



**Mendocino
College**

Associate Degree in Nursing

Self-Study Report



September 2019

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A: EDP-P-05 Total Curriculum Plan

B: EDP-P-06 Required Curriculum

C: EDP-P-10, Report on Faculty Forms

D: EDP-P-11, Nursing Curriculum and Clinical Facilities

- E. Class Schedule
- F: Clinical Coordinator Duty Statement
- G: Clinical Rotations
- H: MOA Contract Template
- I: Clinical Evaluation Tools

Attachments

Attached as separate documents

- Mendocino College Catalog
- Faculty Handbook
- Clinical Faculty Handbook
- Non-Faculty Clinical Handbook
- RN Student Handbook
- Preceptorship Handbook
- Course Syllabi

Exhibits

Available for review

- Examinations from each course
 - Course evaluations for theory and clinical
 - Minutes of faculty and committee meetings
 - Contracts with clinical facilities
 - College Catalog
 - Surveys from graduates and employers
 - Faculty and clinical facility approval forms
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Introduction

The Associate Degree in Nursing (ADN) at Mendocino College is a full-time four semester (fall and spring – no summers) program in which students attend classes and clinical (lab) approximately 32 hours per week. Students are scheduled for class or clinical on 4-5 days each week during the semester.

The program was started in 2003 in response to a strong need for Registered Nurses in our rural hospitals. Initially we accepted 2 cohorts of LVN to RN Bridge students. During this time, the program received additional funding and we were able to write the curriculum and start admitting generic RN students every Fall with the first class graduating in Spring of 2007.

Since that time, the program has continued to admit at least 18 students every Fall to the 2-year track. In the second semester 6 or more (depending on attrition) LVN bridge students are admitted to a semester long bridge class. These students join the 2-year group in the third semester and we graduate a class of 24 every Spring. At any time, the program generally serves up to 48 students. Virtually all students choosing to remain in this area after graduation are able to be hired by one of the acute care facilities in Mendocino and Lake County. Some of the Long-Term care facilities and out-patient clinics have also been able to benefit through hiring of nurses willing to remain in a rural area.

Throughout the history of the program, this trend has remained unchanged and we are now recognized regionally for filling a critical need for Registered Nurses who are well trained to accept the challenges of caring for a largely underserved and low-income rural population.

Section 1: Nursing Administration

Program Director and Assistant Director Information

PROGRAM DIRECTOR AND ASSISTANT DIRECTOR INFORMATION [CCR 1424 (e); 1424(f); 1425]

State of California

Department of Consumer Affairs
Board of Registered Nursing

CONTINUING APPROVAL SELF-STUDY REPORT For Continued Approval of Nursing Program

(916) 322-3350

This report covers program review for the last five-year time period.

| | |
|---|--|
| Program Name: Mendocino College RN Program | Date of Report January 24, 2019 |
| 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 <input type="checkbox"/> Evening/Weekend Program |
| Date of Last Approval Visit: March 16, 17,18 2015 | |
| Date of Last Major Curriculum Change: 2/18/2005 Date of Last Minor Curriculum Change: 11/15/2018 Total Number of Students Currently Enrolled: 48 Enrollment Cycle Pattern (# of students/cycle, frequency): 18-20 generic every Fall + 4-6 LVN (or more if attrition from Fall generic group) following Spring for a total of 24 graduates every Spring | Academic System: <input checked="" type="checkbox"/> Semester ___17___ weeks/semester <input type="checkbox"/> Quarter ___ weeks/quarter |

SECTION 1:

A. PROGRAM DIRECTOR AND ASSISTANT DIRECTOR INFORMATION [CCR 1424 (e); 1424(f); 1425]

| | | | |
|---|----------------------|---|---------------------|
| Name of the Program Director and Title Fran Laughton, RN, MSN | | Name of the Assistant Director and Title Anna Valdez, RN, PhD | |
| Date appointed to the position: | June 19, 2017 | Date appointed to the position: | July 1, 2017 |
| Percentage of release time: | 75% | Percentage of release time: | By contract |
| Additional program(s) managed by the Program Director | none | | |

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 prelicensure RN Program. [CCR 1424 (e);1424(f); 1425]

There has been no change to the official release time or duties required of the Director. The ADN program position is defined as 75% release time with a 25% teaching load. This has flexed somewhat due to staffing considerations. Since the current Directors return in December of 2016, the release hours have been up to varied between 75-80%. Assistant Director duties have been fulfilled through use of contract staff at a rate considerably less than 25%.

In Spring 2020 the program will be moving from a "hired" assistant director with a fixed amount of release time, to an appointed position with release time based on assigned duties. This will permit us to be more flexible and move more rapidly in assigning assistant director duties and creating a pool of faculty prepared to meet the Director position.

In the March 2015 Consultant Approval Report there was a recommendation (1424e) that the Director release time of 75% was insufficient to administer the program. College administration is aware of this and have not made a formal move to increase hours on a permanent basis

Position Descriptions

The ADN program has one Full-Time equivalent position split between the Director and Assistant Director positions. The division of duties has historically been a 75% Director/25% Assistant Director split. MCC plans to continue this process.

ADN Program Director

JOB DESCRIPTION:

Under general direction, has managerial responsibility and authority for the overall supervision and coordination of the program. Specific responsibilities include, but are not limited to, the following: participation in all matters concerning instruction, curriculum, faculty, students, scheduling, budget, evaluation and personnel.

SCOPE:

The Director of the ADN Program participates in the overall development of policies and procedures pertaining to the planning and implementation of activities that will enable the ADN Program to remain compliant with the rules and regulations as set forth by the Board of Registered Nursing (BRN).

KEY DUTIES AND RESPONSIBILITIES:

Examples of key duties are interpreted as being descriptive and not restrictive in nature.

- a. Develops and administers ADN and Skills Laboratory budget and inventory.
- b. Supervises, schedules, and directs skills laboratory including supervision of classified staff.
- c. Develops skills laboratory schedule; Assures concurrence between curricula and clinical.
- d. Supervises all faculty assigned to the ADN Program.
- e. Completes required reports and approval forms for the BRN, Mendocino Community College (MCC) and other agencies.
- f. Initiates and maintains contractual agreements with community service agencies used as clinical sites for nursing students.
- g. Interprets program requirements and objectives to relevant departments and service areas within the college.
- h. Monitors and maintains program compliance with:
 1. Education code (Title 5)
 2. Union contracts
 3. BRN rules, regulations and guidelines
 4. Faculty workload guidelines
 5. American Disabilities Act
 6. Faculty licensure
 7. District compliance and personnel guidelines
 8. Clinical agency requirements, policy and procedures
 9. Workers compensation regulations
 10. MCC policies & procedures
- i. Oversees preparation of self-study report for BRN approval visit.
- j. Supervises development of class schedule and monitors enrollments and faculty loads for courses related to professional nursing, including weekly clinical and theory assignments.
- k. Maintains currency of college catalog and ADN program website.
- l. In collaboration with the Human Resources Department, supervises recruitment, screening, interviewing and selection of all full time and adjunct ADN faculty.

- m. Functions as liaison with college services and departments that have an impact upon student success.
- n. Participates in preparation of program, evaluation and planning documents.
- o. Receives reviews and facilitates resolution of student, faculty and staff complaints. Interprets student grievance procedure for students and faculty.
- p. Performs other duties as assigned by the Dean, MCC, or designee.

Curriculum

1. Oversees ADN curriculum development to ensure its relevance to clinical practice.
2. Approves curriculum changes for submission to the BRN.
3. Maintains records of attendance of CE courses consistent with BRN regulations.
4. Reviews and approves textbook list.
5. Approves the use of clinical agencies in terms of their ability to provide experience that will allow students to meet stated clinical objectives.

Faculty Development

1. Orients new faculty to Mendocino Community College. Provides mentorship as needed
2. Assists faculty in developing remediation plans to meet BRN mandates.
3. Attends and participates in faculty meetings.
4. Oversees use of substitute faculty.
5. Guides faculty in the process of student counseling.
6. Promotes activities for staff development.
7. Evaluates faculty credentials and submits qualified faculty to BRN for approval.

College and Community Activities

1. Liaison with clinical agencies.
2. Represents the ADN program in local, regional and state-wide meetings and committees.
3. Serves as Chair of the ADN Advisory Committee.
4. Serves as advocate for students and ensures that students receive due process.
5. Oversees screening of applications and selection of new students into the ADN Program.
6. Oversees challenge process.
7. Oversees student health records, Malpractice Insurance, Background Check and CPR requirement.
8. Supports student recruitment activities.
9. Assists students with licensure applications (NCLEX-RN).

KNOWLEDGE OF:

1. Rules and regulations as set forth by the BRN that govern undergraduate professional nursing educational programs.
2. Principles of leadership, community college curriculum and instructional program development.
3. Learning theory and community college student characteristics.
4. Equal Opportunity Employment, hiring, and evaluation policies and procedures; local, state, and federal employment regulations.
5. Student services programs.
6. Budgeting.
7. Laws and regulations governing California Community Colleges.

ABILITY TO:

1. Plan and organize tasks relevant to program needs; supervise the work of staff members.
2. Relate effectively with a diverse population of students, faculty, staff and community members.
3. Possess consensus-building skills.
4. Communicate clearly, both orally and in writing.

5. Maintain currency within the scope of the position.
6. Understand the needs of the community relative to the ADN Program.
7. Demonstrate sensitivity to, and respect for, a diverse population.

QUALIFICATIONS:*Education:*

Master's Degree in Nursing required.

Experience:

One year of formal training, or leadership experience reasonably related to this assignment.

Must also meet all the minimum requirements of the Board of Registered Nursing (BRN) for appointment as Director of a professional nursing program.

SUPERVISION RECEIVED:

The Director of the ADN Program reports to the Dean of Career and Technical Education.

SUPERVISION EXERCISED:

The Director of the ADN Program provides supervision for all aspects of the Program.

Assistant Director

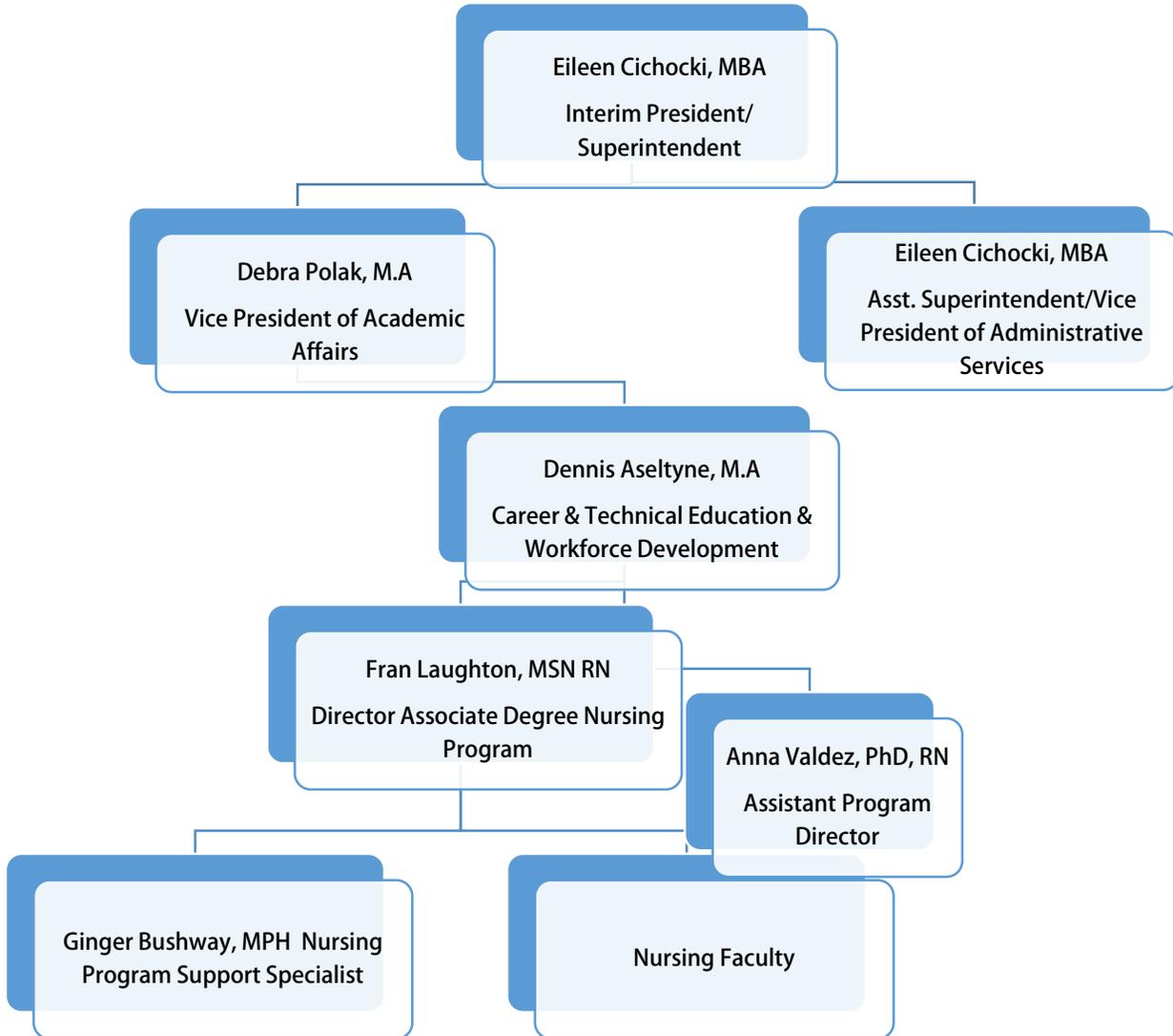
Job Description:

Under the supervision of the Director of the Associate Degree Nursing (ADN) Program, the Assistant Director assists the Director in areas relevant to instruction, curriculum, faculty and students. Specific responsibilities include, but are not limited to, the following:

1. Assume responsibilities of ADN Director in the Director's absence.
2. Meet with students applying for advanced standing as a transfer student to clarify ADN program goals and requirements.
3. Participate in adjunct faculty evaluation as needed.
4. Prepare ADN Program curriculum changes to be submitted to the MCC Curriculum Committee.
5. Attend team meetings as needed.
6. Serve as a member of the adjunct hiring committee as needed.
7. Carry a 75% teaching load or as assigned in either the clinical or teaching area for which he/she meets qualifications.
8. Conduct program evaluation, analyze data, and prepare reports.
9. Collaborates with the Director in assuring that all job responsibilities and program needs are met.

Organizational Chart

MCC is governed by a Board of Trustees who meet monthly and determines the activities, policies and procedures of the College. The Board of Trustees are elected officials representing the geographic areas covered by the College district. The President of the College is Dr. Arturo Reyes. Debra Polak, M.A. is Vice President of Academic Affairs and she is responsible for all educational programs at the College. The Dean of Career & Technical Education Programs is Dennis Aseltyne, M.A. Eileen Cichocki, M.B.A. serves as Assistant Superintendent/Vice President of Administrative Services and she oversees clinical contracts. The Director of the Associate Degree Nursing program is Fran Laughton, M.S.N.



Faculty are provided the names of the course coordinators and content experts at their orientation to the program. Faculty and students are informed to take problems to the course instructor, then the coordinator, the director, and dean. The lines of authority are reflected in the Faculty meeting minutes with coordinator reports and the team meeting minutes.

B. Program Summary Statement

The ADN program has experienced numerous changes in the past five years and despite these changes we continue to have a robust nursing program and faculty.

Administration

In 2015, then Director Barbara French retired, followed within 6 months by Assistant Director, Fran Laughton. Viki Chaudrue functioned in the capacity of director for a short time but left somewhat precipitously, and with little notice in December of 2016. During Viki's tenure as Director the program was able to hire an Assistant Director from out of the area, however this individual never reported for duty leaving the program with no Assistant Director or Director when Viki left in December of 2016.

In December of 2016, former Assistant Director Fran Laughton was contacted and she agreed to suspend her retirement and return to MCC full-time to assume Director duties. She will have been in this position for nearly three years at the next program review in November 2019, but is scheduled to resume retirement in December of 2019. Both the BRN and the Administration of MCC are aware of this pending transition.

Anna Valdez, Program Director for the nearby Santa Rosa Junior College Nursing Program agreed to take on the role of Assistant Director on a contract basis in July of 2017. This arrangement was negotiated with input from the respective Nursing Education Consultant's (NEC's) and is scheduled to remain in place until December 2019. Existing faculty will meet BRN regulations and become eligible to assume the Assistant Director role in January 2020. There are currently two tenure-track faculty who will meet the requirements and have indicated a willingness to serve.

MCC administration plans to recruit for an interim or permanent ADN Program Director in February of 2019. The position must be filled as of January 2020. Should MCC only be successful in attracting an interim for the academic year 2020, either of the individuals eligible and/or serving as the Assistant Director, will additionally have met BRN requirements to serve as Director of the ADN program in 2021. The current director has recommended to the MCC administration that there be more than one Assistant Director to maintain a larger pool of eligible candidates in the event of unexpected turnover. This process is scheduled to be implemented in January 2020 when two full-time faculty members currently on staff meet the BRN requirements for this position.

Faculty

The ADN program is approved for 4 FTE's. As previously mentioned, both the Director and Assistant Director are mixed administrative/teaching positions with release time of 75%/25%. This accounts for one of the four FTE's leaving a total of three FTE's to teach classroom and clinical content. One of the three FTE's is a non-tenure track, but full time, categorically funded position. This position is supported through direct contributions to MCC by our 3 major local clinical partners, Adventist Health Ukiah and Willits and Sutter-Lakeside. A fifth full-time

tenure track position was approved in 2014, however this position has never been filled and is currently not on the schedule for approval by the MCC staffing (PBC) committee.

In December of 2016, at the time the former director Viki Chaudrue vacated her position, there were numerous other changes to faculty. The full-time OB/Pediatrics faculty left the area and the faculty holding the full-time but non-tenure track position went on an extended medical leave and ultimately retired in May of 2017. One additional full time faculty member also went on an extended leave and she did not officially resign until April of 2018. This resulted in a complete turnover of all full-time positions within the nursing department.

We were fortunate in that there were two Masters prepared RN's, Kim Swift and Heidi Crean, residing locally who were willing to start employment on a part-time basis until their positions became full-time in Fall of 2017. Both of these staff are now in year two of the tenure track process. Additionally, we were able to hire an RN with SIM experience to fill the full-time, non-tenure track position. This individual, Shanti Adhikari started his MSN program part time Fall of 2018 in addition to being employed in at full-time categorical position at the college. He is scheduled to complete his MSN education in Spring of 2021. At this time, he is only qualified at the assistant instructor and must have a collaborating instructor as the lead on any classroom instruction he is assigned to.

Two of the FT staff, Kim Swift and Heidi Crean have course/clinical coordinator duties in addition to their teaching load and receive release time to fulfill these duties. They also serve as the instructor of record for our team taught courses. Adjunct, clinical staff and other faculty teaching in each course receive supervision by the course coordinator, Assistant Director and Program Director. Shanti Adhikari receives release time as faculty to coordinate technical aspects related to the SIM lab.

Current Course/Clinical Coordinators for the core class in each year are as follows:

Year 1

NR 102 Beginning Medical-Surgical Nursing - Heidi Crean

NR112 Maternal/Child and Pediatric Nursing - Heidi Crean

Year 2

NR125 Intermediate Medical-Surgical Nursing and Beginning Psychiatric Nursing - Kim Swift

NR135 Advanced Psychiatric Nursing and Medical-Surgical Nursing - Kim Swift

Preceptorship

Assessment and Assignment of Placement (3rd semester) Fran Laughton

Site Visitation and Liaison to staff/site (4th semester) Kim Swift and Staff

LVN to ADN Coordinator –Kim Swift and Staff

SIM technical coordinator/assistant instructor- Shanti Adhikari

Due to staff turnover in the last few years, content expert status among staff is evolving. Program Director Fran Laughton, achieved content expert status in all five core areas during her initial tenure and maintains this designation. Some staff are in the process of completing the clinical component of hours necessary to be recognized as possessing this status. Below is a list of our current faculty who meet criteria as content experts. Being a small program, with limited ability to attract qualified faculty quickly when needed, we have found it useful to have as many faculty as possible meet these qualifications. MCC has been supportive of the process by providing additional funding in order to assist faculty with remediation activities.

Geriatric Nursing – Fran Laughton, Kim Swift, Heidi Crean

Medical Surgical Nursing – Fran Laughton, Kim Swift, Heidi Crean

Maternal/Child – Fran Laughton, Heidi Crean

Pediatrics-Fran Laughton, Heidi Crean * (will meet the qualification in Spring 2020)

Psychiatric Nursing – Fran Laughton, Kim Swift * (will meet the qualification in Spring 2020)

Beyond the current director, Fran Laughton, no additional retirements are anticipated for the near future. While numerous challenges to stabilizing and re-energizing the program in the last few years cannot be ignored, the commitment and flexibility of current staff bodes well for the future.

Recruiting faculty for Psychiatric and Pediatric Nursing is a challenge in our area as we have no facilities in the two counties we serve who provide acute in-patient services to this segment of the population. Most of the mental health services for the general population residing in Mendocino or Lake counties are provided either in local correctional facilities or in the emergency departments where patient waits of up to a week for acute in-patient care are not unusual. Statewide, in-patient pediatric care is equally difficult to find as most of these beds are located near or in teaching hospitals in major metropolitan areas. Where they exist, competition for nursing student placement is highly competitive. We did have a rotation at the Children's Hospital in Oakland (CHO) but the contract was terminated with MCC at the end of the Spring 2018 as the Hospital made a decision that our graduates were not in their catchment area. Further, CHO had implemented a policy of hiring only staff with a BSN or greater. This makes it difficult to recruit instructors having the required background to teach in the classroom and clinical settings for Psychiatric and Pediatric nursing. Our contract for in-patient Psychiatric Nursing with Creekside Behavioral was abruptly terminated by that facility in April 2019. We are in the process of negotiating with Aurora Behavioral Health as a new location for in-patient acute psyc for the 4th semester, and hope to have this facility on-line by Spring 2020 when the students have typically had their in-patient rotation. We just completed negotiating a new contract with NaphCare so that students will be returning to the Mendocino County Jail for a beginning psyc rotation in 3rd semester. We continue to utilize the Lake County jail as a site for beginning exposure to psychiatric nursing.

As mentioned, we have been fortunate that the Dean of CTE has been willing to provide additional funding to the nursing program so that two full time faculty members have been able to remediate in these areas and teach in the classroom. Required clinical hours that would additionally qualify them as content experts for these areas are underway and estimated to be complete by Spring 2020 (see above *) We utilize nearby out-patient clinic sites to assist

students in gaining mastery of the nursing concepts necessary to provide care for the pediatric population. We will continue to require this support in the future as additional needs arise.

We regularly recruit new adjunct faculty to ensure that we have qualified staff to teach in the clinical setting. We currently employ 13 active adjunct faculty. Additional contracts are negotiated on an on-going basis. Most of these are also employed full or part time by one the local hospitals. Adjunct faculty are used primarily to teach in the on or off campus clinical settings or in one of the open labs. We have been successful at recruiting graduates of our program once they have gained sufficient experience so that they meet BRN qualifications as either Clinical Teaching Assistants or Assistant Instructors. We also make every effort to hire clinical instructors who are also employed by the hospital in which the student clinical rotation occurs. We have found that this facilitates student on-boarding and maintains good communication with our partners so that changes in either nursing program requirements, or changes within the hospital are dealt with in a smooth and timely manner. Many of our adjuncts have been employed by the MCC ADN program for years. These individuals have an understanding, interest and commitment to assuring that the need for RN's locally continues to be met.

Adjuncts receive direct supervision through the clinical/course coordinator for each core class for the semester (102, 112, 122, 132) Adjuncts facilitate patient assignment, assist and supervise students performing skills, and complete the mid-term and final clinical evaluation for each student in their "home hospital" in a given semester. Students, adjunct and regular faculty receive a clinical calendar prior to, or in the beginning of each semester detailing where each student will be placed for clinical rotation. Each student is assigned to a "home-hospital" for the bulk of their clinical hours in 1st, 2nd and 3rd semester along with any scheduled out-rotations. The course /clinical coordinator is also the faculty of record providing supervision to students in an out-migration.

Clinical/Course coordinators are full-time faculty who receive release time to perform these duties which include supervision of adjunct staff, coordination and contact with the clinical site liaison to assure adequacy of training sites, assurance that all documentation and evaluations meet program standards, participation in recommendation and follow-up for students needing remedial training and support, coordinating with the Assistant Director and Director regarding more serious student disciplinary matters as well as maintaining regular contact with the clinical sites and are responsible for all aspects of clinical coordination to assure that students receive well-coordinated, relevant and concurrent clinical education.. This role has recently been formalized through MCC recognizing that nursing program faculty have greater responsibility for student outcomes in the clinical arena. Release time is granted to perform clinical/course coordinator duties which in the case of the team-taught, core classes may additionally include serving as lead instructor for classroom education. A duty statement outlining responsibilities for course/clinical instructor is included in the addendums.

