applied for this competitive grant in summer 2008. Unfortunately, it was awarded to other competitors. Kim Baily, the Interim Director of Nursing has joined the advisory board of CSUDH and further discussion about how to move forward with this partnership will take place in that forum.

There are a number of anticipated changes for the upcoming semesters. Regarding curriculum, there is one core course that will be submitted for revision in 2008. This course is Nursing 48ab, Dosage Calculations. In response to the attrition rate in this course and nursing student's difficulty with dosage calculations, it is anticipated that Nursing 48ab will be increased from a one unit class to a two unit class. There will be 1.5 units of lecture and a 0.5 unit of lab. Lab objectives are being developed in the curriculum committee in collaboration with nurse educators in the community who hire our graduates. In addition, a new LVN curriculum has been written and the program will be offered at the Compton Center. The projected date of opening of the new LVN program is 2009. This curriculum was written to provide a seamless transition for LVN students to apply for admission to the ADN program. In addition, the curriculum committee is utilizing the NCLEX RN Detailed Test Plan to examine the content in N250, the combined Pediatrics/Obstetrics course to determine if some content can be eliminated.

The admission policy has recently been updated and will be implemented immediately. Prior to this time, the waiting list to the nursing program numbered 200 or more students. These students were guaranteed a seat in a particular upcoming semester's class. These students were not required to take and pass a readiness test. In order to devise a new admission policy, which included required remediation for a failure of a readiness assessment test, applications were not accepted in the usual application window of October 2008. This allowed time for the admission policy to be reviewed, updated and implemented. The new admission policy requires students to achieve the state approved cut score on a nursing assessment readiness test. It also requires a plan of remediation if indicated. Applications will now be accepted in the next filing period which starts the third Monday in March 2009. The new admission policy is in Appendix A and the new remediation policy is in Appendix B.

Students who entered the nursing program in 2008 also took a nursing assessment readiness test. Some student took the TEAS test and some took the NLN PAX RN test. Students who did not pass these tests were identified as high risk students. They are being followed by Marissa Chang, the PAVE coordinator. These students were recommended remediation, as identified on the new remediation plan but not required to do the remediation. See Appendix C, Success Strategies for Current Students.

Lastly, we are in the process of evaluating our new curriculum and the new simulation program. The curriculum has been fully implemented in all semesters since 2007. Discussion is underway regarding how these changes have affected our attrition rates and our NCLEX pass rates. Simulation, although it has been implemented in some courses for several years, it has just recently been implemented utilizing a new methodology. During the fall 2008 semester, Nursing 150 from all campuses and Nursing 254 students from two campuses participated in simulation. In 2009 simulation will be implemented in all clinical courses except N154 Psychiatric/Mental Health Nursing on all campuses. This is possible because in addition to the new Ella Rose Madden Simulation lab, the Compton Center is setting up two new simulation labs, which include the newest state of the art simulators. Students from the three campuses will participate in simulation at the Compton Center and at the Crenshaw campus. In order to assess the new simulation program, a new Simulation Evaluation Tool (Code #12) was developed by the Evaluation committee and will be utilized for the first time in 2008.

SECTION 2: TOTAL PROGRAM EVALUATION [CCR 1424(b)(1)]

Benchmarks:

1. **NCLEX Results: The program must achieve at least a 70% annual pass rate of first-time takers on NCLEX for the last two years.**
2. **There must be a persistent, substantive pattern of student satisfaction with the program based on periodic anonymous student surveys.**
3. **There must be a persistent substantive pattern of employer’s satisfaction with graduates of the program based on periodic surveys of employers.**
4. **There must be evidence of action taken on the problems identified in the program’s total evaluation plan.**
 - a. **Provide explanation for attrition rate > 25%.**

Describe how the program is implementing the evaluation plan and utilizing the evaluation data for program improvement. Attach a copy of the Total Program Evaluation Plan used by the program and a summary of data, analysis, and action plan made.

Summary of Total Program Evaluation Activities

Areas Evaluated	Data and Data Analysis	Action Plan
Attrition Rate	<u>Crenshaw:</u> 2002-03 admitted:92 graduated:69 Attrition rate: 32% 2003-04 admitted:104 graduated:48 Attrition rate: 54% 2004-05 admitted:131 graduated:104 Attrition rate: 21% 2005-06 admitted:193 graduated: 93 Attrition rate: 52% 2006-07 admitted:160 graduated:102 Attrition rate: 36% 2007-08 admitted:133 graduated:120 Attrition rate: 27%	The Nursing department has the responsibility to graduate safe practitioners. In order to achieve this and in response to the high attrition rate the nursing department has

	<p><u>Compton Center:</u></p> <p>2006-07 admitted:48 graduated:31 Attrition rate: 35% 2007-08 admitted:35 graduated:22 Attrition rate: 37%</p> <p>The attrition rate was greater than 25% in all years but 2004-05. Between 2003 -2007, the El Camino College Department of Nursing developed partnerships with Los Angeles County Work Force Development and Centinela-Freeman Hospital in hopes of increasing the number of graduate nurses and easing the nursing shortage. The attrition rates for these additional students have adversely impacted the total attrition rate. A number of factors contributed to poor performance of these students. These factors are described below.</p> <p>No additional full time faculty were hired to teach the increased number of students. Some full time faculty taught on overload and part time faculty were hired to teach the additional classes.</p> <p>Through these partnerships, employees of LA County or Centinela Freeman Hospital applied for a position in the ECC Nursing program and were subject to the same application requirements as “generic” ECC students including taking the Degrees of Reading Powers (DRP) test. Because of the open access requirement in the state of California they could not be <u>required</u> to remediate poor reading scores. This was the primary reason these cohorts of students were poorly prepared for a rigorous academic nursing program. Despite numerous hours of intensive tutoring, referral to the special resource center and academic strategies courses, the students performed poorly in theory and clinical. In addition, many of the students continued to work full time as part of the contract with Work Force Development. As a result, many of the students were not successful in completing the program requirements. The Work Force Development and Centinela-Freeman programs were dissolved after ~ 2 years.</p> <p>The first cohort of the Los Angeles County Workforce Development program began in of 2003. A total of 38 students were enrolled but only 22 graduated (57.8%) within two years; 2 students graduated one to two semesters later. Seventy five per cent of the graduated students took and passed the NCLEX exam. Twenty</p>	<p>changed the <u>admission policy</u>, continued the <u>tutoring program</u>, continued the <u>Institute for Nursing Success</u>, implemented an <u>online testing service</u> and established a new <u>database</u> to effectively track student’s progress. These strategies are summarized below.</p> <p>The <u>admission requirements</u> for the nursing program have changed and will be implemented for the upcoming applicant pool in March 2009. The new requirements now include a Nursing Assessment Readiness Test. The department conducted a pilot test using the ATI Test of Essential Academic Skills (TEAS) in 2007 and 2008. Students who did not achieve the cut score were <u>offered</u> remediation. Marisa Chang has contacted and met with the majority of these students. She recommended the students take appropriate academic strategies courses during the winter and semesters to improve basic readiness knowledge/skills.</p> <p>In, 2009 all qualified applicants will be required to take the TEAS and must obtain a minimum composite score for admission. Students not obtaining the required composite score will be required to complete a plan of remediation prior to admission and retake the TEAS. With the use of the TEAS it is hoped that only qualified students will enter the program thereby assisting in diminishing the</p>
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	<p>five per cent of the students have not taken or passed NCLEX. One of the students failed but continued her education in an LVN program. Twenty nine percent of the students failed either didactic or clinical and 11% failed to return to complete the program most likely due to the demands of their employer to maintain full time employment while attending the nursing program.</p> <p>The second cohort of the LA county students entered the program had an appalling attrition rate. The cohort had 38 students enroll but on the first day of class, 12 (38.7%) never attended! Of the 26 students that remained, only two graduated (6.45%). Five (16.12%) of the cohort failed, 11 (35.46%) failed either one class then dropped out of the program or passed all classes attempted but still dropped out of the program. One of the students failed the RN program then successfully completed an LVN program. This student is scheduled to enter the RN completion program in winter, 2009. Because of the poor outcomes, the work force development partnership was dissolved by the end of the 2005. The remaining students were offered entrance into the main campus program.</p> <p>In the fall of 2006, the Centinela-Freeman program began. These students were screened and admitted by the Centinela-Freeman work force development management. The El Camino College Nursing department has no say whatsoever regarding which students were admitted to the program. These students had similar problems in terms of lack of preparation to enter the nursing program. Despite tutors, academic strategies courses, etc. few students were able to forge their way through the program successfully. In addition, the students had to pay a large sum of money (~\$35,000) to attend the two years. Because of the large monetary outlay, students were of the opinion they should be passed even if academic performance was not up to El Camino standards. Eventually the El Camino College administration intervened stating it was not legal for students to attend a community college program and have to pay a substantially higher tuition than the generic students. The program was dissolved after two cohorts of students. The remaining students were merged into the main campus program.</p> <p>The first Centinela-Freeman group admitted 24 students. Of these, 70.8% failed the program (N=17; 16 failed the</p>	<p>attrition rate.</p> <p>An extensive <u>tutoring program</u> is available for students. Marissa Chang the PAVE tutor meets at risk students individually to assist them with their learning. Ms. Chang also sets up peer tutoring. Faculty tutoring is made available by two part time instructors.</p> <p>The <u>Institute for Nursing Success</u>, offered in the winter and is a valuable adjunct offered to students who fail N150. Thirty students are accepted for a three week intensive program designed to strengthen weak areas. Funding by this program is dependent on grants and the El Camino College Foundation. See Exhibit A for schedule of INS in Spring 2009.</p> <p>The <u>online testing services</u> of Educational Resources Inc. (ERI) were adopted in 2006. The program has utilized appropriate ERI tests as formative and summative evaluation at the end of clinical nursing courses and at the end of the curriculum. The ERI corporation has been dissolved recently thus the nursing program is reviewing options for other outside programs. The ERI testing package was thought by many students to not be helpful. Currently, this aspect of the program is under evaluation by the Testing Committee</p> <p>Lastly, a new <u>database</u> has been established that will</p>
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	<p>first semester, 1 failed in second semester). Twenty five per cent (N=6) graduated within two years. Of the seventeen students who failed, four were admitted into the second cohort; two will graduate in 2008 and two failed in subsequent semesters.</p> <p>The second cohort began in, 2007. Twenty students were admitted (four were from the first cohort). Of the twenty, 45% are expected to graduate in 2008. Four students are in progress in either third or fourth semester. Thirty per cent (N=6) of the students failed in the first or second semester; four of these students are appealing for reentry into the program. One student stopped out for personal reasons. Due to the poor outcomes and the financial issues with the Centinela-Freeman program, the partnership was dissolved after two semesters.</p> <p>In contrast, in the spring of 2003, the Little Company of Mary (LCMH) partnership program began. The program offers evening and weekend classes and is intended for students who work or have other day time responsibilities. The students admitted to the LCMH program must and do meet all the admission criteria as the generic students on the Crenshaw campus. Each class admitted 24 students. The attrition rates from the LCMH program are similar to those seen on the Crenshaw campus.</p> <p>ERI RN Assessment Standard C Test Results (Percentage of students that achieved the national average)</p> <p><u>2007</u> Crenshaw 49% LCMH 49% Compton students did not take the test.</p> <p><u>2008</u> Crenshaw 47% LCMH 50% Compton 20%</p>	<p>allow effective tracking of students to determine the reason for stopping or dropping out of the program. The exit form has been modified to include information regarding a variety of reasons for stop or drop out, student plans for reentry as well as required or recommended remediation plan. See Exhibit B. In addition, the new tracking system will determine if students are graduating within three years of admission.</p>
<p>NCLEX Pass Rate</p>	<p><u>Crenshaw:</u> 2002-2003: Total candidates: 60 Total Pass: 57 Fail: 3 Pass rate: 95% 2003-2004: Total candidates: 68 Total Pass: 67 Fail: 1 Pass rate: 98.5% 2004-2005: Total candidates: 81 Total Pass: 81 Fail: 1 Pass rate: 93% 2005-2006: Total candidates: 102 Total Pass: 102 Fail: 14</p>	<p>The program has achieved greater than a 70% annual pass rate of first-time takers on NCLEX for the last two years.</p>

	<p>Pass rate: 88.5%</p> <p>2006-2007: Total candidates: 63 Total Pass: 62 Fail: 1 Pass rate: 98%</p> <p>2007-2008: Total eligible candidates: 58 Total candidates: 54 Total pass: 54 Fail: 0 Have not taken: 4 Pass rate: 100%</p> <p><u>Compton Center</u> The partnership with the Compton Center began in 2006. Because of declining pass rates, Compton Community College was mandated by the BRN to develop a plan to increase the pass rate on the NCLEX. Students who completed the final nursing course were required to pass a comprehensive final standardized test at a predetermined rate prior to taking the NCLEX exam. Students were required to take this test until the end of semester, 2007.</p> <p>2006-2007: Total candidates: 35 Total Pass: 30 Fail: 5 Pass rate: 85.4%</p> <p>2007-2008: Total candidates: 19 Total Pass: 17 Fail: 2 Pass rate: 89.4%</p>	<p>The Compton Center has implemented a strategy to encourage students to take the NCLEX in a timely manner. It is called the “100% Club” and recognizes students who have passed the NCLEX. After students have taken the NCLEX and passed they notify the Nursing department and an email of students who have recently joined the 100% club is sent out to faculty and others.</p>
<p>Course Evaluations</p>	<p>Twelve tools were developed. See Exhibit C for evaluation tools</p> <p>Code 1- Not used at this time. Duplicates new database</p> <p>Code 2 - Course</p> <p>Code 3 - Clinical</p> <p>Code 4 - Skills Lab</p> <p>Code 5- Agency Evaluation of Student Experience</p> <p>Code 6- Student Evaluation of Preceptor</p> <p>Code 7- Preceptor Evaluation of the Preceptorship</p> <p>Code 8- Final Program Evaluation</p> <p>Code 9- Post Graduation Survey</p> <p>Code 10- Employer Evaluation of Graduate</p> <p>Code 11- Faculty Evaluation of the Clinical Site</p> <p>Code 12 - Simulation Survey</p>	<p>Continue to select current textbooks and update course syllabi to reflect evidence based practice.</p> <p>We will continue the current data collection method. See Exhibit C for evaluation tools. Students complete the appropriate evaluation tools which are submitted to the ECC Department of Institutional Research for compilation of data then returned to the Department of Nursing for review. Once a year, the course faculty reviews the annual results, usually for four eight week terms, and then writes an overall summary of the course outcomes. Based on the evaluation results, changes are made accordingly to improve and enhance student learning.</p> <p>Upon review of the results, it</p>

		<p>was found that faculty evaluation of the clinical site was not completed consistently throughout the program. Thus form Code #11- Faculty Evaluation of the Clinical Site, was developed specifically for the faculty in November, 2007. The form is completed annually upon completion of the academic year. However, if an agency is used only once during a term, the faculty is to complete the agency evaluation at that time.</p> <p>The process of program evaluation is well understood by members of the evaluation committee. Members include Pat McGinley, chairperson Wanda Morris, Monica Gross, Deborah Heming (on medical leave), Teresa Martinez, Leila Miranda-Lavertu, Tory Orton and Sandra Bosfield. There are three from the Compton Center and five from the Crenshaw campus. The faculty as a whole need to understand and implement the processes to improve the completeness of the data collection. The chair of the evaluation committee, Pat Mc Ginley will orient faculty each semester at the first ADNFO meeting to the program evaluation process and the importance of all the tools.</p>
<p>Course Evaluation Survey Code #2</p>	<p><u>Crenshaw</u>: 2003-2008 Over 90% of student in all classes were satisfied with clarity of course objectives and expectations, course syllabi was useful, topics reinforced each other, textbook complimented the course; lecture, case study and handouts were beneficial in enhancing learning. A small number of students in N153, for one semester only, were not satisfied with the textbook. N250</p>	<p>N250 has changed the required CAI's to be recommended only. This change has been reported to the faculty at large and other courses are examining the number and quality of CAI's required.</p>

	<p>students did not think the textbook complimented the course and were dissatisfied with computer assisted instruction. In the summer of 2006, the LCMH cohort in N253 was dissatisfied with clarity of course objectives and expectations.</p> <p><u>Compton</u> : 2007-2008 Fall 2007 was the first semester that the Compton Center utilized the Code 2 evaluation form. Not all courses had students complete the survey. Of the courses surveyed, over 90% of students were satisfied with clarity of course objectives and expectations, course syllabi was useful, topics reinforced each other, textbook complimented the course, an organized framework was used and that class and clinical lab reinforced each other. Two courses did not meet the criterion at 90%, but met the criterion at 79% and 81%. Issues raised were the availability of audio visual materials and computers. In some of the Nursing 152 surveys, students commented that there was too much material to cover in an eight week session.</p>	<p>A member of the Compton Center Faculty, Sandra Bosfield, is on the Evaluation Committee and will become most familiar with the evaluation tools and with the evaluation process. The chair of the evaluation committee, Pat Mc Ginley will orient faculty each semester at the first ADNFO meeting to the program evaluation process and the importance of the Code #2 tool.</p> <p>Some of the software that the Crenshaw campus has is no longer available for purchase for the Compton Center. The Compton Center has comparable software covering the same topics. The Learning Resource Center is open to all El Camino students including students from the Compton Center.</p>
<p>Clinical Facility Evaluation</p> <p>Code #3</p>	<p><u>Crenshaw</u>: 2003-2008 Clinical facilities are evaluated by the students at the end of each clinical course. In addition, each faculty evaluates the facility annually. If a facility is used only once during the academic year, the faculty evaluates the facility at the end of the term. Some clinical facilities request the students complete their own agency specific evaluation which is submitted to the nursing office at the end of each semester.</p> <p>Overall, the evaluations of the clinical facilities completed by students were favorable. The most common complaints were hearing report in a foreign language, inadequate resources or space for students to work. Only 74% of students in N253 during the, 2006 were satisfied with the patient census in the clinical</p>	<p>Faculty of each course will address issues related to space, the learning environment, language barriers, etc...with the unit managers and nursing liaisons at each clinical site. In addition, faculty document communication (in person, telephone, fax or electronic mail) with clinical site coordinators, nursing office personnel and unit managers in regards to student placement, clinical schedule, facility requirements in terms of health reports, FIT testing status,</p>

	<p>facility. The same cohorts were not satisfied with space provided for student conferences, adequacy of resources, and thought the learning environment was not receptive or positive for their learning. Subsequent evaluations of the same facilities were satisfactory in all areas. N250 students commented that report was given in Tagalog on occasion.</p> <p><u>Compton Center- 2007-2008</u> The Code #3 survey was done by most courses at the Compton Center since Fall 2007. All responses to the Evaluation of the Clinical Setting revealed that at least 90% of students agreed or strongly agreed with the questions on the evaluation tools. The students like their clinical settings.</p>	<p>LIVE SCAN screening, CPR, etc. Faculty will continue to evaluate the clinical setting annually and meet with the appropriate nursing leaders to discuss concerns about space and language barriers. In addition, faculty will be reminded to evaluate the clinical facility at least once each year.</p> <p>A form to document Inter Agency meeting minutes was redesigned and distributed to faculty in the f 2008. The new title of the form is Clinical Agency Pre and Post Meeting Minutes. See Exhibit D. At the ADNFO meetings, faculty are reminded of the importance in documenting meetings, phone conversations, etc. with our clinical partners on this form and filing the forms in the notebook in the faculty room. Language barriers and other issues discussed can be easily documented on this form.</p> <p>A member of the Compton Center Faculty, Sandra Bosfield, is on the Evaluation Committee and will become most familiar with the evaluation tools. The chair of the evaluation committee, Pat Mc Ginley will orient faculty each semester at the first ADNFO meeting to the program evaluation process and the importance of the Code #3 tool .</p>
Skills Lab	<p><u>Crenshaw: 2003-2008</u> According to the code 4 skills lab survey results of the</p>	<p>The skills lab has been</p>

<p>Code 4</p>	<p>past five years, over 85% of students thought there was enough space during demonstration for all students to see and participate in skill development. N250 students were the only group that thought the skills lab was not spacious enough to see and practice skills.</p> <p>Sufficient time was allotted during practice sessions to develop skills for between 76-88% of students.</p> <p>Only 78% of students thought there was adequate equipment in the skills lab for practice.</p> <p>Equipment was well maintained for >90% of the students. Currency of equipment available in the skills lab was less acceptable for the majority of the students.</p> <p>Ninety-ninety six per cent of students agreed skills practiced in the lab and course content reinforced each other.</p> <p>Over 90% agreed that skills presented applied to the clinical setting. Ninety percent of the sequence of skills learned made sense to the students.</p> <p>From the code #2 survey, question 12 this data became available. 73-79% for all nursing courses stated that audiovisual materials and computer/interactive media were not beneficial in enhancing learning.</p> <p><u>Compton: 2007-2008</u></p> <p>The Code #4 survey was done by most courses at the Compton Center since the partnership began. All responses to the Evaluation of the Clinical Setting revealed that at least 90% students agreed or strongly agreed with the questions on the evaluation tool. Issues raised were that in Spring 2008 11% of students in N150 stated that there was not enough time during practice sessions to develop skills and that lab equipment was not sufficient and is not state of the art.</p>	<p>completely renovated over the summer of 2008. There are now two closed lab, one dedicated for Simulation and on for skills. One open lab is for student practice sessions. The majority of the faculty attended 6 days of Simulation training in late summer, 2008. During the initial training, the faculty decided on threads to be included in each scenario and expected learning outcomes, etc. A Simulation Lab committee met during the summer to develop 20 scenarios which provide the students with simulated clinical experience. A pilot simulation for additional faculty training was held in mid September, 2008. At this time, first and fourth semester students are utilizing the simulation lab as part of the clinical experience.</p> <p>Nursing 250 has made audiovisual materials and computer/interactive media a recommended rather than required learning activity. This data has been shared with all faculty and each course is reviewing their learning activities.</p> <p>A member of the Compton Center Faculty, Sandra Bosfield, is on the Evaluation Committee and will become most familiar with the evaluation tools. The chair of the evaluation committee, Pat Mc Ginley will orient faculty each semester at the first</p>
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		ADNFO meeting to the program evaluation process and the importance of the Code #4 tool.
Agency Evaluation of Student Experience Code #5	The program has been remiss in having the clinical agencies evaluate the student experience from 2004-2007. Once this oversight was discovered, it was brought to the attention of the faculty at an ADNFO meeting. Faculty were reminded to distribute the code 5 to the agency at least once a year. The evaluations received have been excellent. Not a single agency had any negative issues with El Camino students attending the site. One commented that “it is always a pleasure to have students and help in the advancement of nursing practice. Our patients enjoyed them as well”	At least once each semester, the evaluation committee chair will remind faculty at an ADNFO meeting to take the code #5 to the clinical agency and upon completion be sure to return it to the college for processing.
Final Program Evaluation Code #8	<p>The program has been remiss in having students complete the final program evaluation tool (code #8) in the past five years, including 2008. Only 48 students completed the evaluation, yet 120 graduated in the 2007 year. All of the evaluations received were positive. All graduating students were satisfied with all aspects of the program including the knowledge and skills, organization time management skills and problem solving skills learned in the program were sufficient for entry level practice. Twenty two of the 48 respondents were offered employment by the end of the preceptorship period.</p> <p>For the spring 2007 class 38 responses received: 78% were not offered employment by the time of graduation. 97% plan to continue education and 72% of the grads planned to obtain a BSN or higher degree. Only 21% of employers were offering orientation, 23 were not and 55% of the grads didn't know if orientation was being offered. All agreed that the program gave sufficient knowledge, skills, organization, time management, communication and problem solving skills.</p>	The evaluation committee chair will remind the N254-N255 faculty at the last ADNFO meeting for the semester to have graduates on all campuses complete the code #8 evaluation tool at the end of the program.
Program / Graduate Survey Code #9	<p>2003: # of surveys sent: 0 # received: 0 2004: # of surveys sent: 0 # received: 0 2005: # of surveys sent: 0 # received: 0 2006: # of surveys sent: 0 # received: 0 2007: # of surveys sent: 0 # received: 0 2008: # of surveys sent 82 # received: 18 (This data is for Fall 2007 graduates. Spring 2007 results are pending)</p> <p><u>Compton Center</u>- Compton graduates are included in the above data.</p>	A “congratulations” post card was developed in 2008 and is being sent to the graduates. The postcard includes a reminder that the graduate survey will be available on line in the near future.

<p>Employer Survey Code #10</p>	<p><u>Crenshaw</u> 2003: # of surveys sent: 0 # received: 0 2004: # of surveys sent: 0 # received: 0 2005: # of surveys sent: 0 # received: 0 2006: # of surveys sent: 0 # received: 0 2007: # of surveys sent: 0 # received: 0 2008: # of surveys sent: 18 # received: 12</p> <p>Of the surveys received, 91% (n=11) of employers were satisfied in all areas evaluated. One employer was not satisfied however did not provide comments to explain the dissatisfaction.</p> <p><u>Compton Center</u>- Compton graduates are included in the above data.</p>	<p>Program / graduate surveys and employer surveys have been a problematic area in terms of obtaining information and results. The evaluation tools have been mailed to the graduates in the past however few to no responses have been received. Without graduate responses, there is no way to obtain results from employers since the employer information is a part of the graduate survey. Only assumptions can be drawn from the poor response rates. Knowing the importance of the data that is missing from the ECC Nursing program evaluation, the Evaluation committee revised the graduate (Code 9) and employer (Code 10) survey to reflect the standards of the systematic program evaluation tool. In addition, the surveys developed are in an on line version which was implemented in 2008. Within a month of the graduate survey completion, employer data (name, address, e mail address) was extracted. The employer survey (code 10) was sent by ground followed by a reminder letter two weeks later. The graduate survey and employer survey includes questions regarding satisfaction of educational preparation for performing as a new registered nurse as well as employers being satisfaction with job performance by our recent graduates. The online survey for the spring 2008 class was sent out by mail on December</p>

		1, 2008.
Faculty Evaluation of the Clinical Site Code #11	<p>The majority of the faculty was not evaluating clinical facilities annually on a regular basis. Therefore the evaluation committee developed a separate faculty clinical evaluation tool (form #11) and specified the frequency of use. The new tool was explained at the ADNFO meeting in February, 2008 and was implemented at the end of the spring 2008 semester. Results indicate $\geq 95\%$ satisfaction with all facilities. The dissatisfaction or negative comments related to report being given in a foreign language and lack of space for students to bring resource material to clinical.</p> <p><u>Compton Center</u>- One survey is available from Fall 2006 although many more were filled out.</p>	<p>A member of the Compton Center Faculty, Saundra Bosfield, is on the Evaluation Committee and will become most familiar with the evaluation tools. The chair of the evaluation committee, Pat Mc Ginley will orient faculty each semester at the first ADNFO meeting to the program evaluation process and the importance of the Code #11 tool. This orientation will include how and where to turn in the evaluation forms.</p>
Simulation Survey Code #12	<p>A qualitative survey was utilized to evaluate the new simulation program. This survey was just completed for the first time in Fall 2008. For results see Exhibit E Nursing 150 and 254 students were surveyed. Students responded very positively to the simulation experiences.</p>	<p>Starting in Spring 2009, one day of simulation will be offered in N150, 153, 250 and 253. Two days of simulation will be offered for N254 students. One of the days will include a skills lab on code blues with two code blue simulations following the lab experience.</p>

SECTION 3: SUFFICIENCY OF RESOURCES [CCR 1424(d)]

Describe how program resources (faculty, support staff, library, physical space, equipment, skills/computer lab availability, student learning materials, etc.) have been updated and improved to achieve the program’s objectives.

The Nursing program has a large amount of resources including faculty, support staff, library, physical space, equipment, skills and computer labs and student learning materials. These resources have been expanded, improved and updated since the last accreditation and assist in achieving the program’s objectives. These resources are described in detail below.

1. Faculty:

The ECC Nursing Program currently has 22 fulltime qualified nursing faculty and 40 part time faculty from all campuses who assist students in meeting program objectives. Over the last several years two faculty have retired and three have resigned. One long time Director and one Interim Director have retired. Presently, a nursing faculty has assumed the role of Interim Director. The Nursing department is seeking to hire additional full time faculty for the Crenshaw and Compton campuses.

Since the last review in the year 2000 and in response to the nursing shortage, the ECC Nursing Program has expanded to include 48 – 60 more students per year making the total number of students entering each

semester at the ECC Crenshaw and Little Company of Mary Hospital Programs 72- 84 students per semester. Through a college contract with the Chancellor's office, El Camino College has absorbed the Compton Nursing Program. The Compton Nursing Program accepts another 24-30 students per semester. All three campuses are using the ECC Nursing Curriculum. Total number of student in the ECC generic nursing program is 339 (Crenshaw). The clinical ratio is maintained at no more than twelve students to one instructor. These ratios ensure that students have sufficient clinical supervision to assist in meeting the objectives. Qualitatively, all fulltime faculty have a Master's Degree in Nursing and are clinically competent in their assigned areas of instruction. Two of the faculty hold doctoral degrees and several of the faculty are also licensed as Nurse Practitioners or are Clinical Nurse Specialists. One faculty member is enrolled in a doctorate program. All part time faculty have Bachelor's Degrees in Nursing, and many also have a Master's Degree in Nursing Several part time faculty are currently enrolled in MSN programs. One part time faculty holds a Masters in Public Administration. Part-time faculty are clinically and, where applicable, theoretically competent in their assigned areas of instruction. The faculty data sheets that contain the specific information for each instructor are found in Exhibit F.

Resources are on all three campuses. The following abbreviations will be used throughout this section.

ECCC: El Camino Community College, Crenshaw campus is the main campus

CCEC: Compton Community Educational Center

LCM: Little Company of Mary Hospital

2. Support Staff:

a. Nursing Office Support staff

ECCC: The nursing office has a full time Administrative Assistant, Martha Smith and a full time Clerical Assistant, Wendy Baldonado. Olivia Roby is a part time employee whose main responsibility is entering data into the new database Access program that will assist us in tracking the progress of students. Ms. Lorraine Peralta is a part time casual clerical worker. Recently hired part time student workers include Brittany Tezano and Candice Frazier.

CCEC: Kayla Ellis is full time Senior Administrative staff. Donald Mitchell, an Instructional Associate, was recently hired. He assists in the nursing office and the department as a whole. Mr. Mitchell will be the simulation technician when the simulation program begins at the Compton Center.

b. Learning Support Staff/Services

ECCC: The Learning Resource Center (LRC) located in the Library's West Wing, offers academic support services and resources including tutoring, instructional software, media materials, individualized instruction in basic reading and math, and open-access computer labs. All of these services are at no cost to all El Camino College students throughout the three campuses. Pre-nursing and nursing students are acquainted with this center during the Introduction to Nursing course (N145). The Basic Skills Center of the LRC provides individualized computer- assisted instruction in basic reading and math. Here, the Century and Plato Reading Programs can be individually accessed by the student informally or may be formalized as a one unit Academic Strategies course that includes instructor guidance. Century and Plato remediation programs are also available for improvement of mathematic skills through calculus. Students are given a diagnostic placement test and a personal plan of study. The LRC contains a large media collection which supports pre-nursing and nursing student learning. This collection includes audio tapes, video tapes, anatomy models, and text materials, along with the equipment for viewing videos and making copies of audio recordings. Individual faculty websites contain additional instructional material.

CCEC: Compton campus resources include: the language/writing lab, online library, and a Learning Resource Center (LRC). The LRC houses an extensive media collection, open computer labs (math, science, and vocational/technology). The LRC also includes a Computer Assisted Instruction (CAI) lab and drop in tutorial programs covering more than 40 subjects. There is a computer lab in the nursing wing that has sixteen computer stations in privacy desks. Nursing software is available to nursing students in this quiet environment. Plans are being made to have software also available in the main library.

LCM: Limited tutorial services/skills remediation is available at the LCMH campus. No tutoring is available for LCM students in winter and summer sessions but students have access to the main campus for these resources.

In addition to the preceding support services, nursing students have the services of a tutor who coordinates the retention program and provides assistance to all nursing students who may be at-risk. This program is called Promoting Access through Vocational Education (PAVE). The PAVE coordinator offers instructional support for students through individualized and small group tutoring. The ongoing assistance is based on the specific nursing-related learning needs of the student/s as assessed by the PAVE coordinator or prescribed by the nursing instructor that are not addressed through other campus-wide student support programs. The coordinator ensures that at-risk students receive assistance related to their individual need/s, such as limited skills in the core areas of information processing and critical thinking.

Other assistive services provided by the PAVE Program include tutoring, assessing/diagnosing of learning problems, coordinating mentoring and peer tutoring, planning workshops and consulting and advising faculty regarding any identified problems. The PAVE Program has been supported by many small grants to provide an enrichment remediation program for students either failing or at risk of failing during the first two semester of the nursing program. Institute of Nursing Success (INS) is offered during the winter and summer sessions and offers nursing student seminars in topics such as charting, nursing care plans, test taking strategies and improving study habits. Students develop a personal remediation contract based on assessed learning needs and meet regularly with the PAVE coordinator throughout the nursing program.

Two years ago the nursing program contracted with Educational Research Institute (ERI) to provide an online testing and review mechanism for nursing students throughout the curriculum. A three year contract was negotiated. Students are required to take practice or structured testing and remediate as needed or required by the course instructor. Students may use ERI diagnostic tests to help them prepare to take the NCLEX examination. ERI was recently purchased by Assessment Technologies Institute (ATI) so the contract is now with ATI. Online ERI resources are available through fall 2009. ATI will provide the ATI testing package to our students for a reduced rate for the final semester of the contract which is fall 2009. The nursing program is in the process of evaluating ATI to determine if it will meet the needs of our students.

The state Chancellor's office has recently permitted the use of a Readiness Assessment Test as an entrance requirement for community college nursing programs. The nursing program has recently updated their admission requirements and process and will implement a readiness assessment test (RAT) when the new admission process is started in spring 2009. Until that time, groups of new students are being tested free of charge at the beginning of the term in which they enter the program. Students who fail the RAT are counseled and offered remediation, but are not prevented from continuing in the program. Recent research has revealed that students are finding strategies to help them pass the RAT but that these strategies may not improve their success once they enter the nursing program. The nursing department is following the current data closely and will consider the latest findings as the admission policy is implemented.

Academic Strategies Courses are available to students who need basic assistance in improving study skills, vocabulary, test-taking skills, time management, test anxiety and note taking abilities. A specific course in test taking strategies entitled Academic Strategies 30ab designed for nursing students has been offered for many years. The content of this course is related directly to the nursing curriculum and was designed through the collaborative efforts of the instructional services staff and the nursing faculty. With the implementation of the Readiness Assessment test before program entry, Academic Strategy courses will be utilized by students not meeting the required score. A remediation plan has been recently voted on and will be implemented in spring 2009. The development of the remediation plan was a collaborative effort between nursing administration, faculty, counselors and faculty teaching Academic Strategies courses. The nursing counselors will meet with and guide students through their remediation efforts.

c. Counseling Support Staff/Services

Students interested in following nursing as a career can meet with designated counselors at any of the three campuses. The ECC Crenshaw Campus nursing students are served by three full-time counselors, Ken Key and Ken Gaines, and Valencia Rayford. One part-time counselor Paul Anthony Quintero serves students at the LCMH site. The ECC Compton College Campus is served by one full-time nursing counselor, Dr. Essie French Preston. These counselors are responsible for advising the student prior to acceptance into the nursing program and in assisting each student to meet the degree and/or transfer requirements. In addition, the counselors are responsible for evaluating the equivalency of non-nursing courses for students who transfer from other institutions. Informational sessions are required of all pre-nursing students planning to apply to the ECC nursing program. These sessions are conducted several times each semester by the counselors. These sessions provide prospective nursing students with specific information about the ECC nursing program, including admission criteria, as well as allowing for a question and answer period that addresses specific concerns. In addition, the counselors meet students who are appealing for readmission to the nursing program after they have failed two courses. Counselors assist them in preparing paperwork for the appeal process.

d. Health Support

Individual counseling is available through the Student Health Center. This counseling is focused on the needs of the particular student. Many of our students have ongoing concerns with balancing family, work, and school. Students receive up to six free sessions of counseling through the Health Center. If the student needs to continue counseling they will be referred to a counselor in the community. In addition, small group workshops are offered that focus on test anxiety, coping with stress, anger management and relationship issues. Additionally, medical appointments are available for students to obtain necessary physical exams and immunizations as well as general medical appointments for health concerns. All students can access health services when a \$14 health fee is paid per semester. Students from all campuses can utilize the Health Center when this fee is paid.

e. Other Support

All Nursing students have access to all the support services available on the El Camino College campus. The catalog contains references to all the services available to the student. A brief description of each of these services is below.

i. Financial Aid - El Camino College offers a variety of financial aid programs to help students with education - related expenses. These include grants, employment (Federal Work-Study), scholarships, and loans.

ii. Extended Opportunity Programs and Services (EOP&S) – This program provides students with support services in the areas of counseling, transfer, tutorial, and financial services. A supplemental CARE program is offered to single parents receiving CalWORKs benefits. Eligible students must meet the BOGW income level and have an educational need. The program offers priority registration, counseling, progress monitoring, transfer fee waivers, grants, emergency loans, and book vouchers. In addition, CARE students are eligible for meal tickets, child care assistance, and auto repairs.

iii. CalWORKs/TANF Services - The CalWORKs Program offers a wide array of services to parents who are receiving Temporary Assistance for Needy Families (TANF) and those in transition from welfare to long-term self-sufficiency. Services provided include child care assistance, book vouchers, education and career counseling, work/study, employment retention skills, job development, job placement, and mediation within the Department of Public Social Services.

iv. Child Development Center - The El Camino College Child Development Center is located across Redondo Beach Boulevard from campus. The Compton Center is located in the “T” building behind the bookstore. The Abel B. Sykes, Jr. Child Development Center provides care for toddlers, preschool and school age children and infants in the Infant Care Center. Both are fully-equipped million dollar facilities with licensed and credentialed teachers and staff. The Centers are accredited by the National Association for the Education of Young Children.

v. Writing Center - The Writing Center serves students who need assistance with writing and reading. The Center offers either one-on-one conference with highly qualified tutors, all of whom have a bachelor’s or master’s degree, or computer-assisted instruction on Microsoft Word, Internet access, and the use of composition, editing, or reading software. In addition, the Center offers weekly workshops on grammar, documentation, and specialized writing tasks such as cover letters and resumes.

vi. Veterans Services - The Veterans Administration pays education benefits to veterans, service persons, those in the National Guard or active reserves, and eligible dependents and survivors of totally disabled or deceased veteran under a number of benefit programs.

vii. Special Resource Center - The mission of the Special Resource Center (SRC) is to facilitate academic success for students with disabilities by providing equal access to educational opportunities in an integrated campus setting. The SRC provides support services, adaptive equipment, computer technology, and specialized instruction to serve students with verified disabilities.

viii. Academic Strategies - Through courses in academic strategies and library information science, students learn the skills they need to succeed in college courses. English as a Second Language courses provide proficiency in English, and developmental reading and writing classes assist students who need additional skills before entering college-level courses.

ix. Adult – Re-entry Center - Adult Reentry services are offered in the Counseling Center, located on the first floor of the Student Services Center, Room SSC 104 F. The services are specifically for students re entering college after 30 years of age and address the needs and concerns of adults with

additional life responsibilities. Services provided include educational and personal counseling, career exploration, and book voucher assistance.

x. Women in Industry and Technology - The Women in Industry and Technology (WIT) program is a support program for women who want to enter non-traditional careers. Students are allowed to experience nontraditional employment from a practical, hands-on interactive stance.

xi. Career Center Services – The Career Center assists students in choosing educational and career objectives commensurate with their interest and abilities, provides opportunities and services necessary to achieve personal and academic goals, and provides information relative to a wide range of services and educational opportunities that may be pertinent to educational objectives.

3. Library:

ECCC: The ECC library holdings include more than 120,000 volumes and hundreds of newspapers and periodicals. The library has expanded and added another wing which includes an expanded and updated Ella Rose Madden Collection. The wing also includes a dedicated classroom for nursing students. The Ella Rose Madden Center was established through an endowment from Ms. Ella Rose Madden, a long time resident and businesswoman in the El Camino College District/South Bay. It provides a specialized collection of books, periodicals, pamphlets and materials for nursing and allied health students with particular emphasis on caring for patients with cancer or other chronic health conditions. This area is also used for nursing students' tutorials and content review. Materials for nursing students are also available for use in the Reserve/Periodical Room, the Learning Resource Center (LRC) and the Library Media Technology Center (LMTC). The LMTC is located in the East Wing basement of the Library and provides access to computers for the purpose of word processing, scanning, and web access for all students. These computers also contain the nursing software for ECC nursing students. Library online databases and web access is available to students and faculty off campus as well. The ECC Library also has agreements for shared use of California State Universities, Dominguez Hills and Long Beach. These agreements expand the materials available to students at the ECC Campus. An electronic reserve system is available to all students and provides easy access to journal articles and lecture notes.

The Nursing Resource Committee began a review of all nursing books and media materials for currency in February 2008 for all campuses. The review of the books in the Madden collection was completed, but not all the books in the general stacks were reviewed because these books were intermixed with other subjects. However, all nursing books from the general stacks and the Madden collection have now been moved to the new Madden room. It will be a much easier to complete the review. The plan is to finish the review by the end of fall 2008.

CCEC: The Emily B. Hart-Holifield Library houses thousands of resources. The resources come in various forms which include books, periodical, disks, audio tapes, online resources. The library has over 30,000 printed materials and endless Internet resources. The library has recently added 67 new nursing text and reference volumes.

LCM: Before the partnership began in 2003, and before classes were offered at the LCMH site, the Schneider Institute obtained all available learning resources from the publishers in an attempt to duplicate the resources that were available on the main campus. To the degree that this was possible it has been done. In addition, students have around the clock access to the LCMH medical library. A list of holdings entitled Schneider Institute Video and Book Library are displayed as Exhibit G.

4. Physical Space:

ECCC: The physical space where the Nursing Department is located is just able to meet the needs of the current student population. All full-time instructors share office space with 1 to 2 other full-time faculty members. A printer is available to all. As part of the redesign in summer 2008, an additional office space was made for part time faculty.

The summer 2008 redesign provided the department with three classrooms, one of which is new. One is large accommodating 60 students and two are smaller. The smaller classrooms can accommodate up to forty students. The classrooms within the nursing department are well utilized from 7 to 10pm daily Monday through Thursday and 7 – 6pm on Fridays. All of these classrooms now contain smart tables which allows for easy use of power point programs. All have internet capacity. A new faculty conference room has been made available with the redesign. This conference room is large enough to hold a small class and will be utilized on an as needed basis for small classes and tutoring.

LCM: Classrooms are provided in the Conference Health Education Building. All classrooms have projection screens, LCD projectors and a laptop computer. Currently classroom space is sufficient for lectures. Most instructors who conduct classes at the LCM campus are also instructors at the ECCC campus, so additional office space there is not needed.

CCEC: Due to a disastrous flood in January of 2007, the nursing department had to move from their dedicated building to other available space on campus. Their building is in need of renovation which will not be completed for several years. The “temporary housing” provides two dedicated classrooms, one which accommodated 30 students and one which holds 60 students. Classrooms are in the E block. Currently classroom space is sufficient for lectures. Most faculty offices are currently in one large room. Conference space is available when needed for student conferences. Faculty office space is currently under development to house the full time and part time faculty. It is anticipated that this area will be complete by mid October 2008. The office space will consist of three mid size rooms which will house three full time faculty each. Each faculty will have a desk with an internet connected computer. One of the rooms will be set up to provide part time faculty a work area when they are on campus. The office area will be equipped with a photocopier for faculty to copy incidental documents.

5. Equipment:

ECCC: There is a large amount of equipment available for students use. There are 2-3 educational specialists available during the week to check out equipment, provide assistance to students, schedule demonstrations, and conduct workshops. Materials and equipment are purchased through state funds, grants and the Madden funds. The program is continuously updating mannequins and models, as well as purchasing new equipment that better prepares the student for actual clinical performance. Worn or outdated equipment is replaced, models and software are reordered on an annual basis and a budget has been allotted for these purchases. A list of Nursing Department equipment can be found in Exhibit H. In addition a full time lab technician has been hired to work in the newly dedicated simulation lab. The technician will maintain the simulators, set up the lab for simulation, and run the computer and camera during simulations.

Students in Nursing 150 on the ECCC campus in the past purchased a nurse pack that contained all necessary skills lab equipment. Beginning 2008, instead of purchasing the nurse pack a materials fee was

charged. These collective monies now purchase all disposable laboratory equipment used by the N150 students as well as the equipment for all students utilizing supplies in the simulation lab.

LCM: The skills lab in the Schneider Institute is fully stocked with equipment and has 6 beds for student use. LCMH students purchase nurse packs with required lab supplies. Additional supplies are provided by LCMH.. A High Fidelity and Mid Fidelity Simulation lab is available for use. A list of Sim/Skills Lab equipment is available for viewing as Exhibit I.

CCEC: Due to the flood in January, 2007, supplies and equipment were destroyed. Since the flood, approximately 90% of the equipment has been replaced. The department continues to identify and obtain needed equipment. Nursing 150 students at the CCEC purchase a nurse pack with practice equipment for use in the skills lab.

6. Skills/Computer Laboratory:

a. Skills Laboratories

The clinical laboratory facilities on the ECC Crenshaw campus are shared with students throughout the program and with the pre-nursing courses such as the CNA course. Laboratories run at maximum capacity during the week and scheduling is tight.

ECCC: At this time the ECC Nursing Program has three Skills Laboratories/Simulation areas. These laboratories are used for simulation and skills learning. Each room contains 2 – 5 separate patient bed areas that simulate an acute or long-term care facility. The rooms have projection screens, white boards, tables and chairs for small group teaching sessions, a VCR and television and a training computer for IV insertion practice and a simulated nursing station. The room designated the “open lab” is open at all times for student use. It has cupboards to store task trainers for practicing nursing skills. The open lab is staffed with educational specialist personnel during specific time frames during the week where students can be assisted with skills. Computers are present in the open laboratory for student research and support.

During the summer of 2008, the entire Nursing department has been reorganized to make room for a dedicated simulation center which makes the third lab. Also included is a debriefing area and additional office spaces for faculty. A new area for disposable equipment has been designed to function like a central supply area. Students will have use of this area to obtain supplies during simulations and during their labs. This more closely resembles the clinical experience. Twenty curriculum driven scenarios were developed. Each main clinical course has 3-4 curriculum based scenarios. Simulation experiences will be incorporated into all clinical classes within the next year. Twenty full and part time faculty representing all campuses underwent extensive simulation training over the summer. Funds to support the reorganization come from the ECC Foundation and various grants.

LCM: The LCM Laboratory consists of 2 large patient care rooms, a nurses station and a small classroom all with contemporary furnishing and patient simulations. Monitors allow students and faculty to interact or oversee practice from one room to another. These facilities are shared with LCMH.

CCEC: The CCEC has a designated skills lab which is manned by full and part time instructors. The skills lab consists of 4 beds that will be expanding to 6-8 beds. The simulation lab has 2 hi-fidelity simulation mannequins and funds are available to purchase further simulation equipment. Recently a new wireless Noelle birthing simulator has been purchased, faculty and staff have been trained in its' use in preparation for a new state of the art simulation lab.

b. Computer Laboratory

ECCC: In February 2008, the college administration consolidated computer assisted instruction (CAI) for nursing students into one central location. The Technical and Occupational Programs Lab located in the Technical Arts building was closed. Nursing faculty was concerned that this would negatively impact nursing students on the Crenshaw campus. Informal nursing student surveys have shown that students have easy access to software and hardware at the Library Media Technology Center (LMTC). There is a dedicated state of the art lab in the LMTC for nursing students that houses banks of computers. Larger rooms with additional computers are available as needed. No complaints have been received from nursing students regarding the centralization of services. The main consequence of the closure is that students must now walk to the center of campus rather than remain in the Technical Arts Building and pay for printing. A complete list of Nursing media is available in Exhibit J. Faculty review software possibly intended for purchase. Requests for purchase of material are processed through the Resource Committee.

LCM: LCMH has purchased some of the required CAI. The computers in the Schnieder Institute are subject to internal hospital maintenance yearly. All programs on the hard drive are deleted and must be reloaded annually. This process is a hospital wide process to keep unwanted downloaded programs off the hard drives. LCMH students frequently utilize the LMTC on the main campus. Students must display their ECC Identification badge to utilize the LMTC.

CCEC: The CCEC students often use the LMTC because not all computer programs were able to be purchased or were not compatible with the computers at the CCEC. Students must display their ECC Identification badge to utilize the LMTC

Benchmark: There must be sufficient resources to achieve the program's objectives.

1. Describe major changes in the organizational structure of the institution that impact the nursing program.

As described in Section 1, the multiple partnerships that the ECC nursing program has entered into since the last accreditation have changed the organizational structure within the nursing department. The Director is overseeing a very large nursing department. One assistant director position was the norm for many years. Now, three assistant director positions have been created to assist with administration of the program.

Lead faculty for each course coordinate faculty on all the campuses. Some lead faculty have had at times as many as 13-15 faculty to oversee. Lead faculty hold regular team meetings which are essential to ensure that the program is the same on all campuses. Most faculty teach on at least two campuses, one has taught on all three campuses. The workload of the faculty has increased since the partnerships began.

Benchmark: There must be sufficient resources to achieve the program's objectives.

2. Describe major changes in resources that impact the nursing program, such as financial, clinical sites, faculty, and other resources.

Major changes in resources have affected the nursing program. The nursing shortage that has fueled the increase in students has been financially supported by the procurement of foundation and grant funding.

The LCMH program site was financed for three years with monies from the LCMH foundation. The Foundation financed the building of the Schneider Institute providing the classroom and lab space and the faculty salaries. The contract was for five years and is expired in December 2008. To continue this extension program, grant money has been obtained from the state. This program can be sustained as long as grant money is available and can be obtained. In addition, other grants have been written and obtained to increase enrollment of generic students and LVN's, and to allow use of the Nursing Assessment Readiness Test and to obtain funds for equipment. This greatly increases the Program Director's responsibilities not only to administer the program but to finance it.

Additional clinical sites were procured to accommodate our increased enrollment. In addition, some clinical rotations were extended to twelve hours and some were offered on weekends or evenings. Most of the non traditional rotations are at LCMH and CCEC.

Additional Full time faculty have been hired as a result of the increased enrollment, but three resignations and recent retirements have not led to a net gain in the number of full time faculty. As faculty leave for any reason the nursing department is not guaranteed a replacement but must compete with other departments and divisions on campus to be able to interview and hire additional faculty. As a result many part time faculty are utilized. Because of the large number of classes, full time faculty have increased teaching loads and several are on overload. All lead instructors have more responsibilities in oversight of other faculty on extension campuses. Nursing administration repeatedly contends with college administration regarding the need for additional full time faculty.

SECTION 4: PROGRAM ADMINISTRATION AND FACULTY QUALIFICATIONS:

The table below shows the total number of faculty teaching in the pre-licensure RN program in the Spring 2009 term. The table indicates faculty from both campuses, their full or part time status and the BRN approval category. Form EDP-P-11 is available as Appendix D and shows faculty assignments including theory and clinical teaching responsibilities. Faculty Data Sheets are available as Exhibit F.

	Faculty Name	Board Approved Classification
Crenshaw Campus		
Full Time Faculty	Kim Baily	Instructor ; M-S, Gerontology
	Monica Gross	Instructor; M-S
	Peggy Kidwell-Udin	Instructor; P/MH
	Teresa Martinez	Instructor; M-S
	Patricia McGinley	Instructor; OB, C, M-S
	Leila Miranda-Lavertu	Instructor; C, M-S, G
	Mary Moon	Instructor; M-S
	Kathy Morgan	Instructor; P/MH
	Victoria Orton	Instructor; OB, C, M-S
	Yasna L. Ouwkerk	Instructor; OB
	Kathleen Rosales	Instructor; OB, C, M-S

	Laura L. Shainian.	Instructor; OB, C, M-S, G, P/MH
	Kathleen M. Stephens	Instructor; M-S
	Ann Sweeney	Instructor; M-S, P/MH
	Joyce K. Wise	Instructor; C, M-S
Part Time Faculty	B.J. Anthony	Assistant Instructor; C
	Stephanie Collazo	Assistant Instructor; M-S
	Nina Collins	Assistant Instructor; M-S, G, P/MH
	Patricia Duncan	Assistant Instructor, M-S, OB
	Susan Ferme	Assistant Clinical Instructor; M- S
	Suzette Frio	Assistant Instructor; C, M-S
	Joan Gahan	Assistant Instructor; OB
	Karen Hellwig	Instructor; M-S. P/MH
	Mahnaz Hosseinpour	Assistant Instructor; M-S, O
	Octavia Hyacinth	Assistant Instructor; M-S, G
	Maryam Ibrahim	Instructor; M-S
	Yeon Kim	Assistant Instructor; M-S
	Mary Kitzmiller	Assistant Instructor; M-S
	Milagros Laja	Assistant Instructor; M-S
	Carmen Loya	Assistant Instructor; P/MH
	Sheriee Mendez	Assistant Instructor; M-S
	Ellen Schmidt - Olaiivar	Assistant Instructor; OB, M-S
	Nobeyba Ortega	Assistant Instructor; M-S
	Paula Park	Assistant Instructor; M-S
	Guenever Nadine Parsley	Assistant Instructor; M-S, O
	Huibrie Pieters	Instructor; M-S, P/MH
	Heather Riley	Assistant Instructor, M-S, C Assistant Educational Specialist / Skills Lab
	Linda Scott	Assistant Instructor; M-S, C
	Carole Stevenson	Assistant Instructor; M-S
	Lorna Thompson	Assistant Instructor; M-S
	Nina Walchko	Instructor; M-S, O, G
	Karen Walter	Assistant Instructor; M-S
	Maria White	Assistant Instructor; M-S
Educational Specialist and Tutor	Marissa Chang	Educational Specialist, PAVE Coordinator
	Lisa Correa	Educational Specialist, Skills Lab Specialist
	Noreen Gift	Assistant Instructor; M-S Lead Educational Specialist
	Steven Jones	Clinical Teaching Assistant; C Educational Specialist
	Katherine Meese	Educational Specialist
	Bonnie J. Kayser	Skills Laboratory Education Specialist
Compton Campus		
Full Time Faculty	Saundra Bosfield	Instructor; M-S, C, P/MH, G
	Frances Hayes-Cushenberry	Instructor; O, P/MH

	Deborah Heming	Instructor: M-S
	Renee Johnson	Instructor; M-S, O
	Zenaida Mitu	Instructor; M-S
	Wanda Morris	Instructor; M-S, O, C
	Ann Sweeney	Instructor; M-S, P/MH
	Shirley Thomas	Instructor; M-S, O, C
	Sandra Bosfield	Assistant Instructor; M-S, C, P/MH, G
Part Time Faculty	Leslie Barber	Assistant Instructor; M-S
	Nancy de la Cruz	Assistant Instructor; M-S, G
	Nahid Ghazae	Instructor; M-S, P/MH
	Michelle Green	Assistant Instructor; M-S, O, G
	Laura Hill-Jones	Assistant Instructor; O
	Ozo Nwabuzor	Assistant Instructor, P/MH, C
	Eliza Rivera-Mitu	Assistant Instructor; M-S, G
	Meta Simmons	Instructor; M-S, G
	Renita Scott	Assistant Instructor; M-S
	Cheryl Shigg	Assistant Instructor; M-S, O, C
	Edna Willis	Assistant Instructor; M-S
	Jeanette Wilson	Assistant Instructor; M-S

Benchmark: There must be identified content experts for the five required content areas. Document how content expert role is implemented.

There is one content expert in each of the five required content areas. The content experts are: Kathleen Rosales, medical surgical, Monica Gross, geriatric, Patricia McGinley, pediatrics, Yasna Ouwerkerk, obstetrics, and Ann Sweeney, psychiatric/mental health. Each content expert is responsible for the educational program in their area of expertise. The five content experts are active members of the curriculum committee. The curriculum committee meets once a month to discuss issues related to the curriculum of the nursing program. Additions and changes to the curriculum begin in this committee. The expertise of each content expert is utilized as the content areas are discussed and changes are implemented. The education and clinical work experience of the content experts is described in the table below.

Content Area and Content expert	Teaching Assignment	Education (MS degree or 30 hours)	Clinical Work Experiences (240 hours of practice in last 5 years)
Kathleen Rosales Medical Surgical	N253 Intermediate Nursing Process II	ADN from Santa Monica College, Santa Monica, CA June 1982; BSN from University of Phoenix, Gardena Campus, Gardena, CA, June 2002; MSN from Mount St.	2001 to 2008 - USC University Hospital in Los Angeles: Cardiothoracic Intensive Care Unit (CTICU): Involved in the recovery and care of critically ill patients from open heart surgery, heart transplant, and lung transplant including the assessment, monitoring, and care of swan-ganz

		<p>Mary's College in Nursing Education, Master's thesis on "Gender Differences in Acute Coronary Care Syndromes", as well as numerous papers on medical-surgical topics, December 2007; Currently enrolled in full-time doctoral studies at the University of San Diego</p>	<p>catheters, Intra-Aortic Balloon Pumps, mechanical ventilators, and ventricular assist devices.</p> <ul style="list-style-type: none"> • Preceptor for student nurses and RNs transitioning to the CTICU • Involved in Quality Assurance chart reviews for cardiothoracic surgeries including abstracting data for input into a national data-based bank. • Committee member for the CTICU Practice Council <p>In 2007 became Clinical Nurse Educator for the CTICU</p>
Pat Mc Ginley Pediatrics	N250 Intermediate Nursing Process and the Family	<p>MSN from University of South Alabama, Mobile 1999; BSN from University of West Florida, Pensacola 1997; ADN from Palomar College, San Marcos, CA 1991; LPN from Pensacola Junior College, Pensacola Florida 1981</p>	<p>Taught pediatric theory and clinical content in Family Nurse Practitioner course at Harbor-UCLA Adult/Family NP program from 1997-2004.</p>
Yasna Ouwerkerk Obstetrics	N250 Intermediate Nursing Process and the Family	<p>BSN from Mount Saint Mary's College Los Angeles Ca May 27, 1978 MSN from CSULB with a focus in Women's Health, May 1997 Women's health Nurse Practitioner Certificate from Harbor UCLA Women's Health Care Nurse Practitioner Program 1995</p>	<p>Since August 2005, I have worked as a nurse practitioner at Harbor UCLA Women's Health Care Clinic between 4 – 24 hours per week. From December 1998 to August 2005, I worked at the same clinic 32 hours a week. In 2002-2003 I also worked 8 hours a week in a prenatal clinic as a nurse practitioner.</p>
Ann Sweeney Psychiatric/Mental Health	N154 Intermediate Nursing Process and Mental Health	<p>BSN from University of Alabama, Birmingham 1973; MSN University of Alabama with a focus in Psychiatric Mental Health Nursing,</p>	<p>August 2004 to August 2006: Instructor Compton Community College, Instructor, Mental Health Nursing; 2005 – 2006 Lead Instructor; August 2006 to present: Instructor El Camino College Compton Center, N154</p>

		Birmingham 1975; PhD Religious Studies Friends International Christian University, Merced, CA 1996	Intermediate Nursing Process and Mental Health; August 2006 to present: Lead Instructor N154 Intermediate Nursing Process and Mental Health; 1993-2004: President/owner of Integrity Healthcare Services –providing consultation to various health care organizations for design, implementation and evaluation of systems addressing staff development and training, restructuring of services, regulatory , preparatory requirements for licensure, certification and accreditation for Title 22, JCAHO, CME, Medicare COPs, etc.
Monica Gross Geriatrics	Nursing 150 Beginning Nursing Process and Fundamental Skills	BSN from CSULB 1996, MSN in Nursing Education and focus in Family Nursing from CSULA, 1993, 30 hours of Continuation Education in Geriatrics Geriatric Anthology January 9, 2004 15.4 hours Osteoporosis: A Preventable Epidemic August 19, 2004 10 hours Inflammation: The Silent Killer August 23, 2006 7 hours	Simulation Lab Coordinator August 2008 to present Nursing 254 and Nursing 255 Clinical Nursing Instructor at Kaiser Harbor City in telemetry, step down unit, intensive care unit and emergency department - January 2007- May 2008 Nursing 150 Clinical Nursing Instructor at Saint Frances Medical Center in skilled nursing facility – January 2002-2006 Clinical Nursing Instructor at Torrance Memorial Medical Center Transitional Care Unit – January 1997-2001

A. Program and Faculty Data [CCR 1424(h)]:

Total number of Faculty	Crenshaw 41 Compton 21	Total number of Full-Time Faculty	Crenshaw 13 Compton 9	Total number of Part-Time Faculty	Crenshaw 28 Compton 12
Number of Instructors	Crenshaw 17 Compton 10	Number of Asst. Instructors	Crenshaw 24 Compton 11	Number of Clinical Teaching Asst.	Crenshaw 1 Compton 0
Content Experts:	Medical-Surgical	Obstetrics	Pediatrics	Psych-Mental Health	Geriatrics
	Kathleen Rosales	Yasna Ouwerkerk	Pat Mc Ginley	Ann Sweeney	Monica Gross
Use of non-faculty [CCR 1424(i)]	List courses in which non-faculty are used, i.e., preceptors. Nursing 255ab Advanced Nursing Process II				

B. Planning, Implementation, and Evaluation of Curriculum and the Program. [CCR 1424(g); 1425.1(a)]

Benchmark: All faculty members must participate in curriculum development and implementation. Describe how faculty (full-time/part-time) in the program are involved in policy making, curriculum development and implementation, and evaluation of all aspects of the program.

The nursing faculty has the responsibility of developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program. All faculty have a copy of the Faculty Handbook. See Exhibit K. When a faculty is newly hired and as needed, faculty workshops are offered to orient and inform faculty of the structure of the nursing department and of their responsibilities as a faculty member. All full time faculty members are required to attend monthly faculty meetings and part time faculty are invited to attend. The agenda of the faculty meetings include: announcements regarding any upcoming conferences and activities, approval of prior meeting minutes, standing committee reports, old business, and new business. During the meetings all old and new department business is discussed. Faculty meeting minutes reflect the discussion and any action which needs to be taken as well as which faculty member has that responsibility. At subsequent meetings, all old business is reviewed in order to ensure that the appropriate actions were taken and to see if there is any necessary follow up. Faculty meeting minutes are available to site visitors as Exhibit L and are available on the new “P” drive starting fall 2008.

Every full time faculty member is actively involved in at least two of the following nursing department committees: Acceptance, Transfer, and Progression (ATP) and the Appeals Sub-Committee, Bylaws/Faculty Handbook, Curriculum, Evaluation, Learning Resources, Student Affairs/Student Handbook, and Test Development, Revision and Analysis. There is some participation of part time faculty on nursing department committees. These committees are the place where policy making happens, where curriculum is developed and where evaluation takes place. Each committee chairperson is responsible for

reporting to the ADNFO at the monthly meetings. New proposals are presented, discussed and voted on by the faculty. This is reflected in the ADNFO minutes. Three examples of the process are described. These examples occurred since the last accreditation visit.

The ADNFO meeting minutes for February 23, 2004 show that the Curriculum Committee, after extensive work, presented the curriculum redesign to the entire faculty for their input and the entire faculty voted to accept the new curriculum. The lead instructor then presented the course to the Health Science and Athletics Division Curriculum Committee and ultimately to the College Curriculum Committee for their input and approval. Then, each lead instructor presented the module objectives to the Nursing Curriculum Committee and the committee voted to accept the course. Input was also given about course assignments. The lead instructor then completed the module including course schedules, clinical schedules, assignments, and learning activities and implemented the new curriculum at the designated semester of implementation.

The ADNFO meeting minutes reflect how the Learning Resource Committee investigated problems that students were having with the utilization of software. The committee investigated the magnitude of the problem by seeking student input, consulted with the library staff to understand their perspective and developed a workable solution to the difficulties. The solution involved more faculty training about the software problems which mostly involved being able to print results of tests in an efficient manner. The Learning Resource committee put together the in-service and provided printed material for faculty to include in all student course modules. The Flex Day Presentation entitled - An Alternative Method of Printing – The Print Screen Key Procedure was held on February 7, 2007. The ADNFO minutes of April 16, 2007 reflect that the new print screen key procedure was working well for the students. The Print Screen Key Procedure is now available to students in their modules. The nursing faculty on the Learning Resource Committee effectively solved this problem. In addition, another old DOS based system was replaced by an updated charting program which all students can access from home.

In the spring 2008 semester, the Evaluation Committee developed an online graduate survey since getting evaluation input from graduates is difficult to obtain. This had been tried five years ago with poor results. The survey was sent to student's personal email addresses and the return rate was 25% with good representation from all campuses. Graduates who responded to the survey provided their immediate supervisor's contact information and permission to contact the supervisor to evaluate the graduate nurse for the purpose of program evaluation. Return rate was nearly 100% from the employer/supervisor. The employer surveys were also revised to be more concise. The questions asked of the employers/supervisors on the survey come directly from our Systematic Plan of Evaluation which makes program evaluation easier. The minutes of ADNFO meeting March 8, 2008 reflect this change.

Faculty members are involved in evaluating all aspects of the program. All full time faculty members participated in preparing our Systematic Plan for Program Evaluation in preparation for the spring 2008 NLNAC accreditation visit for the Compton Center. Faculty from the main, LCM and the Compton Center were divided into writing teams to update the Systematic Plan for Program Evaluation. It was completed and published in preparation for the spring visit. During the fall 2008 semester each full time faculty has responsibility to evaluate the program by updating one or two criterion from the Systematic Plan for Program. In this manner, all faculty are participating in evaluation of the nursing program. In response to the new 2008 NLNAC criterion the evaluation committee will revise and update our systematic plan. Work on this project began at the October 20, 2008 meeting.

Full and part-time faculty is involved in developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program through their participation in regular team

meetings, and in the actual teaching and evaluation of students. Team meetings minutes reflect the participation of the entire faculty in these functions. Team meeting minutes are available to site visitors as Exhibit M. Nursing Committee meeting minutes demonstrate the involvement of the faculty members. Nursing Committee meeting minutes are available to site visitors as Exhibit N.

The following table shows the members of each nursing department committee and a college wide committee for fall 2008.

Committees 2008	Function	Members
Acceptance, Transfer, and Progression (ATP)	Develop written criteria for the review of re-admission and transfer applicants; review applications and transcripts of transfer and re-admission students and make recommendations regarding acceptance; annually review program entrance requirements, nursing course pre-requisites, and re-admission and progression policies; make recommendations as necessary to ADNFO.	K Morgan, Co Chairperson S Thomas, Co Chairperson Renee Johnson Leila Miranda-Lavertu Mary Moon Peggy Kidwell-Udin Yasna Ouwerkerk Laura Shainian H. Frances Hayes Cushenberry
Appeals Sub-Committee	Accept and review petitions relating to student progression through the program; conduct formal student hearings; and make recommendations to the Director of Nursing.	Same as members of ATP.
Bylaws/Faculty Handbook	Review Bylaws annually; receive suggested amendments; suggest amendments; submit proposed amendments to the voting body; revise and maintain the faculty handbook annually.	Zenaida Mitu, Chairperson Renee Johnson Teresa Martinez Laura Shainian Saundra Bosfield
Curriculum	Develop the philosophy, conceptual framework, unifying theme, educational objectives, and exit competencies; plan and develop a curriculum framework based on the philosophy and objectives of nursing program; systematically review philosophy, conceptual framework, unifying theme, educational objectives, and curriculum and make recommendations to ADNFO; work with the ATP Committee to evaluate credentials for transfer; act on the recommendations submitted by content expert subcommittee and act on request submitted by the Director of Nursing and College Administration.	Monica Gross, Chairperson Patricia McGinley Yasna Ouwerkerk Kathleen Rosales Laura Shainian Kathy Stephens Ann Sweeney Shirley Thomas
Content Expert Sub-	Oversee the implementation of the	K Rosales: Medical-Surgical

Committee	curriculum as approved by the BRN and make recommendations to the Curriculum committee.	Patricia McGinley: Pediatrics Yasna Ouwerkerk: Obstetrics A Sweeney: Psychiatric/Mental Health Monica Gross: Geriatrics
Evaluation	Oversee implementation of the total evaluation plan; review total program evaluation plan every three years and propose revisions to the ADNFO; define, collect and analyze data for annual graduate follow-up; develop and implement a plan for collecting and analyzing student retention data; and act on requests submitted by the Director of Nursing and College Administration.	Pat McGinley, chairperson Wanda Morris Monica Gross Deborah Heming (on medical leave) Teresa Martinez Leila Miranda-Lavertu Tory Orton Saundra Bosfield
Learning Resources	Review and coordinate all faculty requests for media and equipment preview and purchases; recommend purchases of library resources, audio-visual instructional materials, simulation lab equipment, computer hardware and software presented by faculty; annually review and analyze library holdings, audio-visual materials, and educational equipment to determine areas of concentration for future purchases.	Tory Orton, Chairperson Norene Gift Bonnie Kayser Teresa Martinez Zenaida Mitu Deborah Heming H. Francis Hayes Cushenberry
Student Affairs/Student Handbook	Facilitate student communication with each other and faculty; review and refer student concerns, suggestions and ideas through appropriate administrative channels; revise and maintain student handbook with input from the ADNFO.	Mary Moon, chairperson Wanda Morris Leila Miranda-Lavertu
Test Development, Revision and Analysis	Maintain course tests and blueprint files addressing nursing process, categories of client needs, Bloom's Taxonomies and assigned weights; propose changes in test development and review policies as needed; oversee progression of content across the curriculum from simple to complex and from knowledge to application and analysis.	Ann Sweeney: Chairperson Kathy Morgan Kathleen Rosales Kathy Stephens Peggy Kidwell Udin

Full time faculty members are also active participants in college wide committees that impact the faculty and students of the nursing department. The following table shows the members of these college-wide committees.

College Committee 2008	Function	Members
Academic Senate	A college wide governance organization whose purpose is the formulation of policy on academic and professional matters relative to the college and facilitation of meaningful communication among faculty, administration and the Board of Trustees.	Pat Mc Ginley Tory Orton
Faculty Council/Academic Senate (CCEC)		Shirley Thomas
Division Curriculum	Responsible for making recommendations to the College Curriculum committee on issues of curriculum and program development.	Yasna Ouwerkerk Wanda Morris
Health Sciences and Athletics (HSA) Council	Reviews and coordinates HSA division's activities. Acts as a vehicle for disseminating division news and events to all departments within the division.	Teresa Martinez
Council of Deans	The Council of Deans meets to solicit input and recommendations on policy matters from Academic Affairs deans, directors and staff, from managers from other areas, and the Academic Senate and Associated Students through their designated liaisons, and to disseminate information to the campus.	Kim Bailly
Division Council	There is one overall college council (chaired by the College President) and several area councils under each Vice President. Under the Vice President of Academic Affairs, there are division councils which represent each academic discipline. Division Councils provide an opportunity for divisions to make recommendations to Vice Presidents. The Division Council also serves as a means of disseminating information to and from upper and lower levels of college administrators. The Health Science and Athletics Division Council meets several times a year to share information regarding department events and issues.	Kim Bailly

SECTION 5: CURRICULUM

Benchmark: There must be continuous curricular review, evaluation, and revision as needed. Describe any major changes in the curriculum that impact the program.

A. Program Organization/Philosophy [CCR 1424(a)]

Briefly describe how the program philosophy, conceptual framework/unifying theme, and objectives have been implemented throughout the program. Attach a copy of the program philosophy, unifying theme/conceptual framework, and terminal program objectives/outcomes.

The Nursing Program philosophy encompasses the four main concepts in nursing education including the individual, society, health, and nursing. The philosophy upholds the individuals' value as a unique biopsychosocial being who is a member of a particular society. Both the individual and the societal unit are worthy of respect. The nurse is seen as a force that assists the individual as a holistic being in meeting his/her basic needs in order for the individual to maintain or regain optimum health. The philosophy is fully described in the Student Handbook, page 4 and is available to site visitors as Exhibit O.

The Nursing Program is based on a unifying theme that offers a model from which the curriculum is organized. This unifying theme identifies as its' organizing structure the nursing process integrated with the concept of basic needs. The seven basic needs include O₂CO₂, Activity and Rest, Physical Integrity, Ingestive, Excretory, Affiliative and Sexual. Incorporated within the concept of basic needs is the belief that each individual is unique due to the influence of their unique structural variables. The seven structural variables are age/developmental age, sex, ethnicity/culture, religion, occupation, health and relational affiliation. The program philosophy and the unifying theme are evident throughout the entire curriculum. The courses are named after a particular level of nursing process and the component of the Basic Needs theory that is addressed in the course. The unifying theme is described in the Student Handbook in Exhibit O.

There are three levels of objectives which ultimately lead the student to complete the program objectives. The course of study is grounded in preparing the student to reach the program objectives. A copy of the program philosophy, unifying theme/conceptual framework, and terminal program objectives/outcomes and level objectives are found in the Faculty Handbook (page 8) in Exhibit K.

B. Curriculum Planning [CCR 1424(g)]

Summarize activities of the Curriculum Committee since the last Interim Report. Describe specific changes/ improvements in the curriculum the program has made. Describe the role the Content Experts have in the overall curriculum planning.

After the BRN Self Study in spring 2000, the faculty set out to update the ten year old 60's series curriculum. The Content Experts on the Curriculum Committee played an integral role in the development of this new curriculum as well as the entire nursing faculty. The Nursing Curriculum Committee is comprised of Content Experts in the five areas of study and faculty from each clinical course. The program objectives were first reviewed and refined, then level objectives were designed, and finally course objectives were reviewed and refined and new course objectives were made for the new courses. The Content Experts reviewed, revised and developed objectives. Course instructors reviewed the objectives that were discussed and refined in the committee at large. The faculty worked collaboratively to develop and finally implement the new curriculum. The shared design effort took at least two years and the college

and regulating agency approval processes at least a year. The new curriculum was phased in semester by semester as the old courses were phased out. The courses were renumbered. Implementation began in fall 2005 and the entire new curriculum was fully implemented by 2007

The lecture and lab units were redistributed throughout the program and changes were implemented in each semester. In the first semester Nursing 150 course, there was substantial increase in the skills lab and clinical hours. The lab was redesigned to be two four hour labs for the first eight weeks and then two eight hour clinical days in the second eight weeks. This increased time in the skills lab allowed for more skills to be taught, increased practice time and for check offs to be conducted during the lab time. Longer clinical labs allows for a greater emphasis on documentation and increased opportunity for communication and skills performance. The introductory pharmacology course remained in the first semester.

The clinical courses in second semester remained the same although units were slightly decreased. Second semester students now take a new health assessment course and the second pharmacology course is now offered during this semester. An option exists for students is to take pharmacology during the summer or winter session. Many students take advantage of this opportunity.

The third semester was redesigned. Pediatrics and Obstetrics content was placed into a combined course that runs for eight weeks. The students have combined lectures and one day of Pediatrics clinic then one day of Obstetrics clinic. The other eight weeks is utilized for a new medical surgical course. One of the major components of this course is oncology and palliative care. The increased clinical time in a medical surgical area has increased clinical competency. This is evident when looking at the new fourth semester student in the new curriculum compared to the fourth semester student in the old curriculum.

Fourth semester was redesigned into a twelve week advanced Medical Surgical course that includes a module on disaster nursing and a new four week preceptorship that is a lab only course. This preceptorship course is also available to foreign nurses transitioning into the American hospital and for nurses who have been out of practice and wish to retrain under a preceptor. Input from the Hospital Advisory Committee was instrumental in designing the course in this manner. Students also take an exit exam with an online testing service as part of the final preceptorship course.

An additional Curriculum Committee accomplishment related to the new curriculum was the development and implementation of a comprehensive skills checklist that students receive when entering Nursing 150. All skills that we would like to see the student be able to perform are on this list. Students keep it in their possession the entire four semesters. It also functions as a student portfolio of skill competency when seeking employment as an RN. See Appendix E. A comprehensive list of diagnostic lab test was also developed and serves as a guideline for the students and faculty. See Exhibit P.

Other activities of the Curriculum Committee included evaluating the content of the Educational Resources Inc.(ERI) tests and proposing a plan of how to utilize a testing service to the entire faculty. At this time, ERI has been utilized for two years of a three year contract. The faculty are currently evaluating the benefit of this service and the nature of our relationship with the company since Assessment Technologies Inc (ATI) has purchased ERI.

In the spring 2008 semester the curriculum committee was involved in designing a new LVN curriculum to be offered at the Compton Center. It was designed to provide nearly seamless transition for a graduate LVN to enter the RN program. Currently the LVN curriculum has completed College Curriculum

Committee approval and is currently undergoing LVN board approval. Projected implementation is fall 2009.

Lastly, the committee developed Student Learning Outcomes for all twenty seven courses offered in the Nursing Department. Many of these are not a required part of the ADN curriculum. A program level Student Learning Outcomes objective was also developed for the entire program. This activity is part of the college wide process of program evaluation. Most of the nursing courses taught by full time faculty have been through the entire process of assessment, evaluation and reflection. In addition, the program level SLO has been through the entire process. See Exhibit Q.

The Curriculum Committee meets monthly and provides for continuous curricular review, evaluation, and revision. The last eight years have been a very busy and productive time for the curriculum committee designing and implementing the new curriculum. The Curriculum Committee and the Evaluation Committee will now embark on evaluating this curriculum since it has been entirely functional for two years.

Lastly, the faculty including full and part time faculty from all campuses participated in the development of the simulation program. Curriculum committee members played integral roles. After the spring semester in June and August 2008 faculty met for six days to work with Medical Simulation Design to develop and start a simulation program. Scenarios were developed that are in alignment with the curriculum and program outcomes. The faculty received the extensive six day training as well as an additional day during the pilot launch week. Our nurse trainers were on hand to coach faculty through their first experiences running simulations during the pilot launch week. After the pilot launch week, the simulation lab operated for 25 total days in the fall 2008 semester. A total of 25 faculty from all campuses learned how to run simulation. Crenshaw simulation coordinator Monica Gross was present during all simulations and debriefings and facilitated faculty to gain experience and confidence in their new role in the simulation lab.

The faculty decided to start simulation with N254 and N150 students for this fall 2008 semester. Students have eagerly accepted the simulation program as a valuable learning experience. They are not graded and are in the simulation lab with an instructor who is not their clinical instructor. The new Code #12 evaluation tool is being used for the first time to collect data on the value of the simulation experience to students.

Plans for the simulation program for spring 2009 are underway. Compton Center Coordinator Eliza Rivera Mitu and Crenshaw coordinator Monica Gross are meeting to develop a schedule that includes all students in N150, 153, 250, 253 and 254 on all campuses. The Compton Center has two simulation labs that are under development at this time and are slated to open in spring 2009. Students from all campuses will be scheduled for simulation in one of the three available labs. A report in the simulation program is available as Exhibit R.

C. Concurrent Theory and Clinical Practice [CCR 1426(d)]

Discuss how theory and clinical courses are organized and conducted to ensure concurrency and similar clinical learning experiences.

Theory and clinical practice are concurrent in the medical-surgical, geriatric, maternal/child, mental health and psychiatric nursing courses. Students complete theory and clinical objectives for each course

concurrently. The clinical objectives are derived from the theory objectives in each module. Specifically, the clinical objectives assist the students in applying the theory objectives in the clinical setting. The only exception to this is the final four week preceptorship that is a lab only course. The syllabus for each course is arranged according to modules with theory objectives and with corresponding activities for clinical experience. See Exhibit S - Activities for Clinical Learning Experiences for all clinical courses. The activities for clinical experience are included to assist with meeting clinical objectives. All instructors attend team meetings with the lead instructor and are oriented to the theory and clinical objectives as well as the activities for clinical learning experience. In this way students in different clinical groups at different sites will have similar clinical learning experiences.

Clinical practice is sufficient to meet course objectives and standards of competent performance for each of the five clinical areas of nursing practice. Both theory and clinical objectives are based on the Philosophy and Unifying Theme of the El Camino Nursing Program and are organized according to the Basic Needs Theory. All courses provide learning experiences that are designed to assist the student in mastering theory and clinical objectives. Clinical learning experiences focus on the module clinical objectives and can be met in a variety of settings. Course lead instructors maintain consistency by conducting team meetings each session. Each lead instructor is responsible for the orientation of new clinical and theory instructors. While the individual clinical instructor uses his or her expertise to select the best learning experiences, there is still consistency within each course and from course to course as evidenced by use of the Clinical Evaluation Tool.

The Clinical Evaluation Tool was developed by the Evaluation committee in collaboration with each lead instructor and the Curriculum Committee. It was developed after the new curriculum was written and was being reviewed by college committees. The tool has some identical areas from course to course, and is progressive as the courses progress in the curriculum. Since students are evaluated by the same criteria in the tool, there is consistency from instructor to instructor and from course to course. See Appendix F - Clinical Evaluation Tools.

**D. LVN Advanced Placement and 30 Unit Options [CCR 1429(a); 1429(b); 1429(c)]
Describe advanced placement options available to LVNs, including the 30 unit option.**

Advanced Placement options that include two possible avenues of study are available to the Licensed Vocational Nurse (LVN). These options are called Option I and Option II. Option I is the 30 Unit Option Non-Degree Tract. Option II is also called the Advanced Placement Degree Option and upon completion provides the student with an Associate Degree in Nursing.

LVN's transferring from other schools must have worked for at least one year as an LVN and attend a nursing orientation session. LVN's who attend the new LVN program at the CCEC will come directly into the ADN program without the year of work experience. LVN's of either option gain admittance to the college and then has an appointment with a nursing counselor for academic advisement. Prior transcripts are evaluated and an advisement form is completed certifying eligibility to enter the nursing program either under Option I or II. An application to the nursing program is then provided to the applicant. After seeing the nursing counselor, an appointment is made to see the Nursing Department Administrative Assistant Martha Smith. At this appointment a determination is made about proper placement in the Nursing Department. The applicant then submits a nursing application during the filing period. Admission to the program is subject to the availability of space. Currently there are 4 students in Option I and 32 students taking Option II at the Compton Center. At the Crenshaw campus there is 1 student in Option I and 11 students in Option II.

Option I applicants take a total of 29-30 units consisting of the following courses.

Course	Title	Units
Physiology		4 units
Microbiology		4 units
Nursing 149	Preparation for Advanced Placement in Nursing	2 units
Nursing 154	Intermediate Nursing Process and Mental Health	4 units
Nursing 151	Legal and Ethical Considerations in Nursing	1 unit
Nursing 253	Intermediate Nursing Process II	4.5 units
Nursing 254	Advanced Nursing Process	7 units
Nursing 255	Advanced Nursing Process II	2.5 units

Option II applicants take a course of study consisting of the following courses.

Anatomy 30 or 32		4 units
*Physiology 31	* Course has Chemistry prerequisite	4 units
*Microbiology 33	* Course has Chemistry prerequisite	5 units
English IA		4 units
Psychology 5		3 units
English IB		3 units
Sociology 5		3 units
*Communication and Analytical Thinking	*Student's choice	3-4 units
Nursing 149	Preparation for Advanced Placement in Nursing	2 units
Nursing 154	Intermediate Nursing Process and Mental Health	4 units
Nursing 155	Health Assessment	1 unit
Nursing 156	Advanced Pharmacology	1 unit
Nursing 151	Legal and Ethical Considerations in Nursing	1 unit
Nursing 250	Intermediate Nursing Process and the Family	5.5 units
Nursing 253	Intermediate Nursing Process II	4.5 units
Nursing 254	Advanced Nursing Process	7 units
Nursing 255	Advanced Nursing Process II	2.5 units

Complete information about Option I and II can be found at:

<http://www.elcamino.edu/academics/healthsciences/nursing/30option.asp>

<http://www.elcamino.edu/academics/healthsciences/nursing/challenge.asp>

E. Policies and Procedures:

1. Policy on Faculty: Student Ratio [CCR 1424(k)]

Currently the faculty/student ratio policy is in alignment with the colleges' long standing policy of twelve students per instructor in a clinic. Recently one of our hospitals, Harbor UCLA Medical Center, has changed their policy and will accept only ten students per instructor in any of their clinics. This facility is used for many ECC sections. CCEC also uses Harbor UCLA Medical Center for many sections. The

faculty agrees that ten to one is a much better ratio allowing more instructor to student interaction. Nursing faculty agreed to pursue this issue by working with our affiliating hospitals at the next hospital advisory committee meeting. This is reported in the September 29, 2008 ADNFO meeting.

Some clinical rotations “float “students to outlying areas to meet specific objective by gaining specific experiences. N153 students float off the main floor for rotations in the operating room and post anesthesia care unit as well as the gastrointestinal lab. N254 students float to the emergency department, the cardiac catheterization lab and to intensive care units. The instructor however still has to oversee the student in those outlying areas. The new simulation program which was recently implemented in 2008 diminishes a clinic by a two or three students, and they attend the simulation lab instead of the regular clinic. This may decrease the students in clinic from twelve to ten for six days out of a sixteen to twenty four day rotation. This however it is not consistent and does not decrease the clinic size to ten on a consistent basis.

2. Policy on semester/quarter unit calculation of hours for course of instruction. [CCR 1426(f)]

The El Camino Nursing Program utilizes semester units and the majority of nursing courses are divided into eight week segments. One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. Three (3) hours of clinical practice each week throughout a semester equals one (1) unit. A compressed calendar was adopted starting in the 2002 – 2003 school year. The semester was compressed from 18 weeks to 16 weeks. However, class time is still calculated based on the 18 week semester. One lecture unit of credit still equals 18 hours and one lab unit of credit still equals 54 hours. See example below.

Nursing 154 equals four (4) units of credit (2 hours of lecture and 2 hours of lab)

Hours per Week on 18-Week Base Calendar	Total Hours per semester on 18-Week Calendar	Calculated Hours per Week for 8 Weeks	Units
2 hours lecture	36 hours ÷ 8 =	4.5 hours	2 units
6 hours clinical lab (2 X 3)	108 hours ÷ 8 =	13.5 hours	2 units

The majority of nursing courses offered at the Little Company of Mary site are divided into 12 week segments. However, the hours per week of lecture and clinical lab are adjusted based on the same calculations derived from the 18-week base calendar. Students have the same amount of hours in lecture and clinical lab.

3. Policy on transfer units and challenge examination. [CCR 1429(a); 2786.6(a); 2786.6(b)]

Each transfer student enrolls in Nursing 149 which is a lecture and skills lab course. Students among other content, learn about the basic needs theory and in the lab, practice and are verified proficient in various skills. Each transfer student is interviewed and the transcript evaluated on an individual basis by the Director or designee. Transfer students from approved nursing programs are provided credit for equivalent nursing courses satisfactorily completed and placed within the ECC nursing program sequence based on the nursing credits allowed. Transfer students can be placed anywhere in the nursing sequence and are usually admitted into a course when vacancies occur due to attrition.

Challenge examinations are available for all nursing courses. The Credit by Examination procedure is found on page 12 of the 2008-2009 El Camino College Catalog - Exhibit T. The policy is on the web at

<http://www.elcamino.edu/admissions/credit.asp> The purpose of credit by examination is to allow a student to gain credit for a specific course by demonstrating mastery of the subject matter and/or skills. The nursing department adheres to this policy and has adopted the college procedure. A transfer student must complete a minimum of twelve units in residence at El Camino College before credit from a challenge examination is granted and in order to graduate.

Any nursing course may be challenged, although transfer students are encouraged to take Nursing 255 – Advanced Nursing Process II – Clinical Preceptorship. (See Appendix G – Preceptor Handbook) Procedures for challenge are also outlined in the Nursing Student Handbook (page 28) in the section titled “Challenge Process”. (Exhibit O) To prevent any test bias and unintended prejudicial action, the theory challenge tests comprise the same tests that are administered to the generic students of the specified course.

Since the Admission Policy has been recently changed, the information venues are currently being updated. The Nursing Department website contains the new policy. The web address is <http://www.elcamino.edu/academics/healthsciences/nursing/entrancereq.asp>. The El Camino College Catalog is currently being updated with the new policy. Handouts for the Nursing Department have been made and distributed.

A challenge process is available to nursing students in the department per college policy. A number of students have and do challenge exams. Currently if a student challenges a course with a clinical component, passing the challenge exam is all that has been required. The nursing faculty agreed that since the clinical courses have a clinical component a student should also be evaluated in the clinic to determine that they meet the minimum standards. This was discussed at the September 8, 2008 ADNFO meeting. This has been identified as an area needing improvement. By consensus this issue was relegated to the curriculum committee for exploration and recommendation.

Attachments required for this section include:

- Course syllabi which are sent included with the report
- Clinical Evaluation Tools used for each course (Appendix F)
- Preceptor handbook (Appendix G)
- Total Curriculum Plan (EDP-P-05) (Appendix H)
- Required Curriculum: Content Required for Licensure (EDP-P-06) (Appendix I)

SECTION 6: CLINICAL FACILITIES [CCR 1427 (a); 1427(b); 1427(c)]

Discuss the type of clinical facilities used for student learning and discuss any problems related to clinical placement, lack of faculty, adequacy of clinical experiences, etc.

A variety of clinical facilities are utilized for student learning. Transitional care units and Skilled Nursing Facilities provide sites for students in the first semester. Students in medical surgical, pediatric and obstetric courses complete rotations in acute care facilities. Additionally, students attend a community clinic at a county facility (Harbor-UCLA) as part of their OB-Peds rotation. In-patient mental health facilities are utilized for students attending their psychiatric nursing rotation. Students receive experience with the geriatric population in all medical surgical courses and maintain a geriatric log in each of these courses. The geriatric logs are filed in the nursing office. An sample blank geriatric log can be seen as Exhibit U.

Two changes that have occurred related to hospitals are described here. The nursing department updated the generic one-year contract in 2008 to include a HIPAA clause and a four-year renewal. This sample generic blank contract is included as Appendix J. Additionally; a new form was developed to facilitate documentation of meeting content between nursing faculty and agency staff. The former Inter Agency Meeting Minutes form was replaced by a two sided form called Pre and Post Affiliation Meeting Minutes. The form is available to all faculty in electronic form on the new "P" drive as well as hard copies are available on file in the nursing office. A large binder divided by course and hospital contains the new Pre and Post Affiliation Meeting Minutes for all courses. A binder is at the Crenshaw campus and an identical binder is housed at the Compton Center for convenience of faculty.

Numerous problems have arisen with the placement of students in clinical facilities. One hospital (Harbor-UCLA) limits the instructor/student ratio to 1:10. Although this ratio is more desirable than one to twelve, during the summer 2008, four students had to be dropped from the OB-Peds course due to this new requirement, resulting in a delay in their progression. Recently, ECC obtained a third section of Pediatrics at Harbor UCLA. It will be offered during an evening shift in spring 2009.

There was a delay in the start of a , 2008 clinical rotation for N254 at the Compton Educational Center due to the lengthy process securing a life-scan requirement by the hospital of a newly-hired faculty member and students with incomplete health clearance requirements. The faculty member stated that Harbor-UCLA required her to produce a hard copy of her life-scan results. Life scan results are sent to human resources departments only; faculty are not provided copies of the results. This led to a four-week delay in the start of the clinical experience for students in N 254 before this issue was resolved. Students were kept on campus and participated in simulation during this time. Hospitals have different health clearance requirements for faculty and students. For example, one hospital has recently required students and faculty to receive the flu vaccine or sign a waiver. Arrangements were made with the student health center to provide students with the flu vaccine. The hospital requiring the flu shot has also provided the vaccination at no cost for the students. In fall of 2008, the faculty created a new physical health form for students, incorporating all the requirements from all clinical facilities. This form was implemented in fall 2008 at both the Crenshaw and Compton Educational Center campuses. Currently, all student health requirements are reviewed by the assistant director for the Compton Educational Center. Clinical instructors on the Crenshaw campus review students' health clearances each clinical rotation.

In fall 2008, resignations, injuries, and illnesses at the start of school, resulted in emergency hire of faculty. The hospital orientation of these newly hired faculty impacted students starting their clinical rotations on time. In addition, three hospitals required additional orientations to new hospital/computerized charting systems, resulted in the loss of a patient care day.

In summary, only agencies that can specifically meet the clinical learning objectives are utilized. However, some agencies have occasionally experienced low census, resulting in decreased learning opportunities. While the program has grown exponentially since the last BRN evaluation in 2000, the nursing department has been able to accommodate students in the clinical setting by utilizing hospitals for evening and weekend (Saturday) rotations. Additionally, since Kaiser does not have a cardiac catheterization lab, students attending this facility go to Centinela for the cardiac catheterization lab experience. Students are obtaining the required clinical experience.

Below is a list of clinical facilities used showing contract expiration dates.

Clinical Facilities	
Crenshaw Campuses Clinical Sites	Contract Expiration Dates
N150	
Providence Health System (LCM)	10/31/09
CFHS (Marina)	12/31/11
Torrance Memorial Medical Center	8/1/11
N153	
Prime (Centinela)	12/1/2013
Providence Health System (LCM)	
Harbor UCLA Medical Center	
N154	
Del Amo Hospital	12/8/2013
LA Metro – Crenshaw	11/8/05
Providence Health System (San Pedro)	
Providence Health System (LCM)	
N250	
Harbor UCLA Medical Center	Annual auto renewal – 7/98
TMMC	
Kaiser	
N253	
Kaiser	
Harbor UCLA Medical Center	
Prime (Centinela)	
N254	
Kaiser Permanente	Annual auto renewal – 2/06
Harbor UCLA Medical Center	
Prime (Centinela)	
N255	
Kaiser Permanente	
Prime (Centinela)	
Providence Health System (LCM)	
Cedars	11/01/2009
Saint John’s	12/8/2013
Compton Campuses Clinical Sites	
Contract Expiration Dates	
N150	
St. Francis Medical Center	8/1/09
Harbor UCLA Medical Center	
Windsor Care	12/3/2012
N153	
Harbor UCLA Medical Center	
N154	
Harbor UCLA Medical Center	
St. Francis Medical Center	
N250	

Harbor UCLA Medical Center	
SFMC	
N253	
Harbor UCLA Medical Center	
St. Francis Medical Center	
Tri City Regional Medical Center	12/3/2012
N254	
St. Francis Medical Center	
Harbor UCLA Medical Center	
N255	
Tri City Regional Medical Center	
St. Francis Medical Center	

SECTION 7: STUDENT PARTICIPATION [CCR 1428]

Give examples of student participation in each aspect of the program.

Students are provided the opportunity to participate with the faculty in every aspect of the nursing program. Opportunities include both formal and informal methods of participation. Formal opportunities include department committee membership where students have full voice and vote. These include the curriculum, evaluation, admission, transfer and progression (ATP), learning resources and student affairs committees. An example of an informal opportunity is students effecting change by course and clinical evaluations. In addition, the student nurse association participates in a monthly community service activity of feeding the homeless. At holiday time students and faculty provide a meal celebration for HIV affected individuals and their families.

Communication with students is improved by the widespread use of the El Camino College Compton Community Educational Center. Many students responded to an email request for help in the nursing department during the summer of 2008. Students came in to help scrub, rearrange items and do any general task that was requested of them during the department reorganization. These students were recognized for their helpful contributions to the department during the first annual forum that was held at the beginning of fall 2008. Student’s also participated in this forum. A nursing student musical group was the finale of the forum. In the next academic year the forum will be held for all students at the Compton Center.

Student officers of Iota Kappa Chi (IKC) for fall 2008 and representatives on nursing department committees are listed below.

Title	Name	Level	Committee
President	Wilaine Chua	2 nd	Student Affairs, Learning Resources, Evaluation
Vice President	Frederick Doug Foley-2 nd	2 nd	Testing, ATP
Treasurer	Ann Kim-2 nd	2 nd	Testing
Secretary	Christine Salazar-2 nd	2 nd	
Historian	Angie Chrisman-2 nd	2 nd	Curriculum
Asst.	Annette Hart-	1 st	

Historian	1st		
Asst. Historian	Christine Boholano-2 nd	2 nd	Learning Resources
Resource	Rachel Nario-2 nd	2 nd	ATP

Our local IKC chapter belongs to the California Nursing Students' Association (CNSA) and the National Student Nursing Association (NSNA) and students participate at the local, state, and national level. All board members are members of NSNA. Approximately fifty percent of the board members attend a convention per semester hosted by either CNSA or NSNA. In spring 2007 eight board members and two regular members attended the NSNA convention in Anaheim, California. Three attended a CNSA convention in San Jose in 2007. Ten students attended the local 2008 meeting. Members attend local monthly meetings and participate in activities. There has been active student participation in IKX. The officer responsibilities of the local association are described in Exhibit V.

In the past years the nursing program utilized a lottery to place students in clinical groups. In the last eight years, officers in IKC were exempt from the lottery and were allowed to select their clinical group. This practice expanded to allow students who were very active in IKC to also be exempt. Whole clinical groups were selected by exempt students and other students had no chance of getting the clinical group that they desired. The method of selecting students to a particular clinical group was stopped as of fall 2008. Faculty assigned students to particular clinical group in fall 2008 and students have access to open enrollment for spring 2009. This has resulted in a very few students wanting to participate in IKC.

List the number and resolution of formal student grievances filed since the last Interim Report.

There is a written policy and procedure to provide a due process for review and resolution of student grievances. The policy and procedure is detailed in the El Camino College Catalog (pg 28-29) and in the Associate Degree Nursing Program Student Handbook (pg 36).

A grievance is a student's claim that his or her legal rights, status or privileges as a student have been adversely affected by a college decision or action. It may be resolved by a process of informal resolution or formal resolution. Informal Resolution is the attempt to resolve the complaint at the division level within 10 school days from the date of the request. If unresolved, the Formal resolution begins. This can be a three step process until a final decision is made by the President of the college. A full description of the grievance process is outlined in the ECC Catalog. (Exhibit T, page 28)

Data was gathered about student grievances filed since the last Interim report. Data from 2003 though March 2008 is available. In that time frame, on the Crenshaw campus, four grievances progressed to the formal resolution level. All four of these grievances progressed to the third step of the grievance process and were upheld by the college president. Twelve grievances were resolved at the informal level. Files are available for viewing in the Director's office. See Exhibit W for a detailed report of grievances. No grievances have been reported at the Compton Center.

SECTION 8: CONCLUSION

Summarize major program strengths and plans to address areas needing improvement.

The nursing program has much strength. The primary strength is a forward thinking; outstanding, creative and hard working diverse faculty and administration that are committed to helping students become registered nurses. Despite challenges, the melding of the faculty from two schools of nursing has made us stronger. Complementing our faculty is a great student population that works hard to achieve their goal of becoming registered nurses. The newly implemented curriculum has strengthened student's clinical performance and the newly developed clinical evaluation tools have increased consistency of clinical evaluation throughout the program and provide clear objectives that a student can be measured by. El Camino College's NCLEX RN results have remained strong in the past years and the Compton Center's NCLEX RN rates have greatly improved since the partnership began.

Despite the strengths that we enjoy, there are many areas needing improvement. As a result of this self study, these areas have been identified as needing improvement.

1. Lack of full time faculty
2. High attrition rate
3. High faculty to student ratio in the clinic setting.
4. Challenge policy
5. Poor participation in Iota Kappa Chi
6. New faculty does not have a lap top computer supplied by the college as other faculty does.
7. Poor faculty compliance with utilizing Program Evaluation Tools.

The lack of faculty on both the Crenshaw campus and the Compton Center requires that the existing faculty fill in all the gaps. All faculty are working extremely hard as is the director. The program has grown so large that it is difficult to administer effectively especially in relation to mentoring the new faculty. Lead faculty have many new full and part time faculty to mentor. The need for more full time faculty has been made clear to the college administration at both campuses, but the nursing department is only one of many departments on campus in need of full time faculty. At the Crenshaw campus a bid for three new full time faculty was submitted. The campus wide representatives have voted, but the final decision rests with Dr. o, the college president. At the time of this writing his decision is still pending.

The greatest challenge that we face is an unacceptable attrition rate. Strategies are in place as described earlier in the report. It is our hope that the nursing readiness test will increase the number of well prepared students that are admitted and markedly decrease attrition. Tutoring, the Institute for Nursing Success and online testing will continue. The new database will give us statistics about why students fail or leave the program. Knowing why students leave will help us develop better strategies to help them succeed.

Student to faculty ratios are twelve students to one instructor in all facilities except Harbor UCLA Medical Center. The nursing faculty believe that this ratio borders on unsafe because of the high acuity of today's hospitalized patient. The administration of the college does not believe the ratio is high because they compare a nursing lab ratio to other labs on campus that have one instructor to thirty five students such as in a chemistry lab. This high ratio of student to instructor decreases the experiences that students' nurses can gain in the clinic setting, because many activities need the direct supervision of the instructor or a registered nurse. This problem was brought up the hospital advisory committee meeting and will continue to be worked on that level.

The challenge policy for clinical courses as it exists does not require that a student pass a clinical component. It requires that the challenge exam only be successfully completed. As discussed earlier in the report, the faculty recognize this as a problem. The policy needs to be changed and this responsibility has been delegated to the curriculum committee. The curriculum committee will explore the issue and propose a policy change that will be presented to the entire ADNFO for their approval.

The dissolution of the lottery for clinical placement, and the dissolution of the Iota Kappa Chi officers and active participants' exemption from the lottery, membership in Iota Kappa Chi has plummeted. There is a cabinet of officers currently, but no active membership. The remaining dedicated students do all the work of the organization. The faculty has discussed strategies to motive student involvement such as recognition of membership and involvement on the clinical evaluation tool. Faculty also plans to encourage students to join and participate by discussing involvement as a professional endeavor that can be listed on a resume. Student input has yet to be elicited on this problem.

Two issues became apparent during a review of the Systematic Plan for Program Evaluation. The first is that two new faculty on the Crenshaw campus do not have a computer supplied by the college as all other faculty does. Contact was made with Donna Manno in the Staff Development department on campus and these computers are available for distribution to these faculty on January 6, 2009. The new Compton Center faculty have access to computers in an office shared by the Compton Center faculty.

The second issue that became apparent during a review of the Systematic Plan for Program Evaluation is that there has been poor faculty compliance with use of the Program Evaluation Tools. This has occurred on all three campuses. Factors that contribute to this are the heavy workload of the faculty teaching on two to three campuses, and a lack of organization and leadership on the part of some faculty. The new chair of the evaluation committee, Pat Mc Ginley will orient faculty each semester at the first ADNFO meeting to the program evaluation process and the importance of all the tools in program evaluation.

APPENDIX A

New Nursing Program Admission Policy and Process

APPENDIX B

Pre Nursing Readiness Plan

APPENDIX C

Success Strategies for Current Students

APPENDIX D

EDP-P-11

APPENDIX E

Skills Checklist

APPENDIX F

Clinical Evaluation Tools

APPENDIX G

Preceptor Handbook

APPENDIX H

EDP-P-05

APPENDIX I

EDP-P-06

APPENDIX J

Sample Contract

APPENDIX K

Systematic Plan for Program Evaluation

APPENDIX L

Exhibits Available During the Approval Visit

Required Documents and Attachments to the Continuing Approval Report

Please submit the following documents and attachments with your Continuing Approval Report.

- **Current College Catalog**
- **Current Student Handbook**
- **Course Syllabi**
- **Class Schedule**

Section 1A: Program Director and Assistant Director

- Position Descriptions for Program Director and Assistant Director

Section 1B: Summary of major program events.

Section 2: Total Program Evaluation Plan

Summary statements on the implementation of the evaluation plan.
Include specific data and action plan taken or considered.

Section 3: Sufficiency of Resources – No required attachment.

Section 4: Program Administration and Faculty Qualification

- Attach a list of teaching faculty, noting full-time and part-time status, and BRN approved category.
- Attach a list of faculty assignments, noting theory and clinical responsibilities (Nursing Curriculum and Clinical Facilities, EDP-P-11).

Section 5: Curriculum

- Attach the program philosophy, unifying theme/conceptual framework, and terminal program objectives/outcomes.
- Attach Signed/Approved BRN forms:
 - Total Curriculum Plan (EDP-P-05)
 - Required Curriculum: Content Required for Licensure (EDP-P-06)
- Clinical Evaluation Tools
- Any matrices developed for content, outcomes, skills competency, etc.
- Course syllabi, Preceptor Handbook (guideline)

Section 6: Clinical Facilities

- Attach a list of clinical facilities used along with contract expiration dates.
- Attach a generic contract used for clinical affiliation.

Section 7: Student Participation – No required attachment.

Section 8: Conclusion – No required attachment.