February 7, 2020

## Mendocino College Program Evaluation Plan

In regards to the Section 1424 (b) (1): The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedure, attrition, and retention of students, and performance of graduates meeting community needs.

Nursing administrators and faculty participate in regular, ongoing staff meetings to discuss the program evaluation plan. Participation includes full and part time faculty meetings and regular internal meetings with core faculty. The following depicts our completed program evaluation plan:

The program evaluation plan involves evaluation of the ADN courses by the students, the new graduate employer survey, the new graduate survey, and faculty evaluation by students. Included in the plan are pass rates and retention/attrition data compiled yearly by cohort for faculty review and oversight. Annual advisory meetings are held where members of the community, employers, faculty, and students provide input and share information about the program. The aggregate evaluation data is reported at staff meetings where faculty determine the appropriate response or action required by considering trends, and recurrent or significant problems. Through ongoing evaluation, implementation of corrective actions and evaluation, the program will remain strong and responsive to student and community needs.

## **Admission and Selection Procedures**

Prospective students must first complete required prerequisites and general education and institutional requirements before entry into the program. Initial screening is based on the California Chancellor's Office Formula for Nursing Student Success which weighs the following factors: applicant's overall college GPA, English prerequisite GPA, and prerequisite sciences GPA. Applicants who achieve the minimum cut score (80%), using this formula, are then chosen by a random computerized selection process (lottery). In addition, students must also achieve a 62% composite score on the TEAS basic entrance examination and attend a mandated orientation workshop in order to be considered for admission into the nursing program.

Evaluation of the admission and selection procedures will include the annual review of NCLEX pass rates (via Mountain Measurement Inc.), attrition rates, and the correlation between Teas entrance scores, attrition rates, and NCLEX pass rates. This information will be reviewed regularly at faculty meetings.

## **Expected Outcomes and Key Performance Indicators:**

- 1. The evaluation plan is congruent with state and national standards 100% of the time.
- 2. The evaluation plan is used for continuous program improvement 100% of the time.
- 3. Attrition rates 20% or less of students fail to complete the program.
- 4. Retention rates 80% of all students will complete the program on time.
- 5. Licensure rates 80% of all students will be successful on their first attempt at passing the NCLEX-RN.
- 6. Job placement rates 85% of all graduates, who desire employment, will be employed in medical facilities within 6 months of graduation.
- 7. Course surveys by current students course meets professional standards 85% of the time
- 8. Student achievement in the clinical setting 85% of students will achieve a satisfactory score in all clinical areas.
- 9. Program satisfaction by graduates 85% of responding graduates will *agree* or *strongly agree* that the overall knowledge and skills gained from the program was sufficient for entry level practice.
- 10. Program satisfaction by employers 80% of responding administrators will evaluate the graduate's performance as satisfactory (agree or strongly agree) regarding knowledge, communication skills, technical skills, and patient care.
- 11. Faculty performance Faculty will achieve satisfactory evaluation rating in all areas.

## Evidence of Results

Criteria/ Component to be Evaluated	Materials and/or Activities	Committee/Person Responsible for Evaluation and Timeframe	Indicators of Achievement	Analysis/Next Step
Organization/ Administration of Program	Total Program Review  Components and analysis of evaluation plan are reviewed	Program Director, Dean of Applied Academics, Faculty Annually	Program and Resource Planning	Utilize this program evaluation plan. Continue to compile and evaluate data on yearly basis at end of year faculty meeting,
	Release time for Program Director/Dean, Assistant Director	Program Director, Dean of Applied Academics, Vice President of Academic Affairs Bi-annually	Program Dean/Director 80- 100% Release;  25% Assistant Director per semester; Two Assistant Director 12.5% each per semester	Assistant Director position split between two faculty  Days/hours for each AD are located in program plan, job description and on master calendar in office. Schedule is also reported in faculty meetings.  Each Assistant Director will assume on site responsibility one day per week as listed on calendar in absence of director.  We currently have one Assistant Director, Heidi Crean representing us on the College Budget and Planning Committee to advocate for staffing for our program. We also have one Assistant Director, Kim Swift on the Curriculum Committee to advocate for any future curriculum issues.
	Advisory Committee meetings	Program Director Annually	Community & Academic Participation Resource Planning	Continue discussion with community & academic partners  Maintain external funding sources and explore additional funding mechanisms

				Currently exploring options for joint appointments with clinical agencies and college for faculty hiring. Currently have one categorical full time faculty position supported by clinical agencies.
	Program Review	Program Director, Dean of Applied Academics, Vice President of Academic Affairs Annually	Director, Assistant Director Release time	Utilize program review and BRN plan to evaluate appropriate release time for administration of the program
Philosophy and Outcomes	NCLEX Pass Rates*	Director/Staff  Annually and for each cohort	NLCEX pass rates* are ≥ 85% for each cohort	Continue to evaluate and adopt learning approach and methods that promote student performance and success on NCLEX update based on new NCLEX format
	Student Participation	Assistant Director/Students Monthly	Students participate in general full faculty meetings and participation noted in faculty minutues	Assistant Directors are assigned to communicate with students (one for first year, one for second year) and to encourage student representatives to contribute ideas and concerns to program administrators and faculty and to attend faculty meetings
	Program satisfaction by graduates	Director, Staff Annually by cohort	Program evaluation completed by graduates.	Continue with student evaluations at the end of their educational program. Administrative assistant will distribute evaluations in class on last class day and collate and tabulate findings. Discuss findings and possible changes at staff meetings.

			Students Agree or Strongly Agree program outcomes are met	
	Student Preceptorship Experience	Director, Faculty  Annually and per cohort.	Students successfully complete preceptorship hours in last semester	Students evaluated by nurse preceptor and clinical coordinator for meeting preceptorship student learning objectives and ability to use critical thinking skills and safely apply theory to clinical practice.  Continue to ensure students meet the program requirement of 132 hrs prior to graduation
Program of Study, Curriculum, Instructional Techniques	SLO Assessment tools for course	Director, Faculty, Curriculum Committee  3-year cycle for district compliance, review bi-annually update as needed for BRN and NCLEX compliance.	Curriculum revised or updated to align with SLO assessment	Continue assessing course SLOs on three-year cycle for district compliance and annually for BRN compliance. Modify content or instructional method as agreed in faculty meetings. Continue to update content for NCLEX relevancy with upcoming changes to new NCLEX.  Review curriculum to consolidate and streamline to fewer number of courses.
	Student course pass rate	Faculty	Students must maintain theory grade of ≥ 75% to pass course	Continue to monitor student success using transparent and agreed upon instructional methods and grading criteria. Discuss in regular core faculty meetings. Review core test items and course objectives to be in compliance with new NCLEX format and expections. Include higher

	Bi-Annually and by cohort.	>90% of students met this criterion	level critical thinking expectations and integration of theory to practice using evidence based practice guidelines.
Student satisfaction surveys	Director and all faculty/ Staff Review Bi- Annually	Course surveys completed by students at end of each semester and administered in class or online by program staff.  Agree or Strongly Agree course outcomes and objectives are met	Continue with the evaluation tool at the end of each semester. Discuss findings and possible changes at staff meetings. Post evaluations on Canvas for greater student access. Incentivize students to complete evaluations each semester by giving one lab hour to complete program evaluations.
Program Data for Attrition/ Retention	Director/Assistant Director/Staff Bi-Annually and by cohort	Track Attrition/Retention yearly and by program cohort	Continue to monitor program attrition and identify any trends in curriculum or instructional techniques to maintain retention.
Student Grievance Procedure	Director, Faculty Review Bi- Annually, and by occurance.	Track student grievance, complaints and resolutions	Revised procedure to articulate specific process and chain of command and review process. Mechanism for tracking includes administrative review, locked file in director's office, database & annual review

Educational Facilities, Resources, and Services	Course surveys	Director, Faculty Bi-Annually	No specific concerns identified by students	No specific benchmark; faculty discuss at regular faculty meetings.
	Simulation surveys	Director, Faculty  Bi-annually	≥90% of students will agree or strongly agree with increased development of skills & knowledge (Q8-Sim evaluation score).	Increased student participation in simulation activities from 0 to 5 per student; includes use of high fidelity sims. Implemented V-Sim for presim learning. Includes learning objectives, debriefing, and NCLEX test categories. Will update with new NCLEX format when released. 2 faculty to attend NCLEX workshop by COADN in April 2020.
	Library and Learning Center surveys  And Nursing Program technological resources	Director, staff  Annually	Meets or exceeds rating in all survey areas	New State of the art library with advanced technology including Healthcare database resources  College in process of hiring new Head Librarian  Faculty regularly review and update library resources pertaining to nursing

				Nursing Department has received funding and equipment to conduct Zoom online/facetime faculty meetings to increase faculty participation in faculty meetings especially for those faculty who do not live in the area. These meetings will be started 2/27/20. Core faculty will be present on campus. All other faculty will be invited to attend in person or on Zoom.
Affiliating Agencies and Clinical Learning Activities	Advisory Meetings	Director Annually	Collaborative discussions with clinical and academic partners	None needed
	Clinical Director	Clinical Coordinators Annually	Annual meeting with Clinical Directors & Staff	Discuss any changes, policies or concerns Facilitate ongoing collaboration

Clinical Coordination	Faculty/Clinical Coordinators Continuous at each faculty meeting	Release time assigned to two FT faculty to develop and assign student clinical rotations Coordinate with facilities and adjunct faculty to update and maintain student clinical experience	Discuss at faculty meetings. Update policies, procedures or student information as agreed.
Simulation	Director, Faculty  Continuous and review at each faculty meeting	Continue to integrate simulation activities into skills lab for enhanced student learning	Simulation lab includes learning manikins with improved simulation technology, bar code administration, and upgrades to Pyxis Formal planning in progress to continue to expand simulation activities.
Student clinical & preceptorship evaluations	Faculty, clinical coordinator  Bi-Annually, Annually	≥90% of students will achieve a satisfactory score in all clinical areas.	New clinical evaluation tool developed in collaboration with clinical faculty.

	Learning Contract	Director, Faculty and Clinical Faculty  Continuous at each faculty meeting	No medication errors or injuries reported ≥ past 5 years  1 safety matter 2017; needlestick incident, non- contaminated.  1 needle stick 2/2019 during preceptorship. Followed program, agency, district and worker's compensation protocol.	Learning contract assigned if remediation activities are required for clinical skills/ careplanning.  Director/faculty addresses safety concerns at faculty meetings/ shares & develops strategies to prevent injuries. Reviews program and hospital policy.
Student Achievement	Program Attrition Rate  Method: Number of students who	Director/Staff  Annually and by cohort.	2015/2017 Cohort: 0% 2016/2018 Cohort:13.7%	Mandatory Application orientation workshop started by program staff in 2015. This increases local resident enrollment which increases retention and decreases attrition. It also increases the local nursing workforce after graduation. This increases the collaboration of local hospitals for program support.

drop out of t	the	2017/2019 Cohort:18.5% 2018/2020 Cohort: 4% 2019/2021 Cohort: 4%	Pharmacology courses reduced to 1 unit as previous  Added math workshop for nursing students to summer schedule  Revised Seminar course content to emphasize evidence based practice.  Introduced online/hybrid model using Canvas LMS.  Revised Leadership course to eliminate redundancy and develop progressive learning pathway.
Program Ret Rates  Method: Nur of students v successfully complete the program	mber who Annually	2015/2017 Cohort: 100% 2016/2018 Cohort:86.3% 2017/2019 Cohort:81.5% 2018/2020 Cohort: 96% 2019/2021 Cohort: 96%	See Above  Military Admissions Process and attestation form Added in compliance with Section 8 of BRN director's handbook. Military Students are tracked in program for attrition and retention. Military students receive 2 slots in lottery system.
NCLEX Pas Rate*  Method: Box Registered N reports and website. Mo	ard of Nursing Annually	2015 Cohort: 100% 2016 Cohort: 81% 2017 Cohort: 100%	Curriculum change to integrate QSEN competencies  Changed to online platform w/links to procedural videos and NCLEX mapping. Integrates NCLEX style quizzing; incentivizes ATI prep.  Will update to new NCLEX format when released

	Measurement Annual Report		2018 Cohort: 86% 2019 Cohort: 100%	
Graduate Outcomes	NCLEX-RN Pass Rate*  Method: Board of Registered Nursing reports and website. Mountain Measurement Annual Report	Director  Annually and by cohort	Pass Rates*  NCLEX 5-yr pass  rate ≥ 93%	Continue as stated above
	Employer Survey Tool	Director/Staff  Annually and by cohort	All respondents marked strongly agree or agree that graduates were prepared as entry level RNs in past 5- years	None required
	New Graduate Survey Tool	Director/Staff  Annually and by cohort	100% of returns indicate graduates feel that they are well prepared for	None required

			practice. Agree or strongly agree	
Faculty Performance	Faculty evaluation cycle	Faculty, District  Per MCFT contract 8.1.3, Full-time faculty are "evaluated by June 1st every three years"  Per AFT/CFT Contract Adjunct Faculty are evaluated the first semester they start and then again in the 6th semester of instruction  Adjunct faculty must be evaluated by a full time nursing faculty or instructional Dean	Criteria met for tenure track faculty. Specific data not shared due to confidentiality	Faculty with needs improvement scores receive remediation plans or they are not assigned load per contract  All evaluations are up to date per contract.  Adjunct faculty are not rehired if evaluation is unsatisfactory
	Type & Number of Faculty	College Administration, Director Nursing	Program Review This Self-study	Program needs 5 faculty master's prepared BRN approved faculty and 1 Director/Dean with 100% release. Program currently has 4 FT faculty, 16 adjuncts and 1 FT Director/Dean.

	Bi-Annually	We need 5 FT masters prepared BRN approved faculty, one for each content area: OB, pediatrics, Geri, Med/Surg, Mental Health, plus one full time Director.  Utilize the most current program evaluation plan approved by the BRN	We have 2 FT Master's Prepared BRN approved faculty instructors and 1 PHD BRN assistant instructor and 1 BSN instructor in a master's Program.  Additional faculty should be content experts in Mental Health and Pediatrics.  Work with administration, foundation, and community to ensure program has enough faculty to meet ongoing program needs.
Student satisfaction surveys  Method: C surveys by students a each seme	Bi-Annually Course y current t end of	Agree or Strongly Agree course outcomes and objectives are met	Continue with the evaluation tool at the end of each semester. Discuss findings and possible changes at staff meetings. Post evaluations on Canvas

	Have Content	Director, Faculty	Faculty maintain	Rubric developed for tracking content expert status
	Experts in all five areas	Continuous. 5-yr renewal cycle	current content expert status	Faculty are employed or assigned clinical rotations in designated content expert areas.
			Current Content Experts:	
			Heidi Crean MSN	We have just hired Melissa Gory RN MA who is a clinical specialist Mental Health.
			OB & Pediatrics	New hire will start as our MH content expert here after receipt of
			Kim Swift MSN	approval from BRN next week.
			MS/Geri	We have contacted a clinical specialist, Alice Black MS CNS in
			Melissa Gory MA: Mental Health	pediatrics who is willing to work with us next Spring 2021 as our content expert in Pediatrics.

<sup>\*</sup>This NCLEX data is compiled by the BRN but stored and aggregated in the nursing department

<sup>\*</sup>Student data is presented by cohort