All faculty, whether full or part-time are invited to attend general college orientation events which occur prior to students returning to campus in the beginning of each semester. FLEX hours are granted by MCC to cover hours spent in these activities. Three additional non-instructional days are also granted each year for full-time faculty to manage and modify Student

Learning Outcome's (SLO's) related to the curricula. There is both an adjunct and full-time union who hold regular meetings open to faculty to acquaint faculty with the expectations and limits to what can be asked in the performance of expected duties. With a recent change in the College President, MCC is resuming many of the previously performed orientation activities relevant to orienting new faculty to general aspects relating to college employment. Handbooks for both Full and Part time unions are available on the College Portal. To ensure that all faculty have necessary information to perform their duties specific to nursing, we maintain separate Nursing Faculty Orientation Manual's and clinical orientation checklists which are also available on the Portal. Written manuals provide a comprehensive overview for faculty to be able to refer to after orientation.

Curriculum

The sequence of classes has not changed since the curriculum was developed in 2003. Already discussed was a brief increase in Pharmacology units from 1 to 2, each semester. After a year of evaluating outcomes relative to this change, faculty determined that there was no improvement in student performance and the Pharmacology classes reverted to 1 unit per semester in Fall of 2019. There has been some reorganization of content and content delivery strategies within the individual classes to prevent redundancy, support concurrency and facilitate student participation where long commute times and conflicting work schedules add to the burden of being a fulltime RN student. Specifically, some of the Nursing Seminar classes (N126, N136) are now offered in a hybrid online format with the content designed to expand on the core class content for the same semester (N122, N132) In the future, we anticipate adding N 116 and 131 as this content also lends itself nicely to a hybrid format.

The classroom focus in second semester is Maternal-Child/Pediatrics (N-112). However, the associated clinical rotations for students in the second semester is mixed and includes maternal-child, pediatric and med-surg experiences. The rationale for including a mixed clinical rotation is that students are continuing to practice basic med-surg skills learned in first semester and the associated content and clinical skills are reinforced in second semester seminar (N-116) This strategy assures that students get adequate exposure to basic med-surg nursing content and skills as at least 90% of our graduates begin their career as new graduates working in this type of setting.

To further support this strategy, faculty has implemented a more robust learning system by adopting Coursepoint as the textbook resource used for teaching content. This learning system places increased responsibility on the student to come to class having completed assignments so that actual class time is spent on expanding on concepts instead of basic instruction. Virtual SIMS are also included so that the student gains practice with critical thinking and decision making. Pharmacology relative to the disease processes are included as are associated labs, communication skills and other processes vital to nursing practice. As a further improvement in our teaching strategies, we are trialing an associated product from the same publisher, "Docucare" which will offer the student additional practice opportunities in EHR style documentation for assessments, medication administration and other EHR mediated activities in an actual or simulated clinical setting. We anticipate implementing this product in Fall of 2019 and will evaluate its effectiveness using student feedback and performance as measures of success. Additional equipment to make this fully useable in the SIM lab will be in place prior to implementation.

Other Improvements

The ADN program continues to evaluate our program outcomes and make improvements to best prepare our graduates for practice as registered nurses. We have made significant strides in simulation, including upgrading mannequins. We now have a fully operational adult medical surgical simulation rooms as well as an automated birthing mother/newborn room. Three additional mid-fidelity pediatric mannequins are also able to be utilized to provide additional experience with this population. Students rotate through simulation lab every semester. We have also purchased scanners to practice scanning medications during medication administration skills and simulation. The pyxis has been upgraded to include a console so that the medication administration experience found in the hospital setting can be duplicated in the SIM lab. Three laptops are available for student use in association with SIM related activities. Additional laptops for student use will be ordered so that students can gain experience in medication administration and documentation. Simulation currently accounts for about 5% of our clinical experiences as we move forward with actualizing and improving our SIM capability. We recently purchased 60 NLN validated SIM's to augment student learning. The SIM "wizard" room is now completely upgraded so that the mannequins can be programmed in real-time to "improve" or "decompensate" in response to student assessment and interventions.

Anticipated Changes

As mentioned above, the current Director will be retiring in December of 2019. The college is presently advertising for a replacement and are aware that they may need to hire a temporary Director if no qualified individual has been hired to begin by December 13, 2019 at the latest. At present, no qualified applicants have responded to the job announcement for this position. Current director, Fran Laughton has posted the position to the COADN site and received no responses or any degree of interest. She has also contacted key individuals in other programs with a similar problem and they are unable to suggest potential candidates that meet the qualifications. The lack of ability for MCC to locate, hire and retain qualified faculty and staff to meet the needs of the RN program underscores the need to pay constant attention to the nursing regulations relating to sufficiency of resources. At any moment, given the strict requirements for staff who meet the educational requirements and maintain recency in clinical skills the program is vulnerable to interruption in teaching if a key faculty member is lost.

When factoring in the requirement for maintaining appropriate content experts overseeing curriculum, sudden changes in staffing has the potential for creating a crisis whereby required content delivery is interrupted thus placing the students educational program at risk. This issue was noted by the BRN during previous visits, most recently during the 2015 visit, and the situation remains unchanged. Having a director who additionally has teaching responsibility is one of several factors that perpetuates this issue as it places time constraints on the directors ability to recruit for anticipated needs on an ongoing basis. It is also not uncommon for the director to have to teach not only regular load, but overload depending on staff availability and changes.

Discussions have occurred between administration and the director to determine strategies other programs are using to locate and hire a qualified director. Unlike our program, all of the directors I have contacted have a much more robust faculty with a greater percentage of instructors meeting the instructor level qualifications able to assume assistant director and director responsibilities. While these potentially qualified individuals might not be willing to accept the

role on a full-time, ongoing basis, they are willing to perform the duties for a limited time frame so that the program maintains regulatory compliance while the search for a full time replacement continues.

Two Full-time faculty are in the tenure process and should achieve tenure by August 2020. Both will meet qualifications as assistant director at the end of the Fall 2019 semester. The Director has advocated that this position be an appointed one, rather than a hired one with a list of duties and release time being allocated to individuals(s) meeting the qualifications. This would allow greater flexibility to the program and potentially yield a larger pool of qualified applicants should the Director position suddenly become vacated again. Administrators Dennis Aseltyn, Dean of Applied academics and Debra Polak, Vice President of Academic Affairs approved this change to appointing instead of hiring in May of 2019. The policy will be implemented at the end of Fall 19 semester when Heidi Crean and Kim Swift meet the BRN requirements for this role. Both are anticipated to be offered and accept an appointment. If one or both agree, their position as Assistant Directors will begin in Spring semester 2020. The goal in this strategy is to assure that there is an on-going supply of assistant directors qualified to function as director in the case of either short term, long term, or permanent leave. The Board does not have regulations limiting the number of Assistant Directors needed to operate a program. Instead they specify that the program have “sufficient resources to meet program’s objectives” (1424d). In implementing this new plan, we hope to continue our “home-grown” strategy which is historically associated with greater stability.

One full-time categorical faculty member is in process to complete his MSN degree by Spring 2021. He has expressed an interest in continuing on at MCC full time after graduation. Should this candidate continue with his present plans, this should help to maintain staffing stability. Two additional adjuncts are also enrolled in MSN programs and have indicated an interest in teaching. We continue active collaboration with our local clinical partners in an effort to maintain open recruitment for RN’s qualified to meet program needs as they arise.

Faculty are aware of and have discussed possible changes to the nursing curricula should the Chancellor’s Office finalize a proposal for capping the number of units in the Nursing major at 36. I have spoken to Shelley Ward, the NEC for our program and the BRN is not the agency driving this change therefore there are no specific regulations in place at this time mandating the change. As our program requires that all pre-requisite classes be complete prior to entry into the nursing program, spreading 36 units in the nursing major over the 4 semester term would prevent students from receiving financial aid if they are taking less than 12 units a semester. This would pose a considerable hardship as many of our students come from a low-income background and rely on financial aid to complete their education. In the case of students who are enrolled in a collaborative, some programs have specified that the 12 units can be met by co-enrollment with a BSN program. We do have such agreements and have increased them in the last year offering students more options to complete their degree. However, our agreements do not extend to including all units taken at both educational institutions so that students can be enrolled in the 12-unit minimum needed to qualify for financial aid. The MCC nursing department, with its small staff has elected to continue studying this issue, and should implementation be mandated in the future, we will review the requirements and make curriculum changes in accordance with recommended practices that maintains the quality of our program and graduates.

An additional change which will require considerable time and effort on the part of faculty is the anticipated change to “Next-Generation” NCLEX which is scheduled to roll out in 2022 or 23. This will represent a significant change in the measures needed to be met to pass the NCLEX exam. The intent of Next Generation NCLEX is to better evaluate graduates’ readiness for the challenges of real-life nursing practice, however the more difficult, in-depth questions will put first time pass rates at risk. Measuring clinical judgment requires more unique item types than simple multiple response questions with different scoring methodologies, including penalties for answers that indicate a lack of clinical judgment.

The program utilizes ATI as part of our assessment strategies to validate student acquisition of knowledge. As a small program with limited instructional staff, part of the rationale for including several of the assessments in a high stakes format is to provide additional resources to students to help assure that their education is well rounded and augments learning in a well-organized and validated manner. ATI is at the forefront of planning for Next Generation NCLEX and is partnered with the National Council Licensure Examination for Registered Nurses (NCSBN) to assure that staff and students have resources for planning and implementation of curricula and teaching strategies needed to assure success. Our department has regular in-person and phone contact with our ATI representatives. This contact will need to increase as we near implementation and faculty will need additional time to plan and implement changes.

Finally, a major vulnerability for the future is the potential for losing grant funding from the Chancellor’s office or from our clinical partners who contribute the salary for 1 FTE. Grant funding has provided critical resources for maintaining and improving our teaching and learning staff, equipment and supplies. Chancellor’s Office funding was cut approximately 10% in 2017 when the formula was changed from a “needs” based to State determined “apportionment”. Historically these dollars have assured us that we have a predictable source of funding to continue to maintain and manage services and equipment that are vital to the successful operation of the program without having to compete for limited dollars with other MCC programs. As of March of 2018 the College Foundation has been successful in once again securing the funding from Adventist Health Ukiah & Willits as well as Sutter Lakeside so that we can continue to pay 1 FTE categorical position for the coming year. Through the efforts of the Foundation, this process has been in place for a number of years and present staff report they plan to continue this role in the future.

Section 2: Total Program Evaluation

ADN Program Evaluation Plan

Section 1424 (b) (1) of the Nurse Practice Act states: "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." This was an area of deficiency noted during the Consultant Approval Report in 2015. The process includes admission and selection procedure, attrition and retention of students, performance of students following graduation and other criteria needed to assure that the program remains dynamic and responsive to the needs of students and their prospective employers. Many of these elements are discussed routinely at faculty meetings utilizing on-going collection of data. The Director presents demographic, attrition and NCLEX pass-rate data as it becomes available. We have an annual advisory board meeting where members of the community, employers, faculty and student representatives share their insights and opinions about how well the program is meeting needs. Any actions or changes needed as a result of the data are made based on faculty input and consensus so that the process of evaluation and implementation of changes is a shared process driven by objective information. This also ensures that the program remains strong and responsive to student and community needs as well as aligned with changes within the profession. The most recent program review is included within the body of this document.

Faculty Evaluations

The agreement between the AFT and the District details the evaluation process for regular, temporary and adjunct faculty. The tenure review process is also described in detail. Consult the AFT agreement for details at <http://www.mendocino.edu/aft/>.

By contract, adjunct faculty are evaluated after the first semester of instruction and every five semesters of instruction following. This evaluation process for new faculty may include the director, assistant director, clinical coordinator or other faculty evaluator making a visit to the clinical setting or classroom, making observations and having students complete the confidential evaluation form. Faculty are provided the student/peer feedback after instruction is completed for that group of students.

Faculty are made aware that a significant part of their evaluation is the extent that they follow BRN, MCC and ADN Program regulations. The Director's Handbook is also available for faculty to review to acquaint themselves with overall regulations pertaining to the operation of a nursing department. Faculty have access to the MCC contract online and a copy of the contract is forwarded by Dean Aselyne prior to scheduled evaluations. Faculty are invited to attend on-campus union meetings to familiarize themselves with the details of campus life and provisions of the contract. Faculty are expected to respond to the Dean and Director's emails and phone calls in a timely manner and attend all faculty and evaluation meetings in person or by phone. Failure to comply with these elements of the faculty assignment can result in an unsatisfactory evaluation.

1. Regular (Tenured) Faculty are evaluated by a post tenure review team every three years. To prepare for this review, regular faculty are required to:
 - a. Receive informal student feedback annually
 - b. Record College Service and Professional Service & Development activities annually

- c. Respond to any prior cycle recommendations
 - d. Submit a current syllabus and copy of exam for each class taught
 - e. Participate in the post tenure review final report meeting
2. Probationary Faculty have a four-year tenure review process. Components of the tenure process include:
 - a. An Annual Self-Assessment Report including Teaching Assignment, College Service, and Professional Service & Development Activities
 - b. Annual Classroom Observation Reports by all three members of the tenure review committee.
 - c. Submit a current syllabus and copy of exam for each class taught
 - d. Participation in tenure review meetings
3. After their initial review, adjunct Faculty are evaluated on a five-semester cycle. Adjunct faculty are evaluated after the first semester of employment; then at least once every five regular semesters in which they have taught. The evaluation process includes:
 - a. The faculty person submitting a teaching schedule and any current syllabi if developed by the adjunct faculty member.
 - b. One classroom/clinical observation report by one faculty member
 - c. One student class evaluation
 - d. A meeting between the faculty being evaluated and the peer evaluator to review the written report

At the time of this writing, most adjunct faculty evaluations were out of compliance, however a plan has been formulated and faculty assigned to correct this oversight. All evaluations are scheduled to be complete by the time the BRN visits in November of 2019. A template will be created so that evaluations can be assigned and completed in a timely manner from this time forward. Full time faculty evaluations are managed by their tenure review team with the Dean of CTE as the head of this team so that appropriate feedback and timeliness is maintained in this area.

An additional area of concern in the area of faculty evaluation is completion of the EDP-P-10 Report on Faculty form required by the BRN. This is a new form that has been added since my return. All adjunct and full time faculty were advised of the need to complete this form and a hard as well as electronic copy were provided to all full and part time faculty for completion in Spring of 2019. The response from faculty in returning these forms has been varying as many faculty report they do not retain documentation when they submit documents to the BRN for license renewal. I have attached the form for the three individuals who are functioning as, or will function as, content experts: Fran Laughton, Heidi Crean and Kim Swift. As already noted, having insufficient masters prepared faculty approved as content experts is a vulnerability of the program. Administration and faculty who will be leading the program after my departure have been advised of this weakness. I will provide them with resources to locate qualified faculty from nearby programs who can be contracted with to provide this service should we not have adequate staff to meet the requirement.

Faculty engage in numerous activities to evaluate and continuously improve our curriculum and program outcomes. Course, program, new graduate, and employer, and other surveys are

conducted on a rotating basis and evaluation findings are reported on at faculty, team and curriculum meetings. Individual course and student learning outcomes are reviewed by the course faculty team and reflected in the team minutes. Course evaluations that result in a proposed curriculum change are also reviewed in core faculty meetings. Any substantive change to the curriculum is reviewed first by the core faculty to determine how proposed changes affect the overall curriculum, additional resources needed to implement proposed changes, etc. Proposed changes affecting the clinical content are also presented to adjunct faculty. Use of a collaborative approach is underscored in section 1425.1(a) which states “each faculty member shall assume responsibility and accountability for instruction, evaluation of students, planning and implementation of curriculum content”. This section is implemented by use of various levels of communication including core and full staff meetings, clinical coordinator and clinical instructor meetings, and general “all-faculty” emails sent out requesting feedback. As a small faculty with regular face-to face contact this represents a strength in the program.

Overall survey trends are discussed amongst faculty and administration along with employer and new graduate surveys. New graduate employer surveys are utilized to evaluate how well our graduates are meeting the program learning outcomes. Overall, feedback from students, graduates, and employers has been very positive. Approximately 80% of our graduates remain employed in some capacity locally making it fairly easy to maintain at least anecdotal information regarding outcomes and employment.

In addition to course and program evaluation information, the faculty track and analyze all safety concerns including medication errors. This information is managed through the Student Learning Contract process. Information about safety and recommended actions are available in the Faculty Meeting minutes. All actual injury reports are reported to the Director who has primary responsibility for assuring that MCC Incident Reports are completed and referred to HR for processing and payment of any associated medically necessary follow up. Faculty also participate in the monthly college CTE meetings where information such as student success, student and faculty demographics, enrollment capacity, productivity and program outcomes are discussed and evaluated. These meeting are chaired by Dennis Aseltyne, Dean of CTE.

Program, Course and Student Learning Outcomes

Simultaneous with this BRN Self-Study report, MCC is also undergoing its ACCJC 5-Year Accreditation process which is scheduled for February 2020. As we have had a 100% turnover in all full-time positions since Spring of 2017, new faculty have engaged in a process of evaluating and updating learning outcomes for all classes in the full curricula. Therefore, all Program Course and Student Level Learning Outcomes have been reviewed and updated for both the ACCJC visit as well as the BRN visit in November 2019. The Nursing Department presented updated learning outcomes to the MCC Curriculum committee in October 2019. Approval was granted by the Curriculum Committee on March 15, 2019. The second part of the MCC program review is scheduled for the Spring of 2014 and the next 5-year review of curriculum is scheduled in Fall of 2024.

An overview of information included in the Total Program Evaluation is presented below along with additional evaluation areas, analysis, and action plans which result from the review of data

2019 Total Program Evaluation

| <i>Areas Evaluated</i> | Data and Data Analysis | Action Plan |
|--|--|--|
| <p>Attrition Rate</p> <p>Expected outcome: 10% yearly attrition (90% completion)</p> | <p>Attrition</p> <p>5-yr State average: 14.02% (BRN Website data) 5-yr MC Nursing Program: 6.40%</p> <p>Attrition rate has consistently remained below the state average. Our attrition rate is evaluated annually and ranges from 0-13%. (Please see the graphical representation below.)</p> <p>5-yr <i>retention/completion</i> rate of 94.53%</p> | <ul style="list-style-type: none"> • The nursing program customarily accepts 18 students into the RN program each year. Attrition is approached initially by accepting 2 additional students each application period effectively allowing for 10% attrition. • In addition, nursing program enrollment is augmented each year by acceptance of LVN to RN Bridge students who bridge in with the RN students in 3rd semester. Additional attrition/retention in the RN program is addressed by acceptance of a greater or lesser number of Bridge students into the LVN to RN program. The number of students accepted into the Bridge program each year varies slightly depending on the number of students needed to graduate a class of 24; optimal enrollment for our program. |
| <p>NCLEX Pass Rate</p> <p>Expected outcome: 1st time pass rate for licensure 90% or above.</p> | <p>Pass rate is 86.3% for 2016/18. First time pass rates averaged 81-100% over the past five years. Average pass rate for the past five years is 93%. Achieved pass rate of 100% in 3 of the last five years.</p> <p>Please see the graphical data on NCLEX pass rates below.</p> | <ul style="list-style-type: none"> • Faculty will integrate exam items written at the application level or higher to include prioritization type questions. (ongoing). • Changed to online platform w/links to procedural videos and NCLEX mapping. Integrates NCLEX style quizzing and incentivizes ATI prep. • Standardized testing policy includes high stakes and non-high stakes with practice exams and remediation. • Utilize ATI exams for reinforcement of content and NCLEX prep in theory course each semester • Develop and implement a new remediation tool to identify and address student deficiencies with the focus on successful student outcomes. |

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| <p>Resources Survey</p> <p>Expected outcome: 80% of participating students will rate resources as satisfactory (agree or strongly agree)</p> <p>Library & Learning Center Resources</p> <p>Other college resources: financial aid, counseling, and technology</p> | <p>Course specific surveys include questions about the availability of appropriate resources for nursing students. Feedback is consistently positive.</p> <p>Annual MCC library & resource survey evaluates student satisfaction with existing college resources.</p> <p>Survey results are generally positive regarding college resources.</p> | <ul style="list-style-type: none"> • Outcome met. No action needed. <p>Nursing Faculty regularly review and update library resources pertaining to nursing.</p> <p>Resource survey is shared with college community for review and improvement of services if feasible.</p> |
| <p>Course Evaluations</p> <p>Expected outcome: 80% of participating students will rate their courses as satisfactory (agree or strongly agree)</p> | <p>Course evaluations are completed each semester.</p> <p>Some of the recommendations that were made based on evaluation data included aligning course lecture content with exams, less busy work in some courses, increased skills practice in lab, more simulation, and consistent care plan grading among instructors.</p> <p>Specific course changes made as needed based on the evaluation data. All proposed changes are reviewed and approved by faculty as a whole prior to implementation. Assessment for efficacy and outcome are done on an ongoing basis</p> <p>In each evaluation greater than 80% of participating students rate courses as satisfactory. This information is presented in faculty meetings as part of the program review.</p> <p>At any point, a significant deficiency or significantly decreased student performance may prompt an emergency review by the faculty and changes implemented to enhance the curriculum</p> | <ul style="list-style-type: none"> • Provide mentorship for new coordinators and faculty to ensure that course syllabi are updated each semester to include accurate reading assignments and current information. (ongoing) • Faculty develop exam utilizing validated questions that represent the content being delivered. • Further curriculum changes to integrate QSEN competencies and other validated measures in framework for overall curriculum. • Increased student offerings in simulation activities in response to student input includes hi-fidelity Sims. • Revised Seminar course to emphasize evidence based practice. • Revised Leadership course to eliminate redundancy and develop progressive learning pathway. • Implemented V-Sim for pre-sim learning. Includes learning objectives, debriefing, and NCLEX test categories. • Formal planning in progress to continue to expand simulation activities. |

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| <p>Program/Graduate Survey</p> <p>Expected outcome: 90% of participating students will rate their experience in the program as satisfactory in meeting their learning needs and preparing them for the professional nursing role (agree or strongly agree)</p> | <p>A graduate informational and satisfaction survey is completed within 3-4 months after spring graduation. Formal response rate is often low and may be supplemented by anecdotal report form faculty.</p> <p>Of those responding, three areas in which a significant number of graduates felt underprepared. These were:</p> <ul style="list-style-type: none"> • Not enough skills practice. Skills and simulation lab underutilized. • ATI preparation • Not sufficient peds/ob rotation. | <ul style="list-style-type: none"> • Redesigned alumni survey into two separate surveys; graduate survey and alumni survey. This should result in greater response for program exit (graduate) survey if given to students just prior to graduation. • Faculty considered both the managing time/workflow and lab instructor feedback and felt that this is being addressed well. There are limits to the practical experience that can be provided in these areas for nursing students. • Introduced online platform w/links to procedural videos and NCLEX mapping. Integrates NCLEX style quizzing; incentivizes ATI prep. • A new rotation has been developed at Public Health starting in Spring 2019 that addresses increased pediatric clinical hours. • The SIM lab equipment and offerings have been improved and updated so that more high-fidelity SIM lab clinical hours are now included. Sim equipment specific to maternal-child have had significant upgrades |
| <p>Graduate Performance</p> <p>Expected outcome: 90% of employers will rate new graduate performance related to program learning outcomes satisfactory (agree or strongly agree)</p> | <p>Employers were surveyed regarding new graduate performance annually from 2014 through 2018. The overall ratings were consistently above 90% who agree or strongly agree.</p> | <ul style="list-style-type: none"> • Benchmark met. • Continue to work with advisory board and employers to improve survey response rates. |

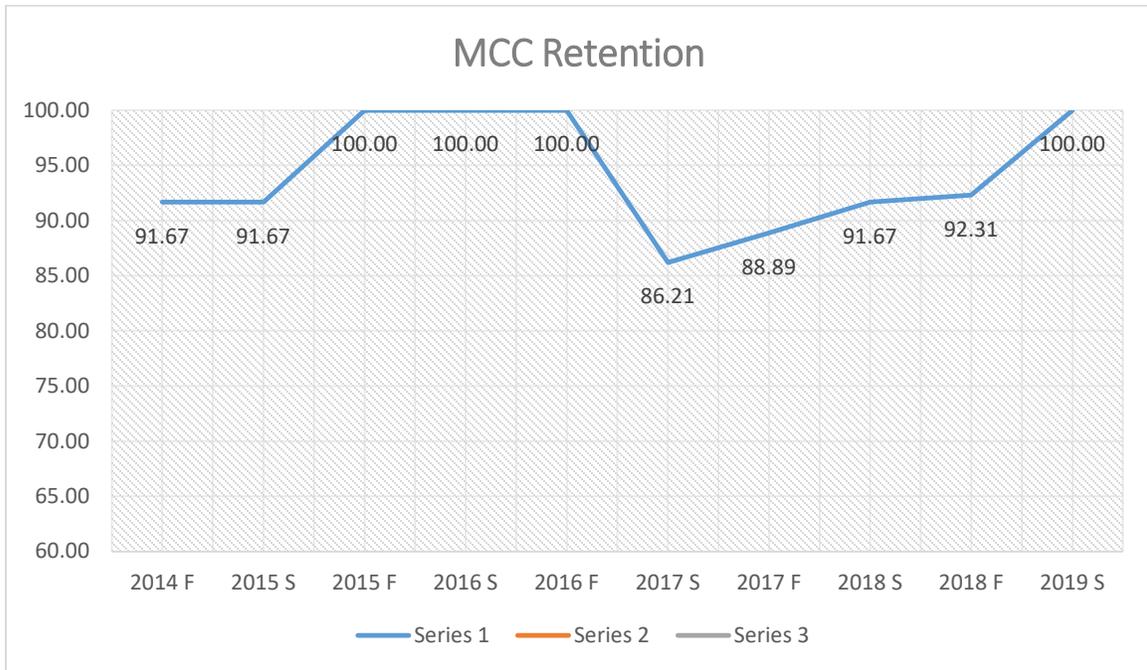
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| <p>Clinical Facility Evaluation</p> <p>Expected outcome: This is included in clinical surveys.</p> | <p>Low acuity and low census in some clinical facilities. Facility staff primarily engaged with new hires instead of students.</p> <p>Adventist Health Ukiah & Howard and Sutter Lakeside Hospital have been identified as occasionally having low census, which can make achieving learning outcomes difficult.</p> <p>Feedback is consistently positive.</p> | <ul style="list-style-type: none"> • Continue to monitor facilities with low census. (ongoing) • Continue to expand SIM offerings consistent with availability of sufficient staff |
| <p>Admission and Selection procedures</p> <p>Expected outcome: Students receive adequate information to apply and enter the nursing program if selected.</p> | <p>Application Workshops are offered four times a semester at minimum to prepare and educate applicants about admission & selection process.</p> <p>Comprehensive program website is updated regularly to display current admission and selection procedures. This is open to the public to view.</p> <p>Requirements are outlined in the Student Application Handbook available during application periods</p> | <ul style="list-style-type: none"> • Continue to offer workshops throughout the semester as needed; information and registration is available online • Continue to review and discuss admission and selection procedures in faculty meetings • Continue to align information on the website with the student handbook |

Data Analysis

Five Year Attrition Rate

MCC Retention/Attrition Rates by Semester

| 2014 F | 2015 S | 2015 F | 2016 S | 2016 F | 2017 S | 2017 F | 2018 S | 2018 F | 2019 S |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 91.67% | 91.67% | 100% | 100% | 100% | 86.21% | 88.89% | 91.67% | 92.31% | 100% |
| 8.33% | 8.33% | 0% | 0% | 0% | 13.79% | 11.11% | 8.33% | 7.69% | 0% |

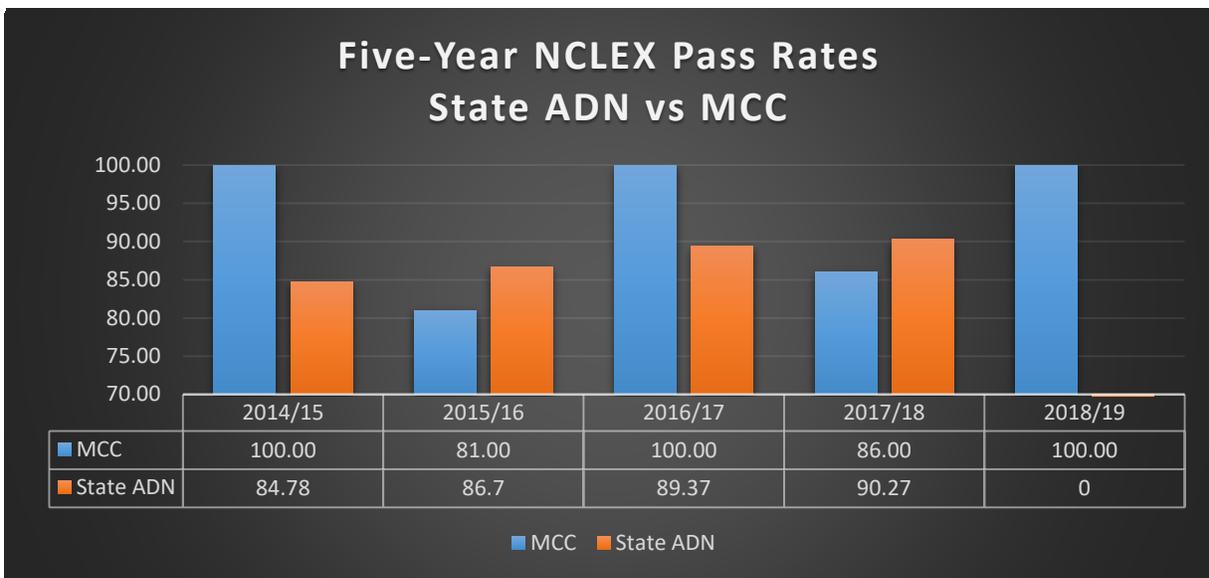


*Internal program data

NCLEX Five Year First Time Pass Rates Table

Report by year for # of students taking examination and percentage pass rate.

| 2013/2014 | | 2014/2015 | | 2015/2016 | | 2016/2017 | | 2017/2018 | | 2018/2019 | |
|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|-----------|--------|
| # | % pass |
| 21 | 100.00 | 17 | 100.00 | 21 | 81.00 | 25 | 100.00 | 25 | 86.00 | 22 | 100.00 |



*Internal program data and BRN website

Program Evaluation Summary

The ADN program faculty are committed to continuous quality improvement. In the past five years, we have met or exceeded our expected outcomes for retention, student satisfaction, course and resource evaluations, and employer satisfaction. Historically, we have had extremely high pass rates for first-time NCLEX takers. On two occasions we have dipped to the 85% range. This is attributed to abrupt changes in program faculty and management since 2015, along with the time needed to recruit and orient new faculty to the strategies and standards associated with student success. Additionally, there was a high % of graduates from the 2018 cohort that had enforcement issues. One was not able to take his NCLEX for a year while he was attempting to resolve his issues. He took the exam in May for the first time and did not pass. An additional student has also not been able to successfully conclude his rehabilitation contract. While our pass rates remain above the state average for ADN programs over a five-year period, we are not satisfied with any rate under 90% as a first time pass rate. Faculty have discussed this at length and implemented several initiatives to improve our student success with licensure examination including:

- Revisions for our curriculum to address NCLEX test plan areas and QSEN competencies. Increased focus on management of care, safety, informatics, evidence based practice, and quality improvement in the curriculum.
- Development of a test policy that aligns with the National Council of State Boards of Nursing (NCSBN) approach to NCLEX examination and utilization of exam items drawn from validated test banks.
- Continue to utilize ATI Comprehensive Exam which is a summative examination and review of all content covered in the program with a high predictive correlation of NCLEX success. Students are assigned to complete a practice examination with a grading rubric that provides analysis of strengths and weakness with remediation in order to predict and improve success.
- Continue to utilize the ATI Comprehensive Pharmacology examination which is a summative review of all pharmacological material covered during the program which also has a high predictive correlation of NCLEX success. Students are assigned to complete a practice examination with a grading rubric that provides analysis of strengths and weakness with remediation in order to predict and improve success.
- Additional ATI products are utilized throughout the program which assist students in mastering test taking strategies and utilize critical thinking to help students prepare for NCLEX type questions and promote critical thinking.

Section 3: Sufficiency of Resources

Sufficiency of Resources was an area of deficiency following the Continuing Approval Visit Report of Findings from the March 16, 17 and 18 2015 visit. Specifically, this referred to the amount of overload time worked by the Director and Assistant Director who both have teaching load in addition to the release time allocated for program administration. Some elements of this issue continue as the Director Position remains at 75% as opposed to the BRN recommended increase to 100%. The rationale for not implementing this recommendation is the small size of our program. However, it should be noted that the small size is exactly the reason why I have continued to advocate for this change as we have the same number of regulations to follow as larger programs, but lack qualified faculty able to help absorb some of the responsibility. As it exists now, the director is involved and often the only person responsible for all aspects of student discipline, all aspects of report and grant writing, all aspects of maintaining appropriate clinical training sites and managing contracts and numerous other day to day activities expected of an effective director. Additionally, the contract as it exists now is for 193 days. The responsibilities of the current director necessitate that they have year round availability including during breaks and vacations in order to manage problems relating to both students and faculty. In spite of on-going advertising for an assistant director, no qualified applicant has been identified willing to relocate to the area. With BRN approval, we have utilized the services of a contract Assistant Director who provides distance back up and technical support to the current Director. This meets regulatory requirements but in no way decreases the work load that the director is responsible for. We have formalized and granted release time to the two faculty members functioning as clinical coordinators for first and second year students which spreads the burden for some of the mandatory activities related to clinical placement among all of the full-time faculty members. This also does not replace the benefit to the program of having both a director and assistant director on site to manage regulatory and other needs of the program. Therefore, as presently implemented the duties of the director are year round, but the contract does not cover these hours, nor is there time when the program is in session for the director to flex hours off as there is also a responsibility for teaching.

Faculty

The MCC ADN program has minimum full time and adequate part time (adjunct) faculty. We currently have 3 full time faculty positions allocated to teaching. Of the three full time instructors, one has a BSN only so he is not able to take full responsibility as lead instructor for a course, nor does he meet the qualifications as a content expert which requires additional supervision. The fourth FTE time is divided between the 75% director release time and 25% asst. director. We make every attempt to have the core classroom content taught by full-time staff. Should someone become ill, leave the area or otherwise become unavailable to teach, it places significant stress on content delivery as well as well as meeting the mandated number of hours for instructional and clinical education. Unlike other disciplines, nursing is not able to interchange the content being taught at any given time should a need arise. We are required to replace an instructor with another instructor who has equivalent approval to teach in a content area. Should content delivery in one of the three specialty areas, Psyc, Maternal-Child or Pediatrics be affected by staff changes as it has been in recent years, we are further hampered by the general shortage of faculty qualified to teach in these areas statewide. Along with geographic isolation, low starting salaries coupled with abundant higher paying jobs even within our region, make attracting and retaining qualified staff extremely difficult. For adjunct faculty, their first priority is their hospital job so they often have very limited or restricted hours to dedicate to teaching. All of the current full-time staff continue to work second jobs to maintain salaries that are on the low end of equivalency with other similarly qualified RN's in the area.

In the past, nursing was approved for an additional full-time faculty member. Administration choose not to use district funding to hire this individual. The position has not been posted for approximately 5 years.

One of our 3 FT positions relies on the on-going support of our 3 major clinical partners. This funding must be secured on an annual basis and is not guaranteed. We also employ 14 adjunct faculty who currently have assignments teaching in various skills labs and clinical. Most of these faculty do not meet qualifications above the assistant instructor level and many are at the clinical assist level. Faculty will be discussed in greater detail in section four. In the most recent MCC Program review, the Director has once again requested an additional full time faculty member so that all aspects of the program can be met without the burden of mandatory overload. Ranking and determination of need for this position is done via the Planning and Budget Committee (PBC) which is a college-wide process. The college president has the final say over which positions are granted regardless of committee recommendation. At the time of this writing, in anticipation of expected changes coming in December 2019, there is a proposal for the college to hire an additional FT categorically funded FT Instructor to more evenly spread the teaching assignments and help provide stability during the transitional process. This proposal was presented by Debra Polak, VP of academic affairs in the June 4th PBC meeting. We assumed that an effort will be made to locate and hire this individual to start in the Fall 2019 semester so that there is overlap time for orientation and training. In early August, we were advised by Vice President Polak and Dean Aseltyne that there is no plan to start this individual, assuming one can be located, until Spring 2020 semester. This will place a further burden on the program for introducing a new faculty member while there is presumably a new interim director and two new Assistant Directors. Additionally, the current proposal for adding this faculty member is for one year only to provide a bridge during the tenure of the 1 year categorically funded interim director position that is being proposed.

Library

Our new state of the art Library opened in August of 2012 and was built at a cost of 28 million dollars with community support through passage of Measure W bond. As is the case for many other issues relating to Nursing, since 2015 many of the textbook and hard copy resources have not been updated. We have met with the part-time reference librarian and will be making a comprehensive assessment of our holdings and anticipate that these resources will be updated by the end of the Spring 2019 semester. There is sufficient funding available for adequate updating. For periodicals, we subscribe to multiple online journals with full text. Nursing students have access to numerous nursing journals through our online database subscriptions. A copy of the Student library resource survey is available for viewing.

Support Staff

The program has one full time classified support specialist assigned exclusively to the nursing program. This individual has been with the program almost since the start and as such, she houses much of the institutional as well a technical knowledge necessary for the smooth operation of the program. Her salary is paid from the CCCC Nursing Allocation Grant. As program requirements continue to evolve it is likely that we will need additional support. This would also have the desirable effect of assuring continuity of essential functions in the event of illness or absence of the full time person. CTE Dean Dennis Aseltyne is aware of this and has been supportive in pursuing options to provide additional resources to the program through re-allocation of hours formerly dedicated to programs that are sun setting. At present, this is being done on an informal basis.

Physical Space

The MCC Nursing Program has adequate space to deliver all elements of the program. In 2006 with the passing of the Measure W bond funding was specifically designated to upgrading and expanding the space needed for the nursing program. Total area remodeled and designated to nursing is now 5,760 square feet. The new space supports students in skills practice, group and/or individual instruction/remediation, content presentation and general study, as well as implementation of SIM to augment/reinforce critical skills. Occupation of the new area took place in 2013. Further upgrades and implementation of the SIM labs at their full capability occurred in 2017-2018.

Four practice rooms have sliding glass doors so that separate skills can be practiced without interruption by other activities. Each practice room is set up to simulate a typical med-surg hospital room and has all equipment typically found in a patient room. Faculty also can create private space to coach and counsel students with specific needs. Adequate storage exists so that supplies can be easily organized and visualized to maintain inventory.

Two separate rooms are set up as dedicated simulation suites with adult and infant high fidelity units including a fully automated birthing mother and neonate. An additional high fidelity pediatric patient can be moved into the area as needed and 4 mid-fidelity “babies” are available for basic skills practice. The “wizard” room has been completely upgraded in the last year so that the mannequins can decompensate or improve based on student actions during the SIM. Additional low fidelity simulation equipment is available to allow student to master general nursing skills and assessments. The debrief area has the capability for students to view and critique the SIM.

Each full-time faculty member has a private office with a closing door for privacy. There is an additional office shared by part-time faculty. A conference room is established in the main Nursing office building which is used for faculty meetings, general conferences by members of the nursing department as well as other nursing specific meetings. Also included in the Nursing office building is a computer room with 28 “thin-client” terminals for use in student computerized testing. This promotes student familiarity and practice for the testing environment utilized for NCLEX testing.

Instructional Equipment/Supplies

Through a combination of sources including the CCCCO grant, Measure W, CTEA and Strong Workforce funding we have acquired an abundance of equipment and models as well as the training to effectively implement resources. The equipment in the SIM lab has already been discussed. Additional equipment to practice basic and advanced nursing skills are also present so that students can complete the appropriate check-offs designated for each semester. This includes standard skills such as foley insertion, injection techniques, starting and managing IV’s including piggy-back, blood infusion and the associated pump programming. Also included are management of central lines, trach care, wound care, etc. The skills practice is levelled with skills introduced in the semester for which the content is taught and students are assigned to patients or units where these patient needs exist. We have a fully operational crash cart with associated equipment and supplies. All students participate in a simulated “Mock Code” in 4th semester.

There are adequate supplies to support these types of student learning.

Skills/Computer Lab Availability

Our skills lab is described previously. We have a 28 station computer lab, which is used primarily for testing and web-based learning. It is readily available to our faculty and nursing students. The computer lab is dedicated to nursing use only. In addition, our college library has many computer stations available for students and there are additional areas where students can access the internet located across the campus. Over the summer of 2019, 10 additional laptops were purchased using Strong Workforce funds and these are also exclusively for the use of the nursing program in any capacity needed.

Student Learning Materials

Nursing grants have allowed us to update the videos, software, and other student learning materials used in our program. Students have access to hundreds of nursing training videos. The nursing program updates these expensive resources with grant funds as needed. Streaming videos may now be used in the skills lab which can be viewed either in a group setting with instructor oversight or by individuals on a personal laptop if an individualized need exists. All students purchase a suite of ATI products that are used throughout the program to validate content mastery. These resources include skills videos, practice quizzes and learning templates to augment assigned activities. Core teaching staff met in 2018 to review

required texts for the program and determined that the resources offered through Lippencott/Coursepoint provided a more robust platform and that student learning was enhanced through the addition of content specific vSIMS, pre-class quizzes and other active learning activities. We will be augmenting this in Fall of 2019 by adding Lippencott's DocuCare which articulates with equipment in the skills lab and provides students the opportunity to document in an EHR environment. Core faculty view and select the media and textbooks that are required for the courses through discussion. Final selection of materials is made by consensus.

Organizational Changes and Future Resource Projections

Mirroring changes in the nursing department, in the last five years there have been several changes in the institutional structure. Arturo Reyes, College President resigned his position effective August 2, 2019. Vice President Eileen Cichocki will assume his duties for two years while a search for a permanent replacement goes on. Dennis Aseltyne was hired as the Dean of Career and Technical Education in 2016 and has been actively involved in issues relating the nursing program. Debra Polak, Vice President of Academic Affairs and Rebecca Montes, Dean of Instructional services are recently hired into these positions though both were formerly long-term faculty so they are acquainted with the student demographic and other conditions that provide the context for MCC educational offerings. These individuals have the most direct knowledge and authority to make decisions affecting the nursing program.

A staffing committee has been appointed to review applications for the open Nursing Program Director position and the search for the replacement is being done through both California and National websites. Dennis Aseltyne, CTE Dean has indicated that he is willing to pursue replacement via Executive Search if the initial announcement does not yield a qualified candidate. Administration is aware that this position needs to be filled by December 14, 2019 which is the current Directors last day. The current director continues to pursue replacement options through less formal processes and personal contacts. We will hopefully have an interim plan in place to discuss during the self-study visit in November of 2019.

In the 2015 Continuing Approval Visit, the nursing program was cited for 1424 (b) "Sufficiency of Resources". At the time of that finding the nursing program had been approved for a fourth position but no search ever took place. At the MCC Program Review in year 2017-2018, this position was requested by the Program Director however it did not receive priority for hiring. Although we technically have sufficient faculty to meet numbers of units taught in the program, when additional factors such as the need for content experts or faculty qualified to teach in Maternal-Child, Pediatrics or Psychiatric Nursing are considered, the staffing pattern is actually quite fragile and at risk for disruption due to the difficulties associated with recruitment. This was underscored by the recent and sudden loss of an adjunct faculty member who was qualified to teach in the area of Maternal-Child & Pediatrics. No outside faculty qualified to team-teach the content with lead instructor Heidi Crean was able to be located on short notice. This resulted in an undue burden being placed on the lead instructor and the director for assuring that the content objectives in the affected area were met. This issue has been discussed with the CTE Dean and a plan is being developed to assure sufficient resources exist before the start of Spring semester, 2020.

Adjunct faculty are stable and provide support in both off and on-campus clinical teaching. Most recently we have had some success at recruiting former graduates of the nursing program to clinical teaching. Compared to turnover amongst the FT faculty, many of these staff have been with the program for five years or longer providing continuity within the clinical arena.

Section 4: Program Administration and Faculty Qualifications

Program and Faculty Data

As previously mentioned, we have minimal FT faculty to teach core curriculum approved for the nursing program. All of our faculty are “working nurses” which benefits the program as it allows them to continue to maintain and teach knowledge and skills that meet current guidelines for best practices in nursing. We have 13 active adjunct faculty members many of whom have been with the program over 5 years. We make every effort to hire clinical instructors who are also employed in the facilities where they are teaching students. At the present time, 100% of our clinical faculty are co-employed by the college and their “home” hospital. This facilitates on-boarding of students into the clinical facility and improves advocacy for students in opportunities for learning at the bedside.

| | | | | | |
|--|---|--|------------------------------|--|---|
| <i>Total number of Faculty</i> | 17 | Total number of Full-Time Faculty | 4 | Total number of Part-Time Faculty (actively assigned) | 13 |
| <i>Number of Instructors</i> | 4 | <i>Number of Asst. Instructors</i> | 7 | <i>Number of Clinical Teaching Asst.</i> | 5 |
| Content Experts: | Medical-Surgical | Obstetrics | Pediatrics | Mental Health/ Psych | Geriatrics |
| | Fran Laughton Kim Swift Heidi Crean | Fran Laughton Heidi Crean | Fran Laughton Heidi Crean | Fran Laughton Kim Swift | Fran Laughton Kim Swift Heidi Crean |
| Use of non-faculty [CCR 1424(i)] | N132 utilizes staff RN preceptors during the preceptorship component of the course. Each student is assigned a faculty liaison who regularly meets with the student and preceptor. For the clinical portion of N112, N122 non-faculty staff are also used to assist with supervision students during out-migrations. First and Second Year Clinical Coordinators act as liaison for these assignments and provide additional oversight and supervision of students in these rotations. | | | | |

List of Current Faculty

A list of currently assigned faculty, which includes the BRN approval, licensure, and assignment is provided on the next page. Not included is Anna Valdez who is the contract Assistant Director who provides administrative support only on a distance contract basis and does not teach classes.

Faculty Peer Evaluations which are part of the contract obligations for all full and part time faculty are maintained in the HR office as these are considered confidential personnel documents. They can be viewed on request. These contractual evaluations contain both peer and student evaluations. Additionally, following each instance of a course or clinical offering, the

faculty and course are evaluated by students to determine relevancy, instructional effectiveness ongoing assessment of instructional content and strategies. This data is analyzed as part of the annual program evaluation and is used to determine any needed changes to the curricula. They also support the regulation for active student participation in their learning process. The summary of these evaluations are in the nursing shared file and are available for viewing.

| Name and Status | | | RN Lic # | Exp Date | BRN Apvl Date | BRN Approval | Assignment |
|-----------------|------------------|-----------|----------|------------|---------------|----------------------|--|
| F/T | Laughton | Fran | 251876 | 01/31/21 | 4/18/05 | Instr / MS,G, P, M,C | Director, theory and clinical as needed |
| F/T | Crean | Heidi | 806390 | 08/31/19 | 01/18/17 | Instr/ MS, G, O,C | MS, G, Fundamentals theory and clinical; O & C theory & clinical |
| F/T | Swift | Kim | 292669 | 05/31/16 | 01/18/17 | Inst / MS, G,P | Advanced MS & G theory and clinical; P theory and clinical |
| F/T | Adhikari | Shanti | 95123795 | 09/30/20 | 08/17/18 | AI / MS, G | MS and Geriatric clinical. Theory with lead |
| P/T | Buckingham | Amy | 705006 | 04/30/19 | 02/28/19 | CTA / MS, G | MS clinical |
| P/T | Dukeshier | Holly | 678310 | 01/31/20 | 08/23/18 | AI / MS, G | MS & G clinical |
| P/T | Escalante | Jennifer | 95031350 | 12/31/19 | 01/02/18 | AI / MS,G | MS & G clinical and theory with lead |
| P/T | Goodman | Nancy | 383479 | 12/31/20 | 09/19/06 | AI / MS,G,P | MS & G clinical; theory with lead |
| P/T | Hoover | Megan | 777719 | 03/31/20 | 08/28/18 | AI/ MS & G | MS & G clinical. lab |
| P/T | Kendall-Doucette | Carole | 175257 | 11/30/2020 | 01/17/2014 | I//MS,G | MS & G clinical and theory |
| P/T | Killops | Jessica | 731013 | 01/31/20 | 05/20/15 | CTA / MS, G | MS,G clinical. lab |
| F/T | Leonard | Lisa | 640504 | 01/31/20 | 03/16/15 | CTA/ MS, G | MS & G clinical. lab |
| F/T | Lukrich | Cathleen | 244900 | 03/31/20 | 08/27/15 | I//MS, G | MS & G clinical and theory |
| P/T | Summit | Debbie | 776417 | 06/30/20 | 08/28/18 | AI / MS, G | MS & G clinical, lab |
| P/T | Todd | Krista | 683039 | 02/29/20 | 04/24/15 | CTA/MS, G | MS & G clinical, lab |
| F/T | Ward | Jordan | 836789 | 11/30/20 | 03/31/08 | CTA/ MS, G | MS & G clinical ,lab |
| P/T | White | Jaime | 547449 | 08/28/19 | 03/08/19 | CTA / MS, G | MS & G clinical, lab |
| P/T | Wann | Brandy | 95064036 | 11/30/2020 | 04/12/2019 | CTA/MS,G | MS & G clinical, lab |
| P/T | Buckingham | Amy | 705006 | 04/30/2019 | 02/28/2019 | CTA, M-S, G | MS & Geri clinical, lab |
| P/T | Obenyah | Christina | 95102518 | 03/31/2020 | 08/12/2019 | CTA, M-S, G | MS & Geri clinical, lab |
| P/T | Kelley | Charlotte | 843798 | 02/28/2021 | 09/06/2019 | CTA, M-S, O, G | MS & G lab |

| PT Faculty Review Schedule (Reviews needed in the first semester of teaching and every 3 years thereafter) | | |
|--|-------------------------|---|
| Current FT Faculty | Last Review Date | By Whom |
| Kim Swift | October 2019 | Fran Laughton, Dennis Aseltyne, Rachel Donham |
| Heidi Crean | October 2019 | Fran Laughton, Dennis Aseltyne, Greg Hicks |
| Shanti Adhikari | October 2019 | Fran Laughton, Dennis Aseltyne, Rachel Donham |

| PT Faculty Review Schedule (Reviews needed in the first semester of teaching and every 3 years thereafter) | | |
|--|-------------------------|----------------|
| Current PT Faculty | Last Review Date | By Whom |
| Debbie Summit | due F19 | Kim Swift |
| Amy Buckingham | due F19 | Kim Swift |
| Lisa Leonard | Spring 2019 | Kim Swift |
| Christina Obenyah | due F19 | Heidi Crean |
| Krista Todd | Spring 2019 | Kim Swift |
| Jessica Killops | Spring 2019 | Heidi Crean |
| Carole Kendall | Spring 2019 | Kim Swift |
| Brandy Wann | due F19 | Heidi Crean |
| Jennifer Escalante | Spring 2019 | Heidi Crean |
| Jaime White | due F19 | Heidi Crean |
| Megan Hoover | due F19 | Heidi Crean |
| Holly Dukeshier | Spring 2019 | Heidi Crean |
| Nancy Goodman | Spring 2019 | Kim Swift |
| Charlotte Kelley | due F19 | Heidi Crean |
| Cathleen Lukrich | Spring 2019 | Fran Laughton |
| Jordan Ward | Spring 2019 | Fran Laughton |

Content Experts

Meeting the criteria as a Content Expert (1425(f)) poses unique challenges in our geographically isolated and medically underserved area. There has not been an in-patient psychiatric facility in the area since 2005. At the time that unit closed there was inadequate staff to assure patient safety and the reimbursement did not meet expenses. As it was a county operated unit, the unit was closed and acute services are now contracted out with beds located throughout the state. Although there is currently a bond measure accumulating funds to rebuild mental health services in Mendocino County, the issue of inadequate providers remains a key obstacle. Under the current circumstances, much of the acute mental health management occurs in the context of the area emergency rooms where a client may be held for days awaiting a bed, or in the jail.

Likewise, in Pediatrics, there has never been a unit serving in-patient pediatric population needs in Mendocino or Lake County. Most pediatric services are provided through robust local pediatric offices where both assessment and basic level treatments can be administered. Hospitalization for serious pediatric illness is managed out of the area, often by medi-vac or other transport facilitated through regional emergency rooms.

In order to meet psychiatric content expert status, faculty member Kim Swift completed the regulatory required 30 hours of continuing education as well as an NEC approved remediation plan whereby she worked alongside a staff member in our former clinical facility “Creekside” for direct service. Since completing her remediation plan, Kim has taught the psychiatric nursing component in N-122, N-132 and she has been the faculty of record supervising students in their jail rotation in order to meet the 240 hours of clinical practice. A schedule of her completed hours are attached to her remediation plan in her nursing office personnel file.

In the area of pediatrics, Heidi Crean completed a similar plan and the supporting documents are also available for viewing in her nursing office personnel file. Core classes for each semester typically have a lead and a support instructor responsible for delivering classroom content. It is the intent of the program that each core course taught in an area requiring a content expert, have a lead instructor qualified as a content expert providing overall oversight and direct delivery of some portion of the content being taught as well.

Both Kim and Heidi continue as active employees at AH/Ukiah and have the requisite amount of clinical hours, both formal and continuing education to meet the qualifications in Med-Surg and Geriatrics. Heidi also meets qualifications in Maternal-Child Nursing. The director Fran Laughton previously met qualifications in all areas and by virtue of her on-going teaching, clinical supervision and outside clinical practice as a Family Nurse Practitioner, she continues to maintain these qualifications. Therefore, current faculty qualifying as content experts with the department are as follows:

- Fran Laughton: Gerontology, Med-Surg, Maternal-Child, Pediatrics, Psychiatric/Mental Health
- Heidi Crean: Gerontology, Med-Surg, Maternal-Child, Pediatrics,
- Kim Swift: Gerontology, Med-Surg, Psychiatric-Mental Health

All content experts participate in regularly scheduled faculty and curriculum meetings and serve as the program's experts related to curriculum decisions in their assigned area of expertise. Kim Swift and Heidi Crean also serve as lead instructors for the four core courses N102, N112, N122, N132 in each semester, and for additional courses taught by Shanti Adhikari until he completes his MSN and has completed an additional year as an assistant instructor once the MSN is awarded. When the Director retires, the need for content experts will be minimally met, however the recent loss of an adjunct qualified to teach Maternal-Child and Pediatrics will place an undue burden for teaching this content on Heidi Crean. This has already been discussed. We have no other Master's Prepared faculty that we can remediate and become qualified as content experts at this time. One potential candidate has been identified and meetings are taking place to determine whether she will be available and willing to work as an adjunct in Spring 2020. She will meet the qualifications as an Instructor in Pediatrics. Her application and EDP-P-2 has been completed. The college and faculty are aware that we may need to contract with outside approved content experts to evaluate the curriculum in order to meet regulation 1425(f).

Faculty Role in Planning, Implementation, and Evaluation of Curriculum

The process for changing policies, procedures, planning, organizing, implementing, and evaluating all aspects of the ADN program are discussed in faculty, advisory, or other meetings. Curriculum is generally discussed by core faculty and then brought to the entire group as needed to review and vote on implementation of any proposed changes. Recommendations are then brought to the full faculty at faculty meetings where the issue is discussed and motions are passed or not passed. Curriculum matters are brought to the curriculum team meeting where faculty, including content experts, vote to adopt or reject proposed changes. The process/procedure is then implemented. If necessary, the BRN is also consulted if issues rise to a level requiring minor or major curriculum changes. Faculty and curriculum meetings are attended by the program Director or designee, full time faculty, or adjunct faculty if appropriate. Students are also invited to attend faculty meetings. CCR section 1425.1(b) is widely distributed to all faculty as the basis for program planning and decision making.

Use of Non Faculty & Preceptorships

The nursing program uses non-faculty when students are in out-migrations or in their preceptorships. Out migrations occur in the 2nd and 3rd semesters to broaden clinical experience gained by the student in the following areas:

2nd Semester (Spring)

| | |
|---------------------------|---|
| Prenatal (Mat-Child) | Care for Her, Mendocino, Lake Clinics |
| In-Patient OB (Mat-Child) | AH/Ukiah, Sutter Lakeside |
| Pediatrics (Pediatric) | Care for Her, AH/Ukiah, Mendocino County PH |

3rd Semester (Fall)

| | |
|--------------------------------|---------------------------------------|
| Dialysis (Adv Med-Surg) | DCI/Ukiah |
| Infusion Center (Adv Med-Surg) | AH/Ukiah |
| Surgery (Adv. Med-Surg) | AH/Ukiah, Pavillion, Peri-op, OR Main |
| Jails (beginning Psyc) | Mendocino and Lake County |

Students have specific written objectives to fulfill in these out migrations. They are paired with an RN on site who oversees their work in the out-migration, however the Course/Clinical Coordinator and Lead Instructor assign, evaluate and oversee the student placement. They also function as the faculty of record and have primary responsibility for planning the activity, communicating with the site in advance of the student reporting, grading papers and making the final determination that the student has satisfied the written objectives. Faculty fulfilling these duties maintain content expert status by supervising clinical out-migrations and teaching concurrent classroom content. A handbook for non-faculty clinical nursing staff is provided for the use of Non-Faculty in these Outmigration's is attached in the addendums.

The program also has a preceptorship that all students complete as part of the clinical component in N- 132 in the 4th semester. All preceptors must meet the established criteria and be licensed RNs. They also must complete our preceptorship training outlined in the Preceptor Handbook. Students are provided with an additional manual for this rotation containing desired outcomes, limitations and various tools for the assigned preceptor to evaluate student performance. MCC faculty liaison works with facility staff in the 3rd semester to identify appropriate placement and coordinate for assignment of a preceptor. In the 4th semester, when the hours are being completed, appropriate faculty are assigned to provide oversight, problem-solve with the student and make at least 1 site visit to make an independent assessment of student progress. These faculty members are also on-call when the student is placed in a clinical setting to address any issues that may arise when the student is present in the facility. Individual facilities may have additional criteria required in order for an RN to be assigned to precept a student. Typically, these pertain to competency and length of employment.

Criteria for Preceptor Selection

The success of the preceptorship experience depends upon the active participation of both student and preceptor. In order for this experience to be successful, the preceptor must have a strong desire to work with students, demonstrate clinical competence, and have effective interpersonal and organizational skills. Therefore, the following criteria have been developed to ensure a successful preceptorship experience:

1. Hold a current, active California RN license.
2. Have completed, or completed the equivalent of, one year of full-time experience in the preceptorship setting.
3. Have been employed by the assigned clinical agency for a minimum of one year.
4. Communicate a desire to act as a role model, teacher, supervisor, and evaluator to a preceptee.
5. Demonstrate clinical competence in the practice of nursing as determined or recommended by the unit nurse managers.
6. Communicate enthusiasm and interest for nursing.
7. Demonstrate effective communication skills with patient, family, preceptee, members of the

health care team, and faculty liaison.

8. Demonstrate attitudes and behaviors that support goals, philosophy and mission of the employing agency.
9. Complete designated modules of the Preceptor Handbook.

A copy of the preceptorship handbooks have been provided as exhibits in the Appendix.

Section 5: Curriculum

Program Organization

The Associate Degree in Nursing program at Mendocino Community College is a four semester (no summer) full time program consisting of courses that combine clinical, lab and theory. Clinical, lab and theory are all offered concurrently so students are able to directly apply new theory content in the lab/clinical environment.

The program consists of 51 units in nursing and a total of 81 semester units required for graduation. Course descriptions and student learning outcomes are available in the college catalog and in the individual course outline of record available on the college website (see links below). Specific unit content including theory and clinical objectives and performance evaluation tools are aligned with the conceptual framework. Evidence of unit sequence and terminal outcome alignment is available in course syllabi and the curriculum map below. A copy of each syllabus is included in the appendix

A description of this program major is available at:

<https://www.mendocino.edu/program/registered-nurse>

Courses are taken sequentially in the generic ADN program as listed below. Each course includes concurrent clinical and theory instruction.

NUR 102 – Nursing Concepts & Skills I – 10 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/a3e992d6-5247-11e9-9224-7b7644efa921>

NUR 105 –Pharmacology I – 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/aae4d5eb-5247-11e9-9224-6b0e8645c4fd>

NUR 52A – Nursing Technical Lab I – 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/8da867df-4a6f-11e9-8527-4f02ea2c8e82>

NUR 112 – Nursing Concepts & Skills II– 10 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/b2f5cec1-5247-11e9-9224-f15fe225681c>

NUR 115 – Pharmacology II– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/ccb7bda6-5247-11e9-9224-3369cb677ca6>

NUR 116 – Introduction to Nursing Seminar– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/d4b2213b-5247-11e9-9224-05c695a323f8>

NUR 52B – Nursing Technical Lab II – 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/95a16be3-4a6f-11e9-8527-f7723c91ab38>

NUR 121 – Leadership and Management I– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/324422b8-a3ba-11e7-94b7-f5e1bca00665>

NUR 122 – Complex Medical Surgical Nursing I– 8 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/dd71a996-5247-11e9-9224-73263030dc89>

NUR 125 – Pharmacology III– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/e40f8a71-5247-11e9-9224-73c59174a3df>

NUR 126 – Nursing Seminar I– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/efdf600c-5247-11e9-9224-d1255cc58509>

NUR 52C – Nursing Technical Lab III – 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/9d46838d-4a6f-11e9-8527-c978bbd7b137>

NUR 131 – Leadership and Management II– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/359856d0-a3ba-11e7-94b7-4d35f29b352d>

NUR 132 – Complex Medical Surgical Nursing II– 8 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/f2ce69b7-5247-11e9-9224-4df11de30963>

NUR 135 – Pharmacology IV– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/fa8c3982-5247-11e9-9224-31043e7d8071>

NUR 136 – Nursing Seminar II– 2 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/380e38d6-a3ba-11e7-94b7-79ef3a4605ed>

NUR 52D – Nursing Technical Lab IV – 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/a424c8c7-4a6f-11e9-8527-5b72d1e6c64c>

Curriculum Planning

In the past three years, significant work has been completed by the Curriculum Committee to review, evaluate, and revise our curriculum. This is being done in concert with the Mendocino College 5-year plan which will take place in February 2020. MCC undertook a complete overhaul of the curriculum process and the platform migrated from Curricunet to E-Lumen. E-Lumen has the ability to produce reports and correlate with outcomes so that the process of measuring overall effectiveness, and revising learning outcomes is more readily processed. The Nursing Department was included in this process. At the time that the changeover was being implemented many of our learning outcomes were no longer useful as they were based on equipment that was retired or objectives no longer relevant to our program.

In Fall '18 and Spring 19 full time faculty met to review and revise course outlines in order to avoid repetition and assure that all mandated and key concepts outlined on the EDP 5, 6 and 11 are aligned and reflected in the syllabus and associated classroom and clinical teaching. The Nursing Care Plan for clinical rotations was revised in Spring of 2018, with a rubric attached to provide students with more objective data as to their strengths and weaknesses in formulating a comprehensive plan of care. Both full and part time faculty were involved in the revision. Minutes are available for viewing in the nursing office. SLO's for all classes were all reviewed and updated. This was presented to the curriculum committee in October 2018. Approval from the curriculum was granted on March 15, 2019. The plan for future review will be set on the 3-year cycle. Interim requests for revision will be dealt with as a faculty in order to determine goals and objectives for any proposed changes.

Copies of the current course syllabi, clinical evaluation tools and preceptor handbooks are all included as appendices. Copies of faculty, advisory and curriculum team meetings will be available to review during the continuing approval visit.

Concurrent Theory and Clinical Practice

As mentioned above, the course sequence in the ADN program includes concurrent theory, clinical, and lab in all areas of study. In the second semester the N-112 classroom content is focused on maternal-child and pediatrics, however the bulk of the clinical hours spent in that semester are on the medical-surgical floor. Several out-migrations exist in second semester that give the students direct exposure to pediatrics and obstetrics. We lost our in-patient pediatric clinical rotation at Children's Hospital Oakland in Fall of 2018. There is no other in-patient alternative available open to accepting our students in the nearby counties. Hi-Fidelity and virtual SIMS have been added to the 52-B lab to augment critical thinking and assessment skills. During the N-112 clinical hours spent in the hospital students may be assigned to the OB department if there is patient activity. If assigned to a general medical-surgical patient, no new clinical skills are performed by students that have not have been taught in first semester. The second semester Intro to Seminar Class (N-116) further reinforces basic medical surgical skills and concepts learned in the N-102 Fundamentals of Nursing Class. The 52-B open lab can be used to practice general or specifically assigned maternal-child/pediatric skills.

Advanced Placement

Mendocino College provides advanced placement opportunities for students who have previous education and experience relevant to course segments of the ADN curriculum. Students may apply to enter as a transfer student if their status is one of the following:

1. Previous student who withdrew from an RN program/readmission
2. LVN to RN Bridge student
3. 30-unit option student
4. Veteran with medical experience

An applicant also may apply to challenge course(s) based on Mendocino College policy. Acceptance is on a space available basis. Attrition rates in the MCC ADN program are historically low; therefore, advanced placement options are limited.

An applicant dismissed from a previous ADN program for clinical failure due to safety considerations will not be eligible for acceptance. Applications for transfer students and advanced placement students are accepted on a continuous basis. The program Director reviews each transfer application and determines placement based on a review of the applicant's transcripts, syllabi, and communication with the former Director or educator.

Readmission To The Program / Transfer Credit With Advanced Status

Students who wish to return to the program after a period of absence, students having completed work in other nursing programs with advanced status, or veterans with medical experience are subject to the following criteria:

1. Because of limited clinical resources and student/teacher ratio, readmission/admission with advanced status will be on a space available basis only.
2. Individuals transferring nursing credit for advanced placement must submit official transcripts from previous institution(s), course descriptions and course hours, to the Nursing Program Director for evaluation relevant to appropriate placement in the program. To be considered for placement, all paperwork must be complete and received at least six weeks prior to the onset of the semester for which the student is applying. Nursing course work from other schools, applicable for advanced status in the Nursing Program must be completed with a grade of "C" or greater and have been taken within two (2) years prior to admission.
3. When there are more eligible students seeking admission to a class than there are available vacancies, the position(s) will be offered to the applicants(s) based upon the date of receipt of completed paperwork. An advanced standing/alternate list is maintained by the Nursing Department.
4. Students may be required to validate current theoretical and/or clinical proficiency by assessment and/or performance testing in any activity that is mandatory for students to advance in the program or unit of material for which they received credit.

1. Readmission to the ADN Program as an Advanced Standing Student

In limited circumstances a student who has withdrawn from the program may return as an advanced standing readmission dependent on continued eligibility and available space in the program.

A student receiving a non-passing grade in nursing courses may be considered for readmission at the discretion of the program Director, assuming they withdrew by the published last date of withdrawal. The student will be required to provide written documentation outlining the factors that contributed to their lack of success as well as strategies for improving performance. The readmission request will be reviewed and if approved the student may reapply during the next regular application period.

Readmission must occur within one year of departure from the ADN program. Any student who is absent from the ADN program has the responsibility to maintain currency of knowledge and skills previously learned.

2. LVN to ADN Bridge

The Licensed Vocational Nurse to ADN program at Mendocino College is a three semester program, which allows vocational nurses to be enrolled in the generic ADN program with advanced placement. The first semester is a transition to practice course, which consists of classroom and lab activities. Included in the transition class is validation of student competency in the area of Maternal Child Health, Pediatrics and Fundamentals. Proficiency is verified through the students passing the ATI examinations covering this content in a high stakes test environment. Students have one opportunity to retake the ATI exams in order to demonstrate competency in these areas for which they are granted credit.

A description of this LVN-ADN major is available at <https://www.mendocino.edu/program/lvn-rn-career-ladder>

Courses are taken sequentially as listed below. All courses include concurrent theory, lab, and clinical.

NUR 50 – LVN to RN Transition Course – 1 unit

Course outline of record, including course learning outcomes is available at <https://mendocino.elumenapp.com/public/course/857eddfb-4a6f-11e9-8527-b511e7c5f3b8>

NUR 52T – Nursing LVN-RN Transition Lab– 1 unit

Course outline of record, including course learning outcomes is available at <https://mendocino.elumenapp.com/public/course/ac89d50e-4a6f-11e9-8527-9dd1aeffa939>

NUR 121 – Leadership and Management I– 1 unit

Course outline of record including course learning outcomes is available at <https://mendocino.elumenapp.com/public/course/324422b8-a3ba-11e7-94b7-f5e1bca00665>

NUR 122 – Complex Medical Surgical Nursing I– 8 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/dd71a996-5247-11e9-9224-73263030dc89>

NUR 125 – Pharmacology III– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/e40f8a71-5247-11e9-9224-73c59174a3df>

NUR 126 – Nursing Seminar I– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/eafd600c-5247-11e9-9224-d1255cc58509>

NUR 52C – Nursing Technical Lab III – 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/9d46838d-4a6f-11e9-8527-c978bbd7b137>

NUR 131 – Leadership and Management II– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/359856d0-a3ba-11e7-94b7-4d35f29b352d>

NUR 132 – Complex Medical Surgical Nursing II– 8 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/f2ce69b7-5247-11e9-9224-4df11de30963>

NUR 135 – Pharmacology IV– 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/fa8c3982-5247-11e9-9224-31043e7d8071>

NUR 136 – Nursing Seminar II– 2 units

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/380e38d6-a3ba-11e7-94b7-79ef3a4605ed>

NUR 52D – Nursing Technical Lab IV – 1 unit

Course outline of record including course learning outcomes is available at

<https://mendocino.elumenapp.com/public/course/a424c8c7-4a6f-11e9-8527-5b72d1e6c64c>

3. 30-Unit Option for LVNs

A 30-Unit option is also available for vocational nurses that wish to become eligible to sit for the NLCEX exam in California but do not want to complete the full LVN to ADN program.

The ADN program has a Board approved 30-Unit option available to licensed vocational nurses that addresses the basic standards for competency performance as prescribed in section 1443.5 of the California Code of Regulations. The 30-Unit option program is advertised publicly on our web page at <https://www.mendocino.edu/nursing>. Applications are accepted for advanced placement in the 30-unit option program and LVN-RN bridge program each year during the month of September. Application materials are available on the program web page.

The 30-Unit option is a group of courses that offer an LVN the opportunity to pass the NCLEX examination to become a registered nurse. This group of courses is not a degree or certificate program and students who successfully complete these courses will not receive any award from the college. Individuals who complete these courses are not associate degree nursing program graduates, they may not participate in graduation or pinning ceremonies, and they may not wear the school nursing pin. Associate degree nursing students have priority enrollment in nursing courses; 30-unit option students are permitted to enroll in nursing courses only when space is available. All applicants are encouraged to make an appointment with the Director of the Associate Degree Nursing program for advising about the program and limitations on practice for those who attain their RN through this process.

Courses

| Title | Units |
|------------------------------------|-------|
| BIO 231 Human Physiology | 4-5 |
| BIO 259 Microbiology | 4-5 |
| LVN-RN Transition | 1 |
| LVN-RN Transition Lab | 1 |
| Leadership and Management I | 1 |
| Complex Medical/Surgical Nursing I | 8 |
| Pharmacology III | 1 |
| Leadership and Management II | 1 |
| Complex Medical/Surgical Nursing I | 8 |
| Pharmacology IV | 1 |
| Total | 30-32 |

Applications are available online in September and must be submitted by the deadline listed on the application. Admission is based on space availability following the program policies for admission selection.

Requirement for the 30-Unit Option: Active and clear LVN licensure in California and BLS.

Individuals who attain RN licensure by this method are considered non-graduates because they have not completed a college degree course of study in nursing and their RN license may not be recognized by other States. The status of non-graduate is not changed even if the nurse attains a degree after licensure.

Students in the 30-unit option must comply with all rules and regulations of the college and nursing program as described in the College Catalog and Student Handbook. Prior to attending clinical rotations, students must satisfactorily complete clinical health requirements, health care professional CPR, a drug screen, and a criminal background check. Clinical agencies have the right to refuse students who do not meet these requirements or have a background check that reveals a criminal history.

Course outline of record, including course learning outcomes is available at <https://mendocino.elumenapp.com/public/program/995a056e-5247-11e9-9224-a549fab82938>

4. Military Personnel Nursing Admission

Military Personnel and Veterans may be eligible for enrollment into a California Community College Associate Degree Nursing Program based on the following requirements:

1. Recency of education and experience within the last five years prior to application is recommended. However, competency may be verified for each challenged course per program policy. Competency may be confirmed by successful completion of ATI testing at a level equivalent to program standards for RN students. Costs of ATI exams are the responsibility of the students.
2. Education and experience meet the basic requirements per individual college guidelines.
3. Honorable Discharge (DD214) or current active honorable service required. Military records and transcripts must be reviewed by a college counselor.

Pathways to assist with obtaining nursing credit for previous education and experience:

- I. Including but not limited to Basic Medical Technician (Navy Hospital Corpsman) or USAF Basic Medical Service Technician or Army Medical Specialist.
 - a) Challenge exam per college policy for the 1st semester of the ADN program.
 - i. Colleges have an established number of maximum units that can be challenged.
 - ii. The course(s) challenged are based on the needs and prior experience of the individual requesting.
 - iii. Candidates must meet the same eligibility requirements for admission into the ADN program as other applicants, including completion of prerequisites and general education requirements.
- II. Including but not limited to Basic Medical Technician (Navy Hospital Corpsman) or USAF Basic Medical Services Technician or Army Medical Specialist with an active California LVN license (Licensed Vocational Nurse) either through challenge (BVNPT Method 4) or successful completion of an LVN program.
 - a) Admission credit may be given to applicants as an LVN to RN candidate per admission policies. This is normally full or partial credit for the first year of the nursing program but may vary from school to school.
 - b) An LVN to RN transition course is required and must be completed with a passing grade per individual program policy.
 - c) The program shall determine which course(s) the veteran or corpsman will need to complete based on the criterion established by the program.
 - d) Applicants must demonstrate theory and clinical competency in Obstetrics and Pediatrics. Credit for these specialties is required to be posted on the official transcript. ATIs given in the LVN-RN transition course are Fundamentals, Maternal Child, and Pediatrics. Applicants will be required to pass ATI examinations at the same level as RN students.
 - e) All ADN prerequisites must be completed prior to the LVN to RN transition course.

*Associate Degree may require additional coursework per college policy.

*Military records and transcripts must be reviewed by a counselor and the applicant must have a DD214 showing completion of military coursework and service/discharge under honorable conditions.

*Admission requirements will be the same or similar for all students.

* The contact for Veterans Services at Mendocino College is the Admissions and Record Specialist.

NURSING PROGRAM PHILOSOPHY

The philosophy of the Mendocino Community College Nursing Program supports and implements the mission statement of Mendocino College. The faculty members believe that a sound nursing education program is built on concepts relating to the individual, health, the environment, and nursing which includes nursing education.

Nursing faculty members recognize the individual as a holistic, unique and complex being who constantly responds to changing environments in biological, psychological, social, cultural and spiritual domains. Individuals develop and interact within the context of their family, community, and social environments. Individuals possess dignity, self-worth and the inherent right to assume responsibility for the development of their own potential. Additionally, individuals are entitled to information that allows them to make informed choices regarding their health care and to become active participants in decisions regarding their well-being. Individuals hold diverse values and beliefs and exist in different social and physical environments all of which may have an impact on an individual's state of health.

Each learner is recognized as having unique experiences and background. Faculty members are alert to individual differences due to gender, cultural background, goals, and learning styles. Support services, including counseling, financial aid, and a wide variety of learning resources are an integral part of the system available to accommodate the individual needs of the students. The student is considered an active participant in both the educational experience and the evaluation of the experience. The student bears the responsibility for classroom preparation and attendance, for engagement in active learning and analysis, completion of assignments and evaluation of learning experiences. *Approved by MCC Nursing Faculty 1/28/19*

RN Associate of Science Program Level Student Learning Outcomes

- Meets qualifications and obtains an AS Degree in Nursing.
- Becomes eligible and succeeds on state board examination (NCLEX-RN) leading to licensure.
- Successfully meets program standards for proficiency through ATIs in fundamentals, nutrition, maternal/newborn, pediatrics, community health, mental health, medical/surgical, pharmacology, ATI comprehensive and leadership.
- Successfully completes a minimum of 132 hours of individual clinical preceptorship as assigned in the final semester as outlined in Mendocino College RN Preceptor Handbook.
- Practices within legal, ethical, and regulatory guidelines while adhering to standards of professional practice and accepting accountability for personal actions.

Approved by Curriculum Committee 04/15/2019

Terminal Program Outcomes

At the completion of the sequence of nursing courses the graduate will function in the role of provider of care, manager of care, and member within the profession of nursing. In assisting clients to promote, maintain, and restore optimum wellness, the graduate will use the nursing process to:

- Provide nursing interventions that demonstrate caring, safety and a personal sense of commitment and responsibility.
- Use a broad knowledge base and critical thinking to assess data, prioritize, provide, manage, and evaluate care in a variety of health care settings.
- Demonstrate the purposeful use of communication techniques, including verbal, non-verbal, written, and electronic in all interactions with clients and members of the health care team.
- Apply sound principles of teaching/learning to identify teaching needs and provide the client and family with health information.
- Work collaboratively with others to manage and direct the care of clients advocating for the client as necessary.
- Practice within legal, ethical, and regulatory guidelines while adhering to standards of professional practice and accepting accountability for personal actions.
- Incorporate findings from nursing research to improve client care and outcomes.

Policies and Procedures

The ADN program maintains a number of program specific policies. Student policies are available in the Student Handbook (included as an appendix) and faculty specific policies are available in the Faculty Handbook (also included as an appendix).

Section 6: Clinical Facilities

Clinical Facility Overview

Securing appropriate clinical experiences for students enrolled in the RN program continues to present unique challenges in our isolated rural area. We enjoy ongoing support from the local community hospitals and chief clinical partners: Adventist Health/Ukiah, Adventist Health/Howard Memorial and Sutter lakeside in providing basic medical-surgical training throughout the 2-year cycle. As these locations depend on hiring the bulk of our graduates immediately after graduation, they seem secure.

As is the case throughout the State, maintaining adequate sites for clinical training is becoming increasingly difficult. To recap; we lost Children's Oakland for in-patient pediatrics followed shortly thereafter by loss of Creekside Behavioral Health for Psychiatric nursing. We temporarily lost the Mendocino Jail site but this is back online for Fall 2019 semester. We hope to begin placement of students for acute Psyc at Aurora Behavioral Health starting in Spring of 2020. That contract is being negotiated as this document is being written. In Spring of 2019 we added a pediatric rotation in the Mendocino County Department of Public Health to give students a greater exposure to the range of problems and services available to assist this population.

Our program operates on a model of students being divided into three groups and rotating to a "home hospital" each semester in order to acquire and practice skills. Skills acquisition is levelled and no student can perform a skill in the patient setting without first having the underlying theory taught, checked off and signed-off by a faculty RN. This skills card follows students throughout the program and is required to be present in on and off campus clinical sites. Our main focus throughout the program is preparing students to function as bedside nurses in a med-surg setting. Students performing nursing skills in their "home hospital" have an adjunct faculty member supervising them. Most often, this individual is also employed by that hospital as a staff RN. The typical faculty/student ratio is in the 1:6/1:8 range. At no time do we meet or exceed a 1:10 ratio in the clinical setting. At the end of each home hospital clinical shift, the student is responsible for completing a comprehensive nursing care plan which is graded by the clinical instructor and returned in a time frame so the student can benefit from written feedback and make progressive improvement in their problem analysis, critical thinking and care planning.

Specialty areas including Maternal/Child, Pediatrics and Psychiatric Nursing skills are learned through various "out-migrations" that are scheduled concurrently in the semester when the supporting content is taught. The SIM lab is being brought into increasing use commensurate with the time available to utilize these resources. It currently adds about an additional 10% time to clinical hours with most of the SIMS being offered in the 52 A-B-C-D series of labs. We have adequate equipment but inadequate staff to increase this offering. All contracts are current and up-to-date as of this writing and can be viewed on-site in the nursing department on request. The following is a semester-by-semester list of clinical sites that we are approved to use for both "home hospital" and specialty areas

Semester 1

1. Home Hospitals: AH/Ukiah, AH/Howard, Sutter-Lakeside
2. Lakeport Post-Acute
3. Ukiah Post-Acute
4. Northbrook Healthcare Center

Semester II

1. Home Hospitals: AH/Ukiah, AH/Howard, Sutter-Lakeside
2. Mendocino Community Health Center (Care For Her and Pediatric Clinics)
3. Adventist Health Rural Health (Pediatric clinics)
4. Mendocino County Public Health Department

Semester III

1. Home Hospitals: AH/Ukiah, AH/Howard, Sutter-Lakeside
2. DCI Dialysis
3. Mendocino County Jail (Psyc)
4. Lake County Jail; (Psyc)

Semester IV

1. Home Hospitals: AH/Ukiah, AH/Howard, Sutter-Lakeside (preceptng)
2. Santa Rosa Memorial Hospital (advanced med-surg, precepting)
3. Adventist Health/Clearlake (precepting)
4. Mendocino Coast District Hospital (precepting)
5. Aurora Behavioral Health (in-patient psyc) * (start Spring 2020)

A current list of clinical agencies, including BRN approval date and clinical contract expiration date, is included in the following:

List of Facilities and Contract Expiration Dates

| NAME OF CLINICAL AGENCY | CLINICAL AREA | | | | | | Course level | Contract expiration | BRN Approval |
|----------------------------------|---------------|----|------|-------|------|---------|---|---------------------|--------------|
| | MED SURG | OB | PEDS | PSYCH | GERI | Other | | | |
| Adventist Health Clearlake | | | | | | Precept | NUR 132 | 12/01/2022 | 11/27/2018 |
| Adventist Health Howard Memorial | X | | | | X | Precept | NUR 102, NUR 112, NUR 122, NUR 132 | 08/31/2023 | 11/27/2018 |

| | | | | | | | | | |
|--|---|---|---|---|---|---------|---|-------------------|------------|
| Adventist Health Ukiah Valley | X | X | | | X | Precept | NUR 102, NUR 112, NUR 122, NUR 132 | 08/31/2023 | 11/27/2018 |
| Aurora Santa Rosa Hospital | | | | X | | | NUR 132 | TBA | |
| Mendocino County Jail/NaphCare | | | | X | | | NUR 122 | 04/04/2020 | 04/05/2019 |
| Dialysis Center Incorporated | X | | | | X | | NUR 122 | Automatic Renewal | 05/29/2012 |
| Lakeport Post-Acute | X | | | | X | | NUR 102 | Automatic Renewal | 10/31/2018 |
| MCHC Care for Her Program | | X | X | | | | NUR 112 | Automatic Renewal | 01/25/2006 |
| Mendocino Coast District Hospital | | | | | | Precept | NUR 132 | 01/01/2020 | 11/20/2007 |
| Mendocino County HHS: Public Health Division | | | X | | | | NUR 112 | Automatic Renewal | 12/05/2018 |
| Northbrook Healthcare Center | X | | | | X | | NUR 102 | Automatic Renewal | 08/24/2005 |
| Santa Rosa Memorial Hospital St. Joseph Health System | X | | | | X | Precept | NUR 132 | 09/15/2022 | 11/24/2003 |
| Sutter Lakeside Hospital | X | X | | | X | Precept | NUR 102, NUR 112, NUR 122, NUR 132 | 07/01/2021 | 12/09/2003 |
| Ukiah Post-Acute | X | | | | X | | NUR 102 | 09/14/2020 | 12/06/2018 |

Generic Contract Template

A copy of the generic contract utilized by the Nursing Department at Mendocino Community College is attached in the addendums.

Section 7: Student Participation

Participation Overview

Throughout the program, students have access to faculty and resources, timely feedback and corrective action plans that are student centered and tailored to meet individual student needs. Every effort is made to meet with students early on and offer them written remediation plans in order to prevent student performance issues deteriorating to the point where program discharge becomes imminent. Campus-wide support to prevent this impasse from occurring include DSPS services with defined accommodations, tutoring in the areas of writing and math, on-campus mental health services. Students with unique financial issues preventing them from optimal performance have requested and been provided with financial grants through the Foundation funding sources.

The faculty recognizes that students, as participants in the program, may have suggestions to improve the curriculum, structure, or procedures utilized in the Registered Nursing Program. Formal student input is solicited in evaluations obtained throughout the program, but several other forms of student involvement and communication have been developed.

1. Class officers will have a standing invitation to participate in the general business of faculty meetings and advisory committee meetings.
2. Any student may request to attend a faculty meeting and present an agenda item by contacting the Director at least 48 hours prior to the regularly scheduled faculty meeting.
3. Students may express concerns or suggestions through a signed letter submitted to the Director. The Director has an open door policy to address student concerns as they arise throughout their educational process.
4. Students are responsible for their ongoing self-evaluation of the course and clinical objectives. Course grading criteria are provided at the beginning of the semester. Students are expected to keep track of their cumulative grades and average. The student is encouraged to meet with the theory instructor if their grade is at or below the passing standard.
5. Students are encouraged to complete Theory and Clinical Course Evaluations at the end of each semester. The process is anonymous; however, it would be of assistance to the faculty if students would discuss the evaluation results.

CLASS OFFICERS

Class officers for each nursing class will be elected by majority vote by the third month of the initial semester. The class officers will represent the class at faculty meetings, college-wide meetings, advisory meetings, and oversee the graduation ceremony and other activities. Following are the offices and duties:

| | |
|------------------|---|
| President: | Appoints committees for various functions; acts as a liaison between students and instructors. |
| Vice President: | Responsible for the duties of the President in his/her absence, or if the office is vacated. He/she shall also perform any duties requested by the president. |
| Secretary: | Records and keeps accurate minutes of all meetings. |
| Treasurer: | Collecting, depositing, and distributing all class monies, as directed by class president. |
| Student Advisor: | The Assistant Nursing Program Director or Clinical Coordinator will act as the student advisor. |

Student Grievances

Mendocino College has a well-defined student grievance policy and procedure. Grievance procedures are described for ADN students in the student handbook (p. 35) and extensive grievance procedure guidelines are on the college web site at: <https://www.mendocino.edu/college/board-trustees/board-policies-and-administrative-procedures> and is available in the College Catalog.

In the past five years there has been one formal student grievance filed. This grievance was related to the student failing to meet course and clinical performance standards. This student had also been discharged from another area RN program prior to applying to us for admission.

- Grievance 1 – Faculty and director response to grievance upheld at Dean’s level. Student was discharged from the program. The filing period for legal redress closed over the summer of 2019.

In the past five years, 11 other students have been discharged from the program for cause, but they did not elect to file a grievance. Of these students, four were subsequently offered the opportunity to be re-admitted after completing corrective actions. One of the four has since graduated and is currently a licensed RN working in the community. Two are currently enrolled in the program with graduation scheduled for May 2020, and one left the area and did not re-apply.

Section 8: Conclusion

Program Strengths

The MCC ADN program is a well-developed program that meets the educational needs of student nurses and prepares them to successfully complete the NCLEX-RN and enter the workforce as safe and competent nurses. Our employer comments from advisory meetings and the employer evaluation support that our students are highly regarded and are considered well prepared for employment as new nursing graduates.

Our admission criteria are strong, the pre-admission process is well defined and contributes to admitting students who are academically prepared for the rigors of nursing school. We strive to maintain a low attrition rate. Our curriculum progression consists of a large unit core class with several supporting classes each semester presented in a manner that builds on previously acquired knowledge and skills. We also enjoy financial support as well as clinical stability from our three local hospitals who are active participants in both the training and employment of our graduates.

The nursing grant funding has enabled us to replace a significant amount of instructional equipment and maintain a high level skills and simulation lab environment. Over the past five years, we have been able to upgrade the media viewing capabilities in our lab and make improvements in our simulation lab, including the addition and expansion of new simulation equipment. Dennis Aselyne, CTE Dean has also been generous with funding to support additional training and equipment for program enhancement.

At present, all but two of the FT and PT faculty are also employed in varying capacities as “working nurses”. This has the effect of assuring that students receive their education from instructors with working knowledge of critical thinking and clinical skills necessary to meet prevailing conditions in the workplace. Additionally, faculty supervising students in their “home-hospital” rotations are jointly employed as staff in the hospitals where they perform clinical teaching which affords the students the greatest access possible to clinical experiences that mirror their associated classroom education.

Finally, the MCC ADN program enjoys a strong and collaborative relationship with Sonoma State University (SSU), CSU-Chico, and University of Phoenix which affords our students excellent concurrent education opportunities for furthering their education. MCC faculty attend SRJC ADN and SSU Nursing Program joint advisory committee meetings twice per year and work closely to align our nursing education which supports our individual as well as a regional approach to providing the best possible nursing education for students in our geographically isolated community.

Throughout the program, students have access to faculty and resources, timely feedback and corrective action plans that are student centered and tailored to meet individual student needs.

Challenges and Opportunities for Improvement

Without a doubt, recruitment and retention of faculty qualified to teach and administrate across the curriculum is the single greatest challenge to our program. Salaries at MCC are not competitive with wages paid by other similarly prepared RN's in the area making it difficult to attract faculty. Even factoring in the academic calendar, RN's currently employed at MCC are working additional jobs to compensate for this wage gap.

This issue is further underscored by the programs failure to be able to hire an on-site assistant director since my departure from that post in 2015. Use of Anna Valdez as a contract assistant director from SRJC has been a useful and productive measure to provide outside support and expertise, but it does not substitute or replace the benefit of having a colleague in-situ to share the administrative and other challenges of administering a program.

Numerous strategies have been attempted to secure either a full-time or interim director. These include direct outreach to qualified individuals, posting of the position to online sites for faculty, posting on the COADN listserve, etc. As of this writing, no qualified applicant has been identified to assume the director role. Two of the current tenure track faculty will meet qualifications to be appointed as assistant directors in December 2019. Both have indicated they plan to accept the appointment. Responsibilities for these faculty have not yet been identified or agreed upon. Discussions between both administration (Dennis Aseltyne, Debra Polak), myself and our CNE, Shelley Ward does not support the concept of having an "itinerant" or "virtual" director overseeing a program with as many inherent vulnerabilities as ours. Our program was identified as having "inadequate resources" in the 2015 program review. No additional faculty resources or strategies have been developed to address this deficiency. Since then the program has faced numerous and serious staffing challenges which remain unresolved and will become critical when the remaining two FT tenure-track faculty become responsible for an increased share of administrative load along with their existing responsibility as lead instructors, clinical coordinators, content experts and primary classroom faculty. Various proposals including hospital paid, salary augmentation for a 1-year interim director have been suggested as a short term strategy. This remains a proposal, as is the concept of hiring an interim 1-year short term categorical faculty position for a year. Both assume appropriate candidates can be identified who meet the regulations and possess the specific skills needed to fulfill program needs.

Several major changes to nursing education are also anticipated in the future. The decrease in what is being viewed as an "excess" number of units needed to graduate with an AA in nursing is being discussed by the Community College Chancellors Office. Several larger programs have already devised successful strategies, but they came about because of enormous collaborative efforts between the programs and their associated local CSU's. We have not been able to address this concept in any meaningful way due to inadequate time and staff. Should this become a mandate instead of a proposal, unless we apply similar efforts, our students who typically require financial aid to attend school full time, could be severely impacted.

An additional issue on the horizon which will require considerable time and effort on the part of faculty will be the implementation of Next-Gen NCLEX. Although we have a strong relationship with ATI who is one of the lead organizations charged with creating the interface to prepare

students for change, faculty will need training and time to be able to identify and implement strategies needed to prepare students and avoid a significant dip in our pass rate. The National Council of State Boards of Nursing (NCSBN) itself predicts this dip as a known issue. Unless there are adequate faculty to assist in preparation, and seasoned nursing program administrators prepared to advocate and guide the process, this represents a significant challenge to the success of students entering our program. The first group of students to be impacted by this change will be the entering class of 2021, two short years away.

Future Plans

Our highest priority for the next five years is to identify, onboard, mentor and support new faculty so we have a strong and well-developed teaching team. Promoting and preparing internal candidates to assume formal leadership roles within the program is a close corollary issue. We also need to anticipate the need to consider a major curriculum revision to reduce the number of units required in our nursing program should that “suggestion” become a mandate. We are currently at 51 nursing units and need to explore how to lower that unit load to 36 without decreasing the quality and effectiveness of our program. That process will take a couple of years to map out and discuss in curriculum meetings. Next-Gen NCLEX poses similar challenges, but with a more defined date of implementation.

Grant funding has been a critical part of our success in the past five years. We do not know how long this funding will remain stable and available. The salary of our very capable and long term program support specialist is paid from this resource. We have already experienced some decreases since the apportionment model was implemented by the Chancellors office a year ago. Fortunately, the MCC college administration is very supportive of nursing and understands our unique student population. We will become more reliant on them in the future in order to at least maintain our level of instructional resources and hopefully expand in order to assure program stability. Should we lose the financial support of the local hospitals, 1 FTE could additionally be lost. We rely on the goodwill and the staff employed by the Mendocino College Foundation that securing this funding resource will remain a priority

The future success of the program depends on both vertical and horizontal collaboration incorporating both between-group and within-group cooperation in order to continue to provide the high-touch, in- person connection to the students, facilities and strategies that have proven effective since 2003. Whether the level of personal dedication needed to sustain this vision remains possible is in the hands of the emerging leaders within MCC and the program.

Appendices

- A: EDP-P-05 Total Curriculum Plan
- B: EDP-P-06 Required Curriculum
- C: EDP-P-10, Report on Faculty Forms
- D: EDP-P-11, Nursing Curriculum and Clinical Facilities
- E: Class Schedule
- F: Clinical Coordinator Duty Statement
- G: Clinical Rotations
- H: MOA Contract Template
- I: Clinical Evaluation Tools

Attachments – Attached as separate documents

- MCC College Catalog
- Faculty Handbook
- Clinical Faculty Handbook
- Non-Faculty Clinical Handbook
- RN Student Handbook
- Preceptorship Handbook

Course Syllabi:

NUR 102, 105, 112, 115, 116, 121, 122, 125, 126, 131, 132, 135, 136, 50, and

Lab Syllabi:

NUR 52A, 52B, 52C, 52D, 52T

APPENDICES

Appendix A: EDP-P-05

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

| | |
|---|--|
| Name of Program: Mendocino College Registered Nursing Program | Date Submitted: 08/22/2018 |
| Type of Program: <input type="checkbox"/> Entry Level Master's <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree | For BRN Office Use Only <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: <u>Shelley Ward NEC</u> Date: <u>12-6-2018</u> |

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

| Check appropriate year: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter | Total Units | Theory | | Lab | | Total Hrs | |
|---|--|-------------|--------|-------|-------|-------|-----------|-----|
| | | | Units | Hr/Wk | Units | Hr/Wk | Theory | Lab |
| Quarter/Semester | | | | | | | | |
| Fall | | | | | | | | |
| | M S O C P G | | | | | | | |
| | BIO 230 Anatomy | 5 | 3 | 3 | 2 | 6 | 51 | 102 |
| | BIO 231 Physio | 5 | 4 | 4 | 1 | 4 | 68 | 68 |
| | Psychology | 3 | 3 | 3 | 0 | 0 | 51 | 0 |
| | ENG 200 Reading | 3 | 3 | 3 | 0 | 0 | 51 | 0 |
| | /Composition | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total | 16 | 13 | 13 | 3 | 10 | 221 | 170 |
| Quarter/Semester | | | | | | | | |
| Spring | | | | | | | | |
| | M S O C P G | | | | | | | |
| | BIO 259 Microbio | 5 | 4 | 4 | 1 | 4 | 68 | 68 |
| | Amer Institutions | 3 | 3 | 3 | 0 | 0 | 51 | 0 |
| | Nutrition | 3 | 3 | 3 | 0 | 0 | 51 | 0 |
| | Sociology/Cultural | 3 | 3 | 3 | 0 | 0 | 51 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | Total | 14 | 13 | 13 | 1 | 4 | 221 | 68 |
| Quarter/Semester | | | | | | | | |
| Summer | | | | | | | | |
| | M S O C P G | | | | | | | |
| | Speech | 3 | 3 | 3 | 0 | 0 | 51 | 0 |
| | Humanities | 3 | 3 | 3 | 0 | 0 | 51 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| | Total | 6 | 6 | 6 | 0 | 0 | 102 | 0 |

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

| | |
|---|---|
| Name of Program: Mendocino College Registered Nursing Program | Date Submitted: 08/22/2018 |
| Type of Program: <input type="checkbox"/> Entry Level Master's <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree | For BRN Office Use Only <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: <i>Shelley Ward</i> NEC Date: 12-6-2018 |

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

| Check appropriate year: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter | Total Units | Theory | | Lab | | Total Hrs | |
|---|--|----------------|--------|-------|-------|-------|-----------|-----|
| | | | Units | Hr/Wk | Units | Hr/Wk | Theory | Lab |
| Quarter/Semester | | | | | | | | |
| Fall | | | | | | | | |
| | M S O C P G | | | | | | | |
| | NUR102 NurCon Sk I | 10 | 5 | 5 | 5 | 15 | 85 | 255 |
| | NUR 105 Pharm I | 1 | 1 | 1 | | | 17 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total | 11 | 6 | 6 | 5 | 15 | 102 | 255 |
| Quarter/Semester | | | | | | | | |
| Spring | | | | | | | | |
| | M S O C P G | | | | | | | |
| | NUR112 NurConSkII | 10 | 5 | 5 | 5 | 15 | 85 | 255 |
| | NUR 115 Pharm II | 1 | 1 | 1 | 0 | 0 | 17 | |
| | NUR 116 Intro Seminar | 1 | 1 | 1 | 0 | 0 | 17 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total | 12 | 7 | 7 | 5 | 15 | 119 | 255 |
| Quarter/Semester | | | | | | | | |
| | M S O C P G | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total | | | | | | | |

State of California

Department of Consumer Affairs
Board of Registered Nursing

TOTAL CURRICULUM PLAN

Executive Officer
(916) 322-3350

Submit in duplicate

| | |
|---|---|
| Name of Program: Mendocino College Registered Nursing Program | Date Submitted: 08/22/2018 |
| Type of Program: <input type="checkbox"/> Entry Level Master's <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate Degree | For BRN Office Use Only <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: <i>Shelley Ward</i> NEC Date: 12-6-2018 |

List name and number of all courses of the program in sequence, beginning with the first academic term. Include general education courses.

| Check appropriate year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 | Check: <input checked="" type="checkbox"/> Semester <input type="checkbox"/> Quarter | Total Units | Theory | | Lab | | Total Hrs | |
|---|--|----------------|--------|-------|-------|-------|-----------|-----|
| | | | Units | Hr/Wk | Units | Hr/Wk | Theory | Lab |
| Quarter/Semester | | | | | | | | |
| Fall | | | | | | | | |
| | M S O C P G | | | | | | | |
| | NUR122 ComplexMS I | 8 | 4 | 4 | 4 | 12 | 68 | 204 |
| | NUR 121 LeadMngt I | 1 | 1 | 1 | | | 17 | |
| | NUR 125 Pharm III | 1 | 1 | 1 | | | 17 | |
| | NUR 126 Seminar I | 2 | 2 | 2 | | | 34 | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | 12 | 8 | 8 | 4 | 12 | 136 | 204 |
| Quarter/Semester | | | | | | | | |
| Spring | | | | | | | | |
| | M S O C P G | | | | | | | |
| | NUR132 ComplexMS II | 8 | 4 | 4 | 4 | 12 | 68 | 204 |
| | NUR 131 LeadMngt II | 1 | 1 | 1 | 0 | 0 | 17 | |
| | NUR 135 Pharm IV | 1 | 1 | 1 | 0 | 0 | 17 | |
| | NUR 136 Seminar II | 2 | 2 | 2 | 0 | 0 | 34 | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | 12 | 8 | 8 | 4 | 12 | 136 | 204 |
| Quarter/Semester | | | | | | | | |
| | M S O C P G | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | | | | | | |

Appendix B: EDP-P-06

State of California

Department of Consumer Affairs
Board of Registered Nursing

**REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE**

(916) 322-3350

Submit in DUPLICATE.

| | |
|--|---|
| Program Name: Mendocino College Registered Nursing Program | For Board Use Only Approved by: <u>Shelley Ward</u> , NEC Date: <u>12-6-2018</u> <input checked="" type="checkbox"/> BRN Copy <input checked="" type="checkbox"/> Program Copy |
| Type of Program: <input type="checkbox"/> Entry Level Master <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Associate | |
| Requesting new Curriculum Approval: <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor | |
| Date of Implementation: Fall 2019 | |
| Academic System: <input checked="" type="checkbox"/> Semester 17 _____ weeks/semester <input type="checkbox"/> Quarter _____ weeks/quarter | |

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

| | Semester Units | Quarter Units | Current BRN-Approved Curriculum | Proposed Curriculum Revision *Place asterisk next to proposed change |
|--|----------------|---------------|---------------------------------|---|
| Nursing | 36 | 54 | 51 | 47* |
| Theory | (18) | (27) | 33 | 29* (pharmacology) |
| Clinical | (18) | (27) | 18 | 18 |
| Communication Units | 6 | 9 | 6 | 6 |
| Science Units | 16 | 24 | 21 | 21 |
| TOTAL UNITS FOR LICENSURE | 58 | 87 | 78 | 74* |
| Other Degree Requirements (Total Units): | | | 9 | 9 |
| (American Institutions-3 Units) | | | | |
| (Humanities– 3 Units) | | | | |
| (Nutrition – 3 Units) | | | | |
| TOTAL UNITS FOR GRADUATION | | | 87 | 83* |

List the course number(s) and titles(s) in which content may be found for the following required content areas:

| REQUIRED CONTENT | Course Number | Course Titles |
|-------------------------------|------------------------|--|
| Alcohol & chemical Dependency | NUR 122 and NUR 132 | NUR122: Complex Medical Surgical Nursing 1; NUR 132: Complex Medical Surgical Nursing II |
| Personal Hygiene | NUR 102, 112 | NUR 102: Nursing Concepts and Skills 1; NUR 112: Nursing Concepts and Skills II |
| Human Sexuality | NUR 102, 112, 122, 132 | NUR 102: Nursing Concepts and Skills I; NUR 112: Nursing Concepts and Skills II; NUR 122: Complex Medical Surgical Nursing I; NUR 132: Complex Medical Surgical Nursing II |
| Client Abuse | NUR 102, 112, 122, 132 | NUR 102: Nursing Concepts and Skills I; NUR 112: Nursing Concepts and Skills II; NUR 122: Complex Medical Surgical Nursing I; NUR 132: Complex Medical Surgical Nursing II |

| | | |
|------------------------|---|--|
| Cultural Diversity | NUR 102, 105, 112, 115, 122, 125, 126, 132, 135, 136 | NUR 102: Nursing Concepts and Skills I; NUR 105: Pharmacology I; NUR 112: Nursing Concepts and Skills II; NUR 115 115: Pharmacology II; NUR 122: Complex Medical Surgical Nursing I; NUR 125: Pharmacology III; NUR 126: Nursing Seminar I; NUR 132: Complex Medical Surgical Nursing II; NUR 135: Pharmacology IV; NUR 136: Nursing Seminar II |
| Nutrition | NUR 102, 112, 122, 126, 132, 136 | NUR 102: Nursing Concepts and Skills I; NUR 112: Nursing Concepts and Skills II; NUR 122: Complex Medical Surgical Nursing I; NUR 126: Nursing Seminar I, NUR 132: Complex Medical Surgical Nursing II;; NUR 136: Nursing Seminar II |
| Pharmacology | NUR 102, 105, 112, 115, 122, 125, 132, 135 | NUR 102: Nursing Concepts and Skills I; NUR 105: Pharmacology I; NUR 112: Nursing Concepts and Skills II; NUR 115: Pharmacology II; NUR 122: Complex Medical Surgical Nursing I; NUR 125: Pharmacology III; NUR 132: Complex Medical Surgical Nursing II; NUR 135: Pharmacology IV |
| Legal Aspects | NUR 102, 105, 112, 121, 122, 131, 132 | NUR 102: Nursing Concepts and Skills I; NUR 105: Pharmacology I; NUR 112: Nursing Concepts and Skills II; NUR 115: Pharmacology II; NUR 121: Leadership and Management I; NUR 122: Complex Medical Surgical Nursing I; NUR 131: Leadership and Management II; NUR 132: Complex Medical Surgical Nursing II |
| Social/Ethical Aspects | NUR 102, 105, 112, 115, 116, 121, 122, 125, 126, 131, 132, 135, 136 | NUR 102: Nursing Concepts and Skills I; NUR 105: Pharmacology I; NUR 112: Nursing Concepts and Skills II; NUR 115: Pharmacology II; NUR 116: Intro to Nursing Seminar; NUR 121: Leadership and Management I; NUR 122: Complex Medical Surgical Nursing I; NUR 125: Pharmacology III; NUR 131: Leadership and Management II; NUR 132: Complex Medical Surgical Nursing II, NUR 135 Pharmacology IV; NUR 136: Nursing Seminar II |
| Management/Leadership | NUR 121, 131 | NUR 121: Leadership and Management I; NUR 131: Leadership and Management II |

Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

| REQUIRED CONTENT | Course Number | Course Title | Units |
|------------------|---------------|-------------------------------------|-------|
| NURSING | | | |
| Medical-Surgical | NUR 102 | Nursing Concepts and Skills | 10 |
| | NUR 105 | Pharmacology I | 1 |
| | NUR 112 | Nursing Concepts and Skills II | (10) |
| | NUR 116 | Intro to Nursing Seminar | 1 |
| | NUR 121 | Leadership and Management I | 1 |
| | NUR 122 | Complex Medical Surgical Nursing I | 8 |
| | NUR 125 | Pharmacology III | 1 |
| | NUR 126 | Nursing Seminar I | 2 |
| | NUR 131 | Leadership and Management II | 1 |
| | NUR 132 | Complex Medical Surgical Nursing II | 8 |
| | NUR 135 | Pharmacology IV | 1 |
| | NUR 136 | Nursing Seminar II | 2 |
| Obstetrical | NUR 112 | Nursing Concepts and Skills II | 10 |
| | NUR 115 | Pharmacology II | 1 |

| | | | |
|---------------------------|-------------|--|-----------|
| Pediatric | NUR 112 | Nursing Concepts and Skills II | (10) |
| | NUR 115 | Pharmacology II | (1) |
| Psych/Mental Health | NUR 122 | Complex Medical Surgical Nursing I | (8) |
| | NUR 132 | Complex Medical Surgical Nursing II | (8) |
| | NUR 135 | Pharmacology IV | (1) |
| Geriatrics | NUR 102 | Nursing Concepts and Skills I | (10) |
| | NUR 112 | Nursing Concepts and Skills II | (10) |
| | NUR 116 | Intro to Nursing Seminar | (1) |
| | NUR 122 | Complex Medical Surgical Nursing I | (8) |
| | NUR 132 | Complex Medical Surgical Nursing II | (8) |
| | NUR 105 | Pharmacology 1 | (1) |
| | NUR 125 | Pharmacology III | (1) |
| | NUR 135 | Pharmacology IV | (1) |
| | NUR 136 | Nursing Seminar II | (2) |
| BASIC SCIENCES | | | |
| Anatomy | BIO 230 | Human Anatomy | 5 |
| Physiology | BIO 231 | Human Physiology | 5 |
| Microbiology | BIO 259 | Microbiology | 5 |
| Societal/Cultural Pattern | SOC 201, or | Modern Social Problems | 3 |
| | SOC 202, or | Racial and Ethnic Relations | |
| | ANT 201 | Cultural Anthropology | |
| Psychology | PSY 205, or | Introductory Psychology | 3 |
| | PSY 210, or | Lifespan Developmental Psychology | |
| | PSY 215, or | Psychology of Personal Growth | |
| | CDV 200 | Psychology of Development: Infant through Adolescent | |
| COMMUNICATION | | | |
| Group | SPE 200, or | Intro Public Speaking | (3) |
| | SPE 210 | Interpersonal Communication | |
| Verbal | SPE 200, or | Intro Public Speaking | 3 |
| | SPE 210 | Interpersonal Communication | |
| Written | ENG 200 | Reading and Composition | 3 |
| * TOTAL UNITS | | | 74 |

* The "TOTAL UNITS" should match "TOTAL UNITS FOR LICENSURE" on page 1.

LVN 30 UNIT OPTION

| REQUIRED CONTENT | Course Number | Course Title | Units |
|--------------------------------------|----------------------|-------------------------------------|--------------|
| NURSING | | | |
| Advanced Medical-Surgical | NUR 50 | LVN-RN Transition | 1 |
| | NUR 52T | Nursing Transition Lab | 1 |
| | NUR 122 | Complex Medical Surgical Nursing I | 8 |
| | NUR 132 | Complex Medical Surgical Nursing I | 8 |
| Psych/Mental Health | NUR 122 | Complex Medical Surgical Nursing I | (8) |
| | NUR 132 | Complex Medical Surgical Nursing II | (8) |
| Geriatrics | NUR 122 | Complex Medical Surgical Nursing I | (8) |
| | NUR 132 | Complex Medical Surgical Nursing II | (8) |
| Management/Leadership | NUR 121 | Leadership and Management I | 1 |
| | NUR 131 | Leadership and Management II | 1 |
| BASIC SCIENCES | | | |
| Physiology | BIO 231 | Human Physiology | 5 |
| Microbiology | BIO 259 | Microbiology | 5 |
| TOTAL UNITS | | | 30 |
| Signature Program Director/Designee: | | Date: | |
| Fran Laughton | | 12-6-2018 | |

Appendix C: EDP-P-10

REPORT ON FACULTY

Instructions: Complete this form for each faculty member and address all the items in each column heading. For **Content Experts (1425(f))**: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics). Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2)). Designate by use of the *symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

| | | | | |
|--|--|--|--|--|
| <p>Name: Fran Laughton</p> <p>California RN license number and expiration date: 251876 EXP 1/31/21</p> <p>BRN approved as: Classification: <u>I</u> AI CTA Clinical area(s): <u>MS, O, C, PMH, G</u> (all)</p> <p>Indicate area if a Content Expert: MS, O, C, PMH, G (all)</p> | <p>Date of BRN approval:</p> <p>Initial: 12/5/03 Next: 4/18/05 Next: 1/13/2017</p> <p>8/2003-faculty, 8/2005-asst director 6/2017, director</p> <p>Full-time <u>X</u> adjunct: <u>__</u></p> | <p>List all degrees and year awarded:</p> <p>ADN 12/1974 BSN 12/89 MSN 5/95</p> | <p>Professional experience and continuing education activities for the past 5 years:</p> <p>List year(s), course title, and number of units/contact hours earned.</p> <p>List employment other than as faculty.</p> <p>List national certification from an accrediting organization in (MS, O, C, PMH, G), if applicable.</p> | <p>Teaching assignment(s) for the past 5 years:</p> <p>List clinical and/or theory courses by number and title. Indicate whether responsible for theory, clinical, or both, and term/date.</p> <p>Classes taught since my return in 2017 only</p> |
| | | | <p>Professional Experience:</p> | <p>Courses:</p> |
| | | | <p>2003-2015: Assistant Director. Instructor across the curricula; MCC; return as director 2017 to present</p> <p>2005-present: AH/Rural Health Clinic employed as an FNP pediatrics, mental health and general family practice as an FNP</p> <p>2008-present: ATrain CEU; lead nurse planner, author, content editor for an online CEU company</p> <p>ANCC certified FNP# 2105013024 (exp 2022)</p> <p>DEA Registration ML1161025 (exp: 2/2023)</p> | <p>SP 2017</p> <p>N112: lab, clinical and theory</p> <p>N 115: theory</p> <p>N 132: theory & clinical</p> <p>N 135: theory</p> <p>Director release</p> <p>Fall 2018</p> <p>N 105: theory</p> |

| | | | | |
|--|--|--|---|---|
| | | | California School Audiometry cert# S-5689 | N 125: theory N 122: theory & clinical 52-C lab Director release |
| | | | Continuing Education | <u>Spring 2019</u> N 112: theory Director release |
| | | | 2017: <ul style="list-style-type: none">Nurse Tim course suite (12 U) | <u>Fall 2019</u> N 122: clinical Director release |
| | | | <ul style="list-style-type: none">BLS for HCP (8 U) | |
| | | | <ul style="list-style-type: none">Opioids as medications (2 U) | |
| | | | <ul style="list-style-type: none">Treating ETOH and Opioid misuse in Primary Care (3 U) | |
| | | | <ul style="list-style-type: none">CACN: Innovations & Partnerships (8 U) | |
| | | | <ul style="list-style-type: none">Riding Wave of Change (7.75 U) | |
| | | | 2018: | |
| | | | <ul style="list-style-type: none">CACN: Reaching New Heights in Nursing Education (8 U) | |
| | | | <ul style="list-style-type: none">CACN: Transformation of Nursing Education (9 U) | |

| | | | | |
|--|--|--|---|--|
| | | | <ul style="list-style-type: none">• Pain: Persistent Challenge (14.5 U) | |
| | | | | |
| | | | | |

State of California

Department of Consumer Affairs
Board of Registered Nursing
(916) 322-3350

REPORT ON FACULTY

Instructions: Complete this form for each faculty member and address all the items in each column heading. For **Content Experts (1425(f))**: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics). Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2)). Designate by use of the *symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

| | | | | |
|--|--|---|---|---|
| <p>Name: Heidi Crean</p> <p>California RN license number and expiration date: 806390 8/31/2021</p> <p>BRN approved as: Classification: I AI CTA</p> <p>Clinical area(s): MS, O, C, PMH, G</p> <p>Indicate area if a Content Expert: MS, O, C, PMH, G</p> | <p>Date of BRN approval: Initial: 1/2017 Next: 8/2017 Next: 1/2018</p> <p>Full-time <input checked="" type="checkbox"/> adjunct: <input type="checkbox"/></p> | <p>List all degrees and year awarded:</p> <p>B.S. Chemistry 1994 D.C. 1998 M.S.N. 2011</p> | <p>Professional experience and continuing education activities for the past 5 Years:</p> <p>List year(s), course title, and number of units/contact hours earned.</p> <p>List employment other than as faculty.</p> <p>List national certification from an accrediting organization in (MS, O, C, PMH, G), if applicable.</p> | <p>Teaching assignment(s) for the past 5 years:</p> <p>List clinical and/or theory courses by number and title. Indicate whether responsible for theory, clinical, or both, and term/date.</p> |
| | | | <p>Professional Experience:</p> <p>2011-2013:</p> <ul style="list-style-type: none"> o Employed FT as staff RN on Medical-Surgical unit at Adventist Health Ukiah Valley <p>2013-2017:</p> <ul style="list-style-type: none"> o Employed FT as labor and delivery and postpartum and OB OR circulator staff RN at Family Birthing Center at Adventist Health Ukiah Valley <p>2017-present:</p> <ul style="list-style-type: none"> o Employed per diem as labor and delivery and postpartum staff RN at Family Birthing Center at Adventist Health Ukiah Valley (24 hours/month) <p>Additional:</p> <ul style="list-style-type: none"> o Author of online continuing education courses for nurses (Wild Iris Medical Education) o Clinical Nurse Leader Certificate: #10630056 expires: 12/2021 o Public Health Nurse #81960, expires: 8/2021 | <p>NUR 102 Nursing Concepts and Skills I</p> <ul style="list-style-type: none"> o Fall 2017, 2018, 2019 o Theory/clinical (lab) <p>NUR 52A Nursing Technical Lab I</p> <ul style="list-style-type: none"> o Fall 2017, 2018, 2019 o Clinical (lab) <p>NUR 112 Nursing Concepts and Skills II</p> <ul style="list-style-type: none"> o Spring 2017, 2018, 2019 o Theory/clinical (lab) <p>NUR 52B Nursing Technical Lab II</p> <ul style="list-style-type: none"> o Spring 2018, 2019 |

| | | | | |
|------------------------------------|--|--|---|--|
| | | | <ul style="list-style-type: none"> ○ Pediatric Nursing Remediation Preceptorship (36 hrs) ○ Doctor of Chiropractic license (inactive) 1998 | <ul style="list-style-type: none"> ○ Clinical (lab) <p>NUR 115 Pharmacology II</p> <ul style="list-style-type: none"> ○ Spring 2018, 2019 ○ Theory |
| <p>Heidi Crean (continued)</p> | | | <p>Continuing Education:</p> <p>2019:</p> <ul style="list-style-type: none"> ○ Nurse Tim courses including pediatrics (7 hrs) ○ Neonatal Resuscitation Program (NRP) Provider, expires: 5/2021 (11 hrs) <p>2018:</p> <ul style="list-style-type: none"> ○ RQI ACLS (3.75 hrs) ○ STABLE neonatal program (8 hrs) ○ AWHONN Fetal Monitoring (18 hrs) ○ Maternal/Child courses (7.25 hrs) ○ ACLS (16 hrs) <p>2017:</p> <ul style="list-style-type: none"> ○ Pediatric Nursing Certification Board programs (acute care in endocrine/renal, GI, cardio) (15 hrs) ○ AACN Pediatric CCRN Certification Review Course (11.6 hrs) ○ Neonatal Resuscitation Program (NRP) Provider (11 hrs) ○ Nurse Tim courses including CNE prep course and maternal/ women’s health nursing (12.5 hrs) ○ Maternal/Child courses (11.75 hrs) ○ Mindfulness-based stress reduction (7 hrs) ○ Angioedema (1 hr) <p>2016:</p> <ul style="list-style-type: none"> ○ ACLS (16 hrs) ○ Maternal/Child courses (5.75 hrs) ○ BLS (1.75 hrs) <p>2015:</p> | <p>Faculty of record for pediatric outpatient clinical rotations in NUR 112 for Spring 2018 (168 hrs) and Spring 2019 (168 hrs)</p> |

| | | | | |
|--|--|--|----------------------------------|--|
| | | | ○ STABLE neonatal course (8 hrs) | |
|--|--|--|----------------------------------|--|

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Department of Consumer Affairs
Board of Registered Nursing
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REPORT ON FACULTY

Instructions: Complete this form for each faculty member and address all the items in each column heading. For **Content Experts (1425(f))**: Identify who the content expert is for each of the required nursing areas (Geriatrics M/S, MH/P, OB, and Pediatrics). Ensure that the form captures information to verify that the designated content expert meets the qualifications stated in (1425 (f) (1) (2)). Designate by use of the *symbol to the right of the qualification entry to demonstrate where all required qualifications for this role are met.

| Name: Kimberly A Swift California RN license number and expiration date: 654930 exp JULY 31, 2020 BRN approved as: Classification: I AI CTA Clinical area(s): <u>MS, O, C, PMH, G</u> Indicate area if a Content Expert : MS, O, C, PMH, G | Date of BRN approval: Full-time <u>8/18/2017</u> adjunct: <u>1/18/2017</u> | List all degrees and year awarded: | Professional experience and continuing education activities for the past 5 Years: List year(s), course title, and number of units/contact hours earned. List employment other than as faculty. List national certification from an accrediting organization in (MS, O, C, PMH, G), if applicable. | Teaching assignment(s) for the past 5 years : List clinical and/or theory courses by number and title. Indicate whether responsible for theory, clinical, or both, and term/date . |
|---|--|------------------------------------|--|---|
| | | ADN 2002 | CCRN, CEN, TNCC, ACLS, PALS NRP (expired) ENPC (expired) | NUR 116- Introduction to Nursing Seminar Theory Spring 2017-2018 |
| | | MSN 2013 | RN ICU/ER 2002-present | NUR 112 Nursing Concepts and Skills II Lab spring 2017 |
| | | | Trauma Nurse Core Course (TNCC) 17.65 CEUs 0.5 CEUs Pediatrics 1/11/2019 | NUR 102 Nursing Concepts and Skills I Theory & Lab Fall 2018 |
| | | | NIHSS Training and Certification 3 CEUs 5/6/18 | NUR 122 Complex Medical/Surgical Nursing I Theory Fall 2018-2019 |
| | | | Stroke: Dysphagia Assessment 0.5 CEUs 5/6/18 | NUR 52C Nursing Technical Lab III Lab Fall 2018-2019 |

FD-310 (REVISED 09/18; PREVIOUS EDITIONS OBSOLETE)

| | | | | |
|--|--|--|--|--|
| | | | 12 Lead ECG Interpretation lessons 1-7 7 CEUs 10/28/2017 | NUR 52D Nursing Technical Lab IV Lab Spring 2017-2019 |
| | | | Basic Management of wounds 1.1 CEU 10/27/2017 | NUR 131 Leadership & Management II Theory Spring 2018-2019 |
| | | | APNA Transitions in Practice Certificate Program 15 CEUs 6/29/2017 | NUR 105 Pharmacology I Theory Fall 2018 |
| | | | Effective Treatments for Opioid Use Disorders 3.5 CEUs 6/28/2017 | NUR 125 Pharmacology III Theory Fall 2018 |
| | | | Sex, Drugs, and Rock & roll: An Update 2.25 CEUs 6/29/2017 | NUR 135 Pharmacology IV Theory Spring 2019 |
| | | | Bipolar Spectrum Disorders: Assessment, Diagnosis, and Epidemiology Using Recovery Paradigm 1.5 CEUs 6/29/2017 | NUR 52A Nursing Technical Lab I Lab Fall 2018 |
| | | | 2017 Competency Based Training for Conducting the One Hour Face to Face Assessment of a Patient in a Restraint or Seclusion 1.5 CEUs 6/29/2017 | NUR50 LVN-RN Transition Theory Spring 2018-2018 |
| | | | The Assessment and Management of Impulsive and Compulsive Subtypes of Sever Trauma-related | NUR52T Nursing LVN-RN Transition Lab Lab Spring |

FOR 10 (REVISED 09/18) BY CEP 09/17, P. 09/17

| | | | | |
|--|--|--|--|---|
| | | | Disorders 1 CEU 6/29/2017 | 2018-2019 |
| | | | Seclusion and Restraint: Keys to Assessing and Mitigating Risks 1 CEU 6/29/2017 | NUR132 Complex Medical/Surgica l Nursing II Theory Spring 2018-2019 |
| | | | Issue 2: Biological Interventions for Bipolar Spectrum Disorders Across the Lifespan 2.5 CEUs 6/29/2017 | |
| | | | Benzodiazepines: Boon or Boondoggle and Counteraction 2.25 CEUs 6/29/2017 | |
| | | | Leading Through the Night: How an Inpatient Psychiatric Hospital Successfully Engaged and Empowered their Night Shift Staff 0.5 CEUs 6/29/2017 | |
| | | | Pain Management: An Overview 1CEU 7/19/2017 | |
| | | | Sexual Harassment Prevention for Supervisors 4 CEUs 7/16/2017 | |
| | | | NIHSS Training and Certification 3 CEUs 5/11/17 | |
| | | | Stroke: Dysphagia Assessment 1 CEU 5/6/2017 | |
| | | | t-PA for Ischemic Stroke 0.5 CEUs 5/15/2017 | |
| | | | Stroke: Dysphagia | |

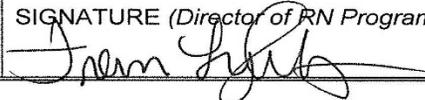
END P 10 (REVIEWED 09/19; REVISED 09/17; Rev. 09/17)

| | | | | |
|--|--|--|---|--|
| | | | Assessment 1 CEU 11/28/2016 | |
| | | | Managing Patients with Dysphagia 4 CEUs 11/17/2016 | |
| | | | Preventing Aspiration in Older Adults with Dysphagia 4 CEUs 10/22/2016 | |
| | | | Stroke: Dysphagia Assessment 1 CEU 10/22/2016 | |
| | | | Stroke: Nursing Care 1 CEU 9/25/2016 | |
| | | | NIHSS Training and Certification 3 CEUs 7/21/2016 | |
| | | | Stroke: Stroke Prevention 1 CEU 6/3/2016 | |
| | | | Stroke: Recurrent Stroke Prevention 0.8 CEUs 6/1/2016 | |
| | | | Stroke: Nursing Care 1 CEU 0.9 CEUs 6/1/2016 | |
| | | | Safe Patient Handling 2 CEUs 11/16/2015 | |
| | | | NRP Online Examination, 6 th edition 18 CEUs 10/15/2015 | |
| | | | NIHSS Training and Certification 3 CEUs 8/16/2016 | |
| | | | AHA: PALS Instructor Essentials 6.5 CEUs | |

| | | | | |
|--|--|--|--|--|
| | | | 1/2/2015 | |
| | | | Frontline Nurse Leader Program: Module 5: The Leader Within: Self Awareness and Professionalism 1.25 CEUs 11/2/2014 | |
| | | | Frontline Nurse Leader Program: Module 4: Leadership and Human Resources 1.25 CEUs 9/22/2014 | |
| | | | Frontline Nurse Leader Program: Module 3: Resource Management 1.25 CEUs 9/22/2014 | |
| | | | Frontline Nurse Leader Program: Module 2: Communication and Relationship Management 1.25 CEUs 9/22/2014 | |
| | | | Frontline Nurse Leader Program: Module 1: Healthcare Operations and Environment 1 CEU 9/22/2014 | |
| | | | AHA - ACLS Instructor Essentials 6 CEUs 8/30/2014 | |
| | | | Simulation User Network Education workshop 7.5 CEUs | |
| | | | Debriefing Workshop 6.5 CEUs | |
| | | | Simulation Intensive 19.5 CEUs | |

Appendix D: EDP-P-11

NURSING CURRICULUM AND CLINICAL FACILITIES

| | | |
|---|---|---------------------|
| NAME OF PROGRAM: Mendocino College Nursing Program Fall 2019 | SIGNATURE (<i>Director of RN Program</i>):  | DATE: 09/05/2019 |
|---|---|---------------------|

Please list all nursing subjects offered **during the quarter/semester of the approval visit.**

| NURSING COURSE (Name & Number) | M / S | O | C | P M H | G | UNITS | | LEAD INSTRUCTOR (Name) | CLINICAL LAB INSTRUCTOR(S) (Name) | #STUDENTS / SECTION | CLINICAL SITE |
|-----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------|-----|---------------------------|---|-----------------------|--|
| | | | | | | LEC | LAB | | | | |
| NUR 102 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5 | 5 | Heidi Crean (M/S, G) | Heidi Crean (M/S, G), Krista Todd (M/S, G), Carole Kendall-Doucette (M/S, G), Lisa Leonard (M/S, G), Jessica Killops (M/S, G), Nancy Goodman (M/S, G), Holly Dukeshier (M/S, G), Jaime White (M/S, G), Shanti Adhikari (M/S, G), Megan Hoover (M/S, G), Brandy Wann (M/S, G), Charlotte Kelley (CTA, M/S, G, O) | 20/0548 | Adventist Health Ukiah Valley Hospital, Adventist Health Howard Memorial Hospital, Sutter Lakeside Hospital, Lakeport Post-Acute, Ukiah Post-Acute, Northbrook Healthcare Center |
| NUR 105 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Kim Swift (M/S, G) | | 20/0527 | |
| NUR 52A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Heidi Crean (M/S, G) | Open Lab Krista Todd (M/S, G), Christina Obenyah (CTA, M/S, G), Shanti Adhikari (M/S, G), Carole Kendall-Doucette (M/S, G) | 20/0411/ 0414,0432 | |

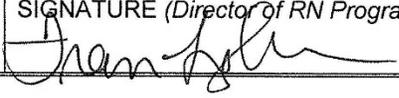
| | | | | | | | | | | | |
|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|---|---|--|--|---------------------------|--|
| NUR 121 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Kim Swift (M/S, G) | | 24/0528 | |
| NUR 122 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 4 | 4 | Lead Instructor: Kim Swift (M/S, G) Shanti Adhikari (M/S, G) | Kim Swift (M/S, G), Lisa Leonard (M/S, G), Debra Summit (M/S, G), Amy Buckingham (CTA, M/S, G) | 24/0529 | Adventist Health Ukiah Valley Hospital, Adventist Health Howard Memorial Hospital, Sutter Lakeside Hospital, DCI Dialysis, Lake County Jail, Mendocino County Jail |
| NUR 125 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Kim Swift (M/S, G), Shanti Adhikari (M/S, G) | | 24/0540 | |
| NUR 126 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2 | | Kim Swift (M/S, G), Shanti Adhikari (M/S, G) | | 24/0532 | |
| NUR 52C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Kim Swift (M/S, G) | Open Lab Shanti Adhikari (M/S, G) | 24/0479, 0482, 0485 | |

State of California

Department of Consumer Affairs
Board of Registered Nursing

NURSING CURRICULUM AND CLINICAL FACILITIES

(916) 322-3350

| | | |
|---|--|---------------------|
| NAME OF PROGRAM: Mendocino College Nursing Program Spring 2019 | SIGNATURE (Director of RN Program):  | DATE: 09/05/2019 |
|---|--|---------------------|

Please list all nursing subjects offered during the quarter/semester of the approval visit.

| NURSING COURSE (Name & Number) | M / S | O | C | P M H | G | UNITS | | LEAD INSTRUCTOR (Name) | CLINICAL LAB INSTRUCTOR(S) (Name) | #STUDENTS/SECTION | CLINICAL SITE |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------|-----|--|--|-------------------|--|
| | | | | | | LEC | LAB | | | | |
| NUR 112 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5 | 5 | Heidi Crean (M/S, G, C, O), Fran Laughton (M/S, G, C, O) | Heidi Crean (M/S, G, C, O), Krista Todd (M/S, G), Jessica Killops (M/S, G), Holly Dukeshier (M/S, G), Fran Laughton (M/S, G) | 19/4568 | Adventist Health Ukiah Valley Hospital, Adventist Health Howard Memorial Hospital, Sutter Lakeside Hospital, Public Health, MCHC (Clinics) |
| NUR 115 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | Heidi Crean (C, O, M/S, G) | | 19/4570 | |
| NUR 116 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Heidi Crean (M/S, G, C, O) Shanti Adhikari (M/S, G) | | 19/4571 | |
| NUR 131 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Kim Swift (M/S, G, PMH) | | 22/4572 | |
| NUR 132 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 4 | 4 | Kim Swift (M/S, G, PMH); Shanti Adhikari (M/S, G) | Kim Swift (M/S, G, PMH), Nancy Goodman (M/S, G), Jordan Ward (M/S, G), Carole Kendall (M/S, G), Shanti Adhikari (M/S, G) | 22/4573 | Santa Rosa Memorial Hospital, Creekside Rehabilitation & Behavioral Health, Adventist Health Ukiah Valley, Adventist Health Howard Memorial, |

EDP-P-11 (Rev. 08/10)

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| | | | | | | | | | | | |
|---------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|---|---|----------|--------------------|--|
| | | | | | | | | | | | Sutter Lakeside Hospital Coast District Hospital, Adventist Health St. Helena |
| NUR 135 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | Kim Swift (M/S, G, PMH) | | 22/4577 | |
| NUR 136 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2 | | Kim Swift (M/S, G, PMH); Shanti Adhikari (M/S, G) | | 22/4578 | |
| NUR 52B | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 1 | Heidi Crean (C, O, M/S, G), Krista Todd (M/S, G), Jen Escalante (M/S, G) | Open Lab | 19/4561/5522, 5531 | |
| NUR 52D | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | 1 | Kim Swift (M/S, G, PMH); Shanti Adhikari (M/S, G), Lisa Leonard (M/S, G) | Open Lab | 22/5540/5543, 5549 | |

Appendix E: Classroom Schedule

Mendocino College Registered Nursing
Classroom Schedule

| Fall 2019 1 st and 3 rd semester | | | | |
|--|--|--------------|----------------|----------------------------------|
| <i>Course</i> | <i>Course Name</i> | <i>Units</i> | <i>Content</i> | <i>Clinical</i> |
| Nur 102 | Nursing Concepts & Skills <i>Med/Surg; Geriatrics</i> | 5 units | 5 hours theory | |
| Nur 102 | Clinical Nursing I | 5 units | | 12 hours clinical 3 hours lab |
| Nur 105 | Pharmacology I <i>Med/Surg; Geriatric</i> | 1 unit | 1 hour theory | |
| | | | | |
| Nur 121 | Leadership and Management I <i>Med/Surg; Geriatric</i> | 1 units | 1 hour theory | |
| Nur 122 | Complex MS I <i>Med/Surg; Geriatrics; MHLth</i> | 4 units | 4 hours theory | |
| Nur 126 | Nursing Seminar II <i>Med/Surg; Geriatric</i> | 2 units | 2 hours theory | |
| Nur 122 | Adv. Clinical Nursing I | 4 units | | 12 hours clinical |
| Spring 2019 2 nd and 4 th semester | | | | |
| Nur 112 | Nursing Concepts & Skills II <i>Med/Surg, OB, Peds, Geriatric</i> | 5 units | 5 hours theory | |
| Nur 112 | Clinical Nursing II | 5 units | | 12 hours clinical 3 hours lab |
| Nur 115 | Pharmacology II <i>OB, Peds</i> | 1 unit | 1 hour theory | |
| Nur 116 | Intro to Nursing Seminar <i>Med/Surg; Geriatric</i> | 1 unit | 1 hour theory | |
| | | | | |
| Nur 131 | Leadership and Management II <i>Med/Surg; Geriatric</i> | 1 units | 1 hours theory | |
| Nur 132 | Complex MS II <i>Med/Surg; MHLth; Geriatric</i> | 4 units | 4 hours theory | |
| Nur 135 | Pharmacology IV <i>Med/Surg; MHLth; Geriatric</i> | 1 unit | 1 hours theory | |
| Nur 136 | Nursing Seminar III <i>Med/Surg; Geriatric</i> | 2 units | 2 hours theory | |
| Nur 132 | Adv. Clinical Nursing II | 4 units | | 12 hours clinical |
| Nur 50 | Transition LVN to ADN | 1 units | 1 hour theory | 3 hour lab |

| FALL SEMESTER | | | | |
|--|--|---|--|---|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| NUR 122 3rd semester Clinical Off Campus | NUR 102 1st semester Clinical Off Campus <u>NUR 102 Lab</u> <u>Boot Camp</u> 1st 6 wks: Tues 8-4 Thru October 1st | 10:00-12:20 NUR 102 Lecture | <u>NUR 102 Lab</u> 1st 6 wks: <u>Thurs 9-3</u> <u>Thru Oct-03</u> Boot Camp <u>After Week 6:</u> <u>Open Lab</u> <u>8am-12pm</u> | 9:00-12:00 NUR 52 Open Lab |
| 8:00-9:50 NUR 105 Pharm Lecture | | 1:30-4:30 NUR 102 Lab | 8:00-9:50 NUR 125 Pharm | |
| 10:00-12:20 NUR 102 Lecture | 9:30 – 11:20 NUR 122 Lecture | | 10:00-11:50 NUR 122 Lecture | |
| 1:30-4:30 NUR 52A Open Lab 1ST SIX WEEKS ONLY! | Online NUR 121 Leadership | | Sim Lab TBA | |
| Sim Lab TBA | Online NUR 126 Seminar | 9:00-11:50 NUR 52C First 6 weeks | 1:00-3:50 NUR52C After week 6 | |

| FALL SEMESTER | | | | |
|--|---|---|--|---|
| SPRING SEMESTER | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| NUR 132 4th Semester Clinical Off-Campus | NUR 112 2nd Semester Clinical Off-Campus | 8:30 – 9:20 NUR 116 Intro Seminar | 8:00 – 9:50 & 10:30-12:20 NUR 132 Lecture | 9:00-12:00 Nur 52 Open Lab |
| 8:00-9:50 NUR 115 Pharm | | 10:00-12:20 NUR 112 Lecture | 1:30 – 3:20 NUR 135 Pharm | |
| 10:00-12:20 NUR 112 Lecture | 1:00 – 3:50 NUR 52D Open Lab | 8:30-9:20 NUR 50 Lecture LVN to RN Transition Course | 3:30 - 4:20 NUR 131 Leadership | |
| 1:30-4:20 NUR 112 Weekly Skills Lab | Sim Lab TBA | 9:30-12:20 NUR 52T Lab LVN to RN | Online/Hybrid NUR 136 Seminar II | |
| | | 1:30-4:20 NUR 52B Open Lab | Sim Lab TBA | |

Appendix F: Clinical Coordinator Duties

Clinical Coordinator Duties and Responsibilities 1st Year Students

1. Serves as lead clinical liaison between nursing program and clinical sites for first year students in appropriate semester.
2. Determines clinical placement and schedules for nursing students each semester prior to beginning of clinical rotation.
3. Coordinate clinical rotations each semester by contacting appropriate hospital personnel, educating hospital personnel regarding student expectations, and scheduling appropriate training/orientations for each clinical facility.
4. Ensure that all “onboarding” has occurred for each student and provide assistance when required.
5. Perform audits at request of clinical sites.
6. Mentor new clinical faculty and provide support for returning clinical faculty.
7. Provide clinical faculty with appropriate resources, ie: textbooks, on-line resources, etc.
8. Communicate with clinical faculty via phone or email issues regarding care planning and other paperwork assigned.
9. Communicate with clinical faculty regarding need for “early intervention” or other remediation for students at risk.
10. Meet with Director and student in the case of clinical remediation and other disciplinary actions for said student.
11. Working with nursing program support technician, assure that end of semester evaluations are completed by students for each class, and each clinical site. Distribute end of semester evaluations to each clinical facility for feedback.
12. Review midterm and end of semester student clinical evaluations.
13. Manages out-migration clinical rotations which may include adding or dropping sites. Devises and updates out-migration objectives for each site and initiates contact with new or existing site managers or DONs.
14. Supervises all 1st year students in clinical out-migration sites. Reviews student care plans and papers for students ie: Care4Her, Pediatric Clinic, Wound Care Center, Mendocino and Lake County Jails, Infusion Center, and Dialysis.
15. May assist Director in doing clinical faculty evaluations.
16. Monitors and tracks student tardies and absences.
17. Provides or makes appropriate plans for students to be fit tested for N95 respirator masks.

Clinical Coordinator Duties and Responsibilities 2nd Year Students

1. Serves as lead clinical liaison between nursing program and clinical sites for second year students in appropriate semester.
2. Determines clinical placement and schedules for nursing students each semester prior to beginning of clinical rotation.
3. Coordinate clinical rotations each semester by contacting appropriate hospital personnel, educating hospital personnel regarding student expectations, and scheduling appropriate training/orientations for each clinical facility.
4. Ensure that all “onboarding” has occurred for each student and provide assistance when required.
5. Perform audits at request of clinical sites.
6. Mentor new clinical faculty and provide support for returning clinical faculty.
7. Provide clinical faculty with appropriate resources, ie: textbooks, on-line resources, etc.
8. Communicate with clinical faculty via phone or email issues regarding care planning and other paperwork assigned.
9. Communicate with clinical faculty regarding need for “early intervention” or other remediation for students at risk.
10. Meet with Director and student in the case of clinical remediation and other disciplinary actions for said student.
11. Working with nursing program support technician, assure that end of semester evaluations are completed by students for each class, and each clinical site. Distribute end of semester evaluations to each clinical facility for feedback.
12. Review midterm and end of semester student clinical evaluations.
13. Manages out-migration clinical rotations which may include adding or dropping sites. Devises and updates out-migration objectives for each site and initiates contact with new or existing site managers or DONs.
14. Supervises all 2nd year students in clinical out-migration sites. Reviews student care plans and papers for students ie: Pavilion, Wound Care Center, Mendocino and Lake County Jails, ORM, PACM, Infusion Center, and Dialysis.
15. May assist Director in doing clinical faculty evaluations.
16. Monitors and tracks student tardies and absences.
17. Provides or makes appropriate plans for students to be fit tested for N95 respirator masks.
18. Coordination and preparation for the 4th semester student preceptorship clinical rotation.

Appendix G: Clinical Rotations

1st Semester Clinical Rotation

| Student | 8/20 | 8/27 | 9/3 | 9/10 | 9/17 | 9/24 | 10/1 | 10/8 | 10/15 | 10/22 | 10/29 | 11/5 | 11/12 | 11/19 | 11/26 | 12/3 | 12/10 |
|---------|------|------|-----|------|------|-------------------------|------|------|-------|-----------------|-------|------|-------|-------|-------|------|-----------------------------|
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient 9/30 | NB | NB | NB | Orient Acute | AHHM | AHHM | AHHM | AHHM | AHHM | AHHM | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | UPA | UPA | UPA | Orient Acute | AHUV | AHUV | AHUV | AHUV | AHUV | AHUV | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | UPA | UPA | UPA | Orient Acute | AHUV | AHUV | AHUV | AHUV | AHUV | AHUV | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | UPA | UPA | UPA | Orient Acute | AHUV | AHUV | AHUV | AHUV | AHUV | AHUV | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient 9/30 | NB | NB | NB | Orient Acute | AHHM | AHHM | AHHM | AHHM | AHHM | AHHM | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient 9/30 | NB | NB | NB | Orient Acute | AHHM | AHHM | AHHM | AHHM | AHHM | AHHM | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | UPA | UPA | UPA | Orient Acute | AHUV | AHUV | AHUV | AHUV | AHUV | AHUV | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient 9/30 | NB | NB | NB | Orient Acute | AHHM | AHHM | AHHM | AHHM | AHHM | AHHM | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | UPA | UPA | UPA | Orient Acute | AHUV | AHUV | AHUV | AHUV | AHUV | AHUV | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | LPA | LPA | LPA | Orient Acute | SLH | SLH | SLH | SLH | SLH | SLH | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient 9/30 | NB | NB | NB | Orient Acute | AHHM | AHHM | AHHM | AHHM | AHHM | AHHM | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | LPA | LPA | LPA | Orient Acute | SLH | SLH | SLH | SLH | SLH | SLH | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | LPA | LPA | LPA | Orient Acute | SLH | SLH | SLH | SLH | SLH | SLH | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | LPA | LPA | LPA | Orient Acute | SLH | SLH | SLH | SLH | SLH | SLH | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | LPA | LPA | LPA | Orient Acute | SLH | SLH | SLH | SLH | SLH | SLH | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | LPA | LPA | LPA | Orient Acute | SLH | SLH | SLH | SLH | SLH | SLH | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | LPA | LPA | LPA | Orient Acute | SLH | SLH | SLH | SLH | SLH | SLH | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient 9/30 | NB | NB | NB | Orient Acute | AHHM | AHHM | AHHM | AHHM | AHHM | AHHM | Head to Toe & Final Eval |
| | Lab | Lab | Lab | Lab | Lab | Lab/ SNF Orient | UPA | UPA | UPA | Orient Acute | AHUV | AHUV | AHUV | AHUV | AHUV | AHUV | Head to Toe & Final Eval |

9/24/19 (Tuesday) ORIENT TO YOUR ASSIGNED SNF 1-4pm
 UPA = Ukiah Post-Acute (Shanti Adhikari)
 LPA = Lakeport Post-Acute, Lakeport (Carole Kendall-Doucette)
 NB = Northbrook Convalescent Hospital, Willits (Nancy Goodman)
 NB students orient to SNF on 9/30 from 1:30-4:30pm

10/22/19 (Tuesday) ORIENT TO ACUTE HOSPITAL
 AHUV = Adventist Health Ukiah Valley Hospital, Ukiah (Krista Todd)
 SLH = Sutter Lakeside Hospital, Lakeport (Jessica Killops)
 AHHM = Adventist Health Howard Memorial Hospital, Willits (Holly Dukeshier)

3rd Semester Clinical Rotation

| Student | 8/19 8-4 | 8/26 | 9/2 | 9/9 | 9/16 | 9/23 | 9/30 | 10/7 | 10/14 | 10/21 | 10/28 8-4 | 11/4 | 11/11 | 11/18 | 11/25 | 12/2 | 12/9* |
|---------|-------------|------|-----|-----|------|------|------|------|-------|-------|--------------|------|-------|-------|-------|------|-------|
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | HMH | HOL | HMH | HMH | HMH | HMH | HMH | HMH | HMH | Trauma | HMH | HOL | HMH | HMH | HMH | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | HMH | HOL | HMH | HMH | HMH | HMH | HMH | HMH | HMH | Trauma | HMH | HOL | HMH | HMH | HMH | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | HMH | HOL | HMH | HMH | HMH | HMH | HMH | HMH | HMH | Trauma | HMH | HOL | HMH | HMH | HMH | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | HMH | HOL | HMH | HMH | HMH | HMH | HMH | HMH | HMH | Trauma | HMH | HOL | HMH | HMH | HMH | Lab |
| | Lab | HMH | HOL | HMH | HMH | HMH | HMH | HMH | HMH | HMH | Trauma | HMH | HOL | HMH | HMH | HMH | Lab |
| | Lab | HMH | HOL | HMH | HMH | HMH | HMH | HMH | HMH | HMH | Trauma | HMH | HOL | HMH | HMH | HMH | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |
| | Lab | | HOL | | | | | | | | Trauma | | HOL | | | | Lab |

SL = Sutter Lakeside, Lakeport (Lisa Leonard)
 UVMC = Ukiah Valley Medical Center (Debbie Summit)
 HMH = Howard Memorial Hospital (NEED NEW INSTRUCTOR)

IC = UVMC Infusion Center
 LCJ = Lake County Jail (NEW JAIL SITE?MENDOCINO COUNTY?)
 DCI = Dialysis Center Inc. (DCIa report at 0630, DCIb report at 1100 for 8 hour shifts)

UVMC: (6:30 am to 4:00 pm)
 a. PAV = UVMC Pavilion 6
 b. ORM = OR Main
 c. PACM - Peri-OP Main

2nd Semester Clinical Rotation

| Student | 1/22 | 1/29 | 2/5 | 2/12 | 2/19 | 2/26 | 3/5 | 3/12 | 3/19 | 3/26 | 4/2 | 4/9 | 4/16 | 4/23 | 4/30 | 5/7 | 5/14 | 5/21 (in lab by appt) |
|---------|------|------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|------------|-----------------|------------|------------|------------|------------|-----------------------------------|
| | LAB | SLH | SLH | LVHC | SLH | AHUV OB | SLH | SLH | SLH | CFH | SLH | MCPH | Spring Break | SLH | MCHC | SLH | SLH | Lab Check Off & Clinical Evals |
| | LAB | AHHM | AHHM | AHUV OB | AHHM | AHHM | AHUV OB | AHHM | AHHM | AHHM | LVHC | MCPH | Spring Break | MCHC | AHHM | CFH | AHHM | Lab Check Off & Clinical Evals |
| | LAB | AHHM | AHHM | AHUV OB | AHHM | CFH | MCPH | LVHC | AHHM | AHHM | AHHM | AHUV OB | Spring Break | AHHM | AHHM | AHHM | MCHC | Lab Check Off & Clinical Evals |
| | LAB | AHHM | AHHM | AHHM | AHHM | LVHC | AHHM | AHHM | AHHM | AHHM | AHUV OB | AHHM | Spring Break | CFH | MCPH | AHHM | AHUV OB | Lab Check Off & Clinical Evals |
| | LAB | SLH | CFH | SLH | SLH | SLH | SLH | MCHC | SLH | AHUV OB | SLH | SLH | Spring Break | SLH | SLH | MCPH | SLH | Lab Check Off & Clinical Evals |
| | LAB | AHUV | AHUV | AHUV | LVHC | AHUV | AHUV OB | AHUV | AHUV | AHUV | CFH LLHC | AHUV OB | Spring Break | MCPH | AHUV | AHUV | AHUV | Lab Check Off & Clinical Evals |
| | LAB | AHUV | MCHC | MCPH | AHUV | AHUV | CFH | AHUV | AHUV OB | AHUV | AHUV | AHUV | Spring Break | LVHC | AHUV | AHUV | AHUV | Lab Check Off & Clinical Evals |
| | LAB | SLH | SLH | MCHC | SLH | MCPH | SLH | AHUV OB | SLH | SLH | SLH | SLH | Spring Break | SLH | SLH | SLH | CFH | Lab Check Off & Clinical Evals |
| | LAB | AHUV | AHUV | AHUV | AHUV | AHUV | AHUV | MCPH | LVHC | AHUV | CFH | AHUV | Spring Break | AHUV | AHUV OB | MCHC | AHUV | Lab Check Off & Clinical Evals |
| | LAB | SLH | MCPH | SLH | SLH | SLH | MCHC | SLH | SLH | SLH | SLH | CFH | Spring Break | AHUV OB | LVHC | SLH | SLH | Lab Check Off & Clinical Evals |
| | LAB | AHHM | AHUV OB | AHHM | AHUV OB | AHHM | AHHM | AHHM | MCHC | CFH LLHC | AHHM | AHHM | Spring Break | AHHM | AHHM | MCPH | AHHM | Lab Check Off & Clinical Evals |
| | LAB | AHUV | AHUV | CFH | AHUV | AHUV | AHUV | AHUV OB | AHUV | MCPH | AHUV OB | MCHC | Spring Break | AHUV | AHUV | AHUV | AHUV | Lab Check Off & Clinical Evals |
| | LAB | SLH | SLH | SLH | AHUV OB | SLH | SLH | CFH LLHC | MCPH | SLH | MCHC | SLH | Spring Break | SLH | SLH | LVHC | SLH | Lab Check Off & Clinical Evals |
| | LAB | SLH | SLH | SLH | SLH | SLH | LVHC | SLH | CFH | SLH | SLH | SLH | Spring Break | AHUV OB | SLH | SLH | MCPH | Lab Check Off & Clinical Evals |
| | LAB | AHUV | AHUV | AHUV | CFH | AHUV | AHUV | AHUV | AHUV | AHUV OB | MCPH | AHUV | Spring Break | AHUV | AHUV | AHUV OB | LVHC | Lab Check Off & Clinical Evals |
| | LAB | AHUV | AHUV | AHUV | MCPH | AHUV OB | AHUV | AHUV | AHUV OB | AHUV | AHUV | LVHC | Spring Break | AHUV | CFH | AHUV | AHUV | Lab Check Off & Clinical Evals |
| | LAB | AHHM | AHHM | AHHM | MCHC | AHHM | AHHM | CFH | AHHM | LVHC | AHHM | AHHM | Spring Break | MCPH | AHUV OB | AHUV OB | AHHM | Lab Check Off & Clinical Evals |
| | LAB | AHUV | AHUV OB | AHUV | AHUV | MCHC | CFH LLHC | AHUV | AHUV | AHUV | AHUV | AHUV | Spring Break | AHUV | AHUV | AHUV | MCPH | Lab Check Off & Clinical Evals |
| | LAB | AHHM | LVHC | AHHM | AHHM | AHHM | AHHM | AHHM | CFH LLHC | MCHC | AHHM | AHHM | Spring Break | AHHM | MCPH | AHHM | AHUV OB | Lab Check Off & Clinical Evals |

AHUV OB = Adventist Health Ukiah Valley L&D/PostPart/Nurs
CFH = Care for Her (Ukiah)

CFH LLHC = Care for Her at Little Lake Health Center (Willits)

MCPH = Mendocino County Public Health
SLH = Sutter Lakeside Hospital (Jessica Killops)

Self-Study Report

2019

MCHC = Mendocino County Health Clinic Peds
 LVHC = Lakeview Health Center (Lakeport) Peds

AHUV = Adventist Health Ukiah Valley Hospital (Krista Todd)

AHHM = Adventist Health Howard Memorial Hospital (Holly Dukeshier)
 Outmigration coordinator: Heidi Crean

4th Semester Clinical Rotation

| Student | 1/28 | 2/4 | 2/11 | 02/18 | 2/25 | 3/4 | 3/11 | 3/18 | 3/25 | 4/1 | 4/8 | 4/15 | 4/22 | 4/29 | 5/6 | 5/13 | 5/20 |
|---------|------|---------|---------|-------|---------|---------|---------|---------|---------|---------|---------|------|---------|---------|---------|---------|------|
| | 8-4 | SRMH | SRMH | HOL | SRMH | Precept | PSYCH | PSYCH | Precept | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | SRMH | SRMH | HOL | SRMH | Precept | PSYCH | PSYCH | Precept | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | SRMH | SRMH | HOL | SRMH | Precept | PSYCH | PSYCH | Precept | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | SRMH | SRMH | HOL | SRMH | Precept | PSYCH | PSYCH | Precept | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | Precept | Precept | PSYCH | HOL | PSYCH | Precept | Precept | Precept | 8-4 |
| | 8-4 | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | PSYCH | PSYCH | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | PSYCH | PSYCH | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | Precept | Precept | PSYCH | PSYCH | Precept | HOL | Precept | SRMH | SRMH | SRMH | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | Precept | Precept | PSYCH | PSYCH | Precept | HOL | Precept | SRMH | SRMH | SRMH | 8-4 |
| | 8-4 | Precept | Precept | HOL | PSYCH | PSYCH | Precept | Precept | Precept | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | PSYCH | PSYCH | Precept | Precept | Precept | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | PSYCH | PSYCH | Precept | Precept | Precept | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | PSYCH | PSYCH | Precept | Precept | Precept | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | 8-4 |
| | 8-4 | PSYCH | PSYCH | HOL | Precept | Precept | Precept | Precept | Precept | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | PSYCH | PSYCH | Precept | SRMH | SRMH | HOL | SRMH | Precept | Precept | Precept | 8-4 |
| | 8-4 | PSYCH | PSYCH | HOL | Precept | Precept | SRMH | SRMH | SRMH | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | SRMH | SRMH | SRMH | Precept | PSYCH | HOL | PSYCH | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | SRMH | SRMH | SRMH | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | PSYCH | PSYCH | HOL | Precept | Precept | SRMH | SRMH | SRMH | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | SRMH | SRMH | SRMH | Precept | Precept | HOL | Precept | Precept | Precept | Precept | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | SRMH | SRMH | SRMH | Precept | Precept | HOL | Precept | SRMH | SRMH | SRMH | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | HOL | Precept | SRMH | SRMH | SRMH | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | Precept | Precept | PSYCH | PSYCH | Precept | HOL | Precept | SRMH | SRMH | SRMH | 8-4 |
| | 8-4 | Precept | Precept | HOL | Precept | Precept | Precept | Precept | Precept | Precept | PSYCH | HOL | PSYCH | SRMH | SRMH | SRMH | 8-4 |
| | 8-4 | Precept | Precept | HOL | PSYCH | PSYCH | Precept | Precept | Precept | Precept | Precept | HOL | Precept | SRMH | SRMH | SRMH | 8-4 |

Appendix H: MOA

MEMORANDUM OF AGREEMENT

Between

AGENCY
and

MENDOCINO-LAKE COMMUNITY COLLEGE DISTRICT
Registered Nursing Program

This mutual agreement is entered into by and between Mendocino-Lake Community College District, referred to herein as “TRAINING PROGRAM”, and _____, referred to herein as “AGENCY”.

Whereas, in accordance with sections 1426 and 1427 in Title 16 of the California Code of Regulations, registered nursing training programs must have provisions for clinical experience for nursing students, hereinafter referred to as “STUDENTS(S)”, which includes affiliation with a health care agency that offers such clinical experience; and,

Whereas, the aforementioned statutes requires written memorandum of TRAINING PROGRAM affiliation with such a health care agency; and,

Whereas, AGENCY desires affiliation with TRAINING PROGRAM for aforementioned registered nursing clinical experience in accordance with the terms and conditions set forth herein; therefore,

1. AGENCY agrees to:

- A. Designate a primary coordinator to work with the primary instructor to coordinate AGENCY clinical experience, and permit designated coordinator, or other designated nursing personnel, to attend meetings of the TRAINING PROGRAM’S nursing faculty, or any committee thereof, to coordinate the clinical nursing experience provided for under this agreement.
- B. In cooperation with TRAINING PROGRAM, schedule STUDENTS to receive AGENCY clinical experience as described by State law and the Board of Registered Nursing (BRN) such that STUDENTS become eligible for registered nurse licensure examination.
- C. Assure that STUDENTS are only allowed to receive clinical experience and operate as a registered nurse student while supervised by a TRAINING PROGRAM instructor or AGENCY employee, as appropriate, for each clinical area.
- D. As described in section 2.A. of this memorandum, allow STUDENTS to be scheduled in the AGENCY clinical areas as determined by TRAINING PROGRAM course sequence and the policies of the BRN.
- E. Maintain the clinical facilities used for the clinical nursing experience in such a manner that said facilities shall at all times conform to the requirements of the BRN.
- F. Permit STUDENTS to perform assessments, procedures, and administer medications within their scope of practice as defined in Title 16, section 1443.5, and in compliance with 2.B. of this

memorandum, and while observing all State laws, BRN policies, and AGENCY rules and regulations as to STUDENTS' clinical experience. Performance of these procedures shall be in a training capacity only and AGENCY agrees to not utilize STUDENTS to treat patients in lieu of trained professionals employed by the agency.

- G. Comply with the Mendocino-Lake Community College District policy ensuring that programs and services are available to all persons without regard to ethnic group identification, creed or religion, sex, national origin, physical or mental disabilities, marital status, or age.
 - H. Allow STUDENTS the use of the same break/meal room and rest room facilities as the AGENCY employees.
 - I. Provide emergency health care at the time of the event for any student who becomes sick or injured by conditions arising out of or in the course of said student's participation in the clinical nursing experience at the AGENCY, consistent with the agency's policy.
 - J. Require STUDENTS to observe TRAINING PROGRAM and AGENCY dress code and rules of conduct during clinical experience, and report to TRAINING PROGRAM Director any STUDENT failing to observe said rules of dress and conduct.
 - K. Require students to sign a form indicating their understanding of patient rights, including the right to have patient information remain confidential, and their agreement to conduct themselves in such a manner as to assure these rights are upheld.
 - L. Notify the TRAINING PROGRAM'S clinical nursing instructor(s), in advance, of any change in the AGENCY'S nursing management, policies and/or procedures that would affect STUDENTS' clinical experience.
 - M. Upon request, provide TRAINING PROGRAM with evidence of liability insurance in the amount of at least \$1,000,000 per occurrence.
 - N. Notify TRAINING PROGRAM Director of any incident involving a STUDENT(S).
 - O. Have the right, after consultation with the TRAINING PROGRAM, to refuse to accept for further clinical nursing experience, any of the TRAINING PROGRAM'S students who in the AGENCY'S judgment are not participating satisfactorily in said program.
 - P. The AGENCY shall hold the TRAINING PROGRAM, its officers, employees or agents harmless from any loss, injury, damage or liability incurred by reason of anything done or omitted to be done by the STUDENT pursuant to this agreement.
2. TRAINING PROGRAM agrees to:
- A. Provide didactic and laboratory instruction necessary to prepare STUDENTS for clinical experience.
 - B. Require STUDENTS to be tested for Tuberculosis prior to the beginning of their clinical experience.
 - C. Require STUDENTS to have training, prior to the beginning of their clinical experience, in all applicable state or federal mandated topics affecting health care providers, including, but not

necessarily limited to, hazardous materials handling and disposal as well as blood borne pathogens.

- D. Designate the STUDENTS to be assigned for clinical nursing experience at the AGENCY, in such numbers as are mutually agreed to by both parties of this memorandum.
- E. Coordinate the scheduling of STUDENTS for clinical experience with the AGENCY'S designated scheduling person(s).
- F. Require TRAINING PROGRAM'S clinical nursing instructors to notify AGENCY'S Director of Nurses or similarly designated manager, and/or appropriate nursing unit manager in advance of:
a) student clinical experience schedules; b) placement of students in clinical assignments; and c) changes in clinical assignments.
- G. Consult and coordinate with AGENCY'S Director of Nurses, or similarly designated manager, to plan the clinical nursing experience to be provided to STUDENTS under this agreement.
- H. Provide supervision of the clinical nursing experience given at the AGENCY to the STUDENTS with nursing instructors qualified for the specific clinical nursing experience.
- I. Provide performance standards for clinical experience and documentation tool to record and evaluate performance.
- J. Keep all attendance and academic records of STUDENTS participating in TRAINING PROGRAM'S nursing program.
- K. Require STUDENTS to observe AGENCY dress code, rules of conduct, and other reasonable requests of AGENCY.
- L. In consultation and coordination with AGENCY'S Director of Nurses, or similarly designated manager, arrange for periodic conferences between appropriate representatives of the TRAINING PROGRAM and AGENCY to evaluate the clinical nursing experience provided under this memorandum.
- M. In collaboration with AGENCY, provide for orientation of STUDENTS and TRAINING PROGRAM instructors assigned to the AGENCY.
- N. Distribute to each STUDENT a statement that explains the hazards of drug misuse or abuse in the nursing profession.
- O. Upon request, provide AGENCY with evidence of liability insurance in the amount of at least \$1,000,000 per occurrence.
- P. The TRAINING PROGRAM shall hold the AGENCY, its officers, employees or agents harmless from any loss, injury, damage, or liability incurred by reason of anything done or omitted to be done by the STUDENT pursuant to this agreement.

3. IT IS MUTUALLY AGREED AS FOLLOWS:

- A. This agreement will be automatically renewed by mutual agreement unless terminated as below.

- B. This agreement may be amended at any time by mutual written agreement of both parties.**
- C. This agreement may be terminated at any time by mutual written agreement of both parties.**
- D. If either party to this agreement wishes to terminate this agreement, no less than two (2) months advance, written notice shall be given by the terminating party. STUDENTS assigned to this AGENCY shall be given an opportunity to, at a minimum, complete the current semester with this AGENCY.**
- E. Notice provided by AGENCY to terminate this agreement shall be mailed to Mendocino College, 1000 Hensley Creek Road, Ukiah, California, 95482. Attention Director of Nursing Program with a copy to Vice President, Administrative Services at same address.**

EXECUTED by the parties this _____ day of _____, 2017

By:
Title:
For: AGENCY

By:
Title:
For: TRAINING PROGRAM

Appendix I: Clinical Evaluation Tools

Section I

Care Plan # _____

Student Name: _____ Date of Care: _____

Patient initials: _____ Sex: _____ Age: _____

Admit Date: _____

Present Health History:

Admitting Diagnosis & Date _____

Reason for hospitalization: _____

Surgery: _____ Date of Surgery: _____

Medications: _____

Allergies: _____

Health related habits/beliefs: _____

Past Health History:

Past Surgery(s) with Dates: _____

Complications of hospitalization: _____

Medical Illnesses: _____

Significant data from Nursing Admit Note/History: _____
(ie blindness, uses wheel chair or walker, recent widow etc.)

Sociocultural Data:

Marital status: _____ Economic Status: _____

Occupation: _____

Significant other: _____ Ethnic identity: _____

Religion: _____

Living situation: _____

Developmental Stage: _____

Student Name: _____

Patient initials: _____ Date of Care: _____

LABORATORY DATA:

List **significant** labs with normal range and diagnostic findings. This will be reviewed with your clinical instructor: (give most important nursing implication – what to assess and what nursing care required. Continue on back if additional space required)

| Test | Normal Values | Admission (date) | Date | Date | Reason for Abnormal Values or if normal, why was this lab drawn? Action taken. |
|------|---------------|------------------|------|------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Current orders (from Kardex):

Diet: _____ Activity: _____ I&O: _____ Daily Wt. _____

Code Status: _____ Fall Hazard: _____ Side Rails Status: _____

Type of Intravenous Fluids, indication, with rate of flow: _____

Current Treatment/Therapies: _____

Diagnostic Testing & Associated Labs Due: _____

Other: _____

MEDICATION SHEET (duplicate this sheet as needed if more spaces needed)

| Student Name: _____ Room No: _____ Diagnosis: _____ Patient Initials: _____ | Allergies: | | | |
|--|------------|----------------------------------|------------------------------------|----------------------|
| Medication: (Generic & Brand Names) Dosage, Frequency, Route | Time | Classification/ Action/Reason | Pertinent Lab Values / VS | Nursing Implications |
| Route: | | | | |

Pathophysiology

Client Initials _____

Student _____

Care Plan # _____

Medical Diagnosis: _____

Date _____

| | |
|-------------------------------|---|
| Definition: | Related Diagnostic Tests: |
| Etiology: | Medical Management: |
| Pathophysiology: | Nursing Management: |
| Signs & Symptoms: | |
| Reference & Pages: | Health Deviation Self-Care Requisites: This illness/injury requires the client to: |

Client Initials _____

Student _____

Care Plan # _____

Medical Diagnosis: _____

Date _____

Long term goal (with a deadline):

| Nursing DX R/T and Defining Characteristics (ASB) | | Expected Outcome (Short term goal) with Criteria and Deadline | Nursing Interventions | Rationale for Action | Evaluation: Criteria Met? |
|--|--|--|------------------------------|-----------------------------|----------------------------------|
| | | | | | |

Client Initials _____

Student _____

Care Plan # _____

Medical Diagnosis: _____

Date _____

Long term goal (with a deadline):

| Nursing DX R/T and Defining Characteristics (ASB) | | Expected Outcome (Short term goal) with Criteria and Deadline | Nursing Interventions | Rationale for Action | Evaluation: Criteria Met? |
|--|--|--|------------------------------|-----------------------------|----------------------------------|
| | | | | | |

Date: _____ Name: _____ Care Plan _____

Assessments: Self-Care Requisites
Adult Client (< 65)

Pt. Initials: _____ Age: _____ Diagnosis: _____

| CARDIAC | N | ABN | ACTIONS TAKEN | EVAL. OF ACTIONS |
|--|---|-----|---------------|------------------|
| *B/P _____ previous 1) _____ 2) *Pulse _____ previous 1) _____ 2) quality _____ rhythm _____ Apical pulse rate _____ Peripheral pulses: Present ? _____ where? Absent? _____ where? *Temp _____ previous 1) _____ 2) Edema scale _____ Cap refill _____ Hg/Hct _____ Anti-embolism stockings or devices | | | | |
| FLUIDS & ELECTROLYTES | | | | |
| <i>Intake:</i> Last 24 hours: During your shift: <i>Output:</i> Last 24 hours: During your shift: Wt. _____ Previous 1) _____ 2) IV: Type of sol. _____ Rate _____ Condition of site: Serum electrolytes, current | | | | |
| RESPIRATORY | | | | |
| *Resp. rate _____ depth _____ Character _____ Lung Sounds: Clear? If no, describe: Cough? O ₂ Sat. _____ % per _____ Color/Temp of extremities: | | | | |

| GI | N | ABN | ACTIONS TAKEN | EVAL. OF ACTIONS |
|--|---|-----|---------------|------------------|
| Diet ordered? _____% eaten: Trend in % eaten Tube feeding, type & amount: TPN? Feeding considerations Blood Glucose level: <i>Bowel:</i> Continent _____ Incont Abdomen: Soft ___ Flat Obese Distended _____ Other Bowel sounds: Date of last BM: GI suction present? _____ type: Amount & appearance of drainage: | | | | |
| Chapter 2 - GU: | | | | |
| <i>Urinary:</i> Continent _____ Incont. Catheter? _____ Type: Properly taped and positioned: Patent? Inserted _____ Changed _____ Appearance of urine: | | | | |
| Chapter 3 - PROTECTION | | | | |
| <i>Sensation/Perception:</i> LOC: Alert ___ lethargic ___ other describe: Orientation: Person ___ Place Time ___ other (describe) ___ Memory: Recent ___ Past Vision: Impaired? ___ Intact/ Condition of eyes: Pupils, size/shape: Hearing: _____ Impaired? ___ Intact? Pain: Present? ___ Location: Intensity/Quality: Other sensory changes? Location & Nature: <i>Safety/Environment:</i> Hazards present? ___ If yes, describe: Fall risk? _____ Scale Requires restraints? | | | | |

| SKIN | N | ABN | ACTIONS TAKEN | EVAL. OF ACTIONS |
|---|---|-----|---------------|------------------|
| <p><i>Hygiene:</i> Condition of: Skin: Hair: ___ Nails: Mouth: ___ Peri-area: Feet: ___ Other: Last shower/bath Edema? ___ Location: Skin turgor: Good ___ Poor Pressure Ulcer risk score:</p> <p><i>Wounds:</i> Condition of: Dressing: Appearance or wound: Color, amount of drainage:</p> | | | | |
| MUSCULOSKELETAL | | | | |
| Activity/Position ordered: Mobility limitations? Assistive Devices Ability to do ADLs | | | | |
| INTERACTION | | | | |
| Level of anxiety: Mild_ Mod ___ High Maladaptive mech. Sleep/rest disturbances? Describe: Verbal Commun.: Non-verbal Commun.: Family involvement: Sig.Other: Spiritual considerations: Cultural considerations: Economic considerations: Discharge teaching: Discharge plan: | | | | |

DEVELOPMENTAL*: Is this patient's ability to achieve his/her developmental tasks at risk? ___ If yes, describe:

**Refer to Erikson Stages of Development*

Assessments: Self-Care Requisites
Geriatric Client

Date: _____ Name: _____

Pt. Initials: _____ Age: _____ Diagnosis: _____

| CARDIAC | N | ABN | ACTIONS TAKEN | EVAL. OF ACTIONS |
|---|---|-----|---------------|------------------|
| *B/P ___ previous 1) ___ 2) *Pulse ___ previous 1) ___ 2) quality ___ rhythm Apical pulse rate ___ Peripheral pulses: Present ? ___ where? Absent? ___ where? S/S {postural hypotension *Temp ___ previous 1) ___ 2) Edema scale ___ Cap refill Anti-embolism stockings or devices Hgb. ___ Hct. | | | | |
| FLUIDS & ELECTROLYTES | | | | |
| <i>Intake:</i> Last 24 hours: During your shift: <i>Output:</i> Last 24 hours: During your shift: Wt. ___ Previous 1) ___ 2) IV: Type of sol. ___ Rate Condition of site: Serum electrolytes, current | | | | |
| RESPIRATORY | | | | |
| *Resp. rate ___ depth Character Lung Sounds: Clear? If no, describe: Cough? O ₂ Sat. ___ % per Color ___ Temp & color of extreme. | | | | |

| GI | N | ABN | ACTIONS TAKEN | EVAL. OF ACTIONS |
|---|---|-----|---------------|------------------|
| Diet ordered? _____ % eaten: Trend in % eaten Tube feeding, type & amount: TPN? Feeding considerations Blood Glucose level: <i>Bowel:</i> Continent _____ Incont Abdomen: Soft ___ Flat Obese Distended _____ Other Bowel sounds: Date of last BM: GI suction present? _____ type: Amount & appearance of drainage: | | | | |
| Chapter 4 - GU: | | | | |
| <i>Urinary:</i> Continent _____ Incont. Catheter? _____ Type: Properly taped and positioned: Patent? _____ Appearance of urine: | | | | |
| Chapter 5 - PROTECTION | | | | |
| <i>Sensation/Perception:</i> LOC: Alert ___ lethargic ___ other describe: Orientation: Person ___ Place Time ___ other (describe) ___ Memory: Recent ___ Past Vision: Impaired? ___ Intact/ Condition of eyes: Pupils, size/shape: Hearing: Impaired? ___ Intact? Pain: Present? ___ Location: Intensity/Quality: Other sensory changes? Location & Nature: Psychotropic meds? <i>Safety/Environment:</i> Hazards present? ___ If yes, describe: Fall risk? _____ Scale Requires restraints? Using call light/requesting assistance appropriately? | | | | |

| SKIN | N | ABN | ACTIONS TAKEN | EVAL. OF ACTIONS |
|---|---|-----|---------------|------------------|
| <p><i>Hygiene:</i> Condition of: Skin: Hair: ___ Nails: Mouth: ___ Peri-area: Feet: ___ Other: Last shower/bath Edema? ___ Location: Skin turgor: Good ___ Poor Pressure Ulcer risk score: <i>Wounds:</i> Condition of dressing: Appearance of wound: Color, amount of drainage:</p> | | | | |
| MUSCULOSKELETAL | | | | |
| <p>Activity/Position ordered: Mobility limitations? Assistive Devices Ability to do ADLs Limitations in mobility? ___ ROM? Muscular strength Gait ___ Balance</p> | | | | |
| INTERACTION | | | | |
| <p>Level of anxiety: Mild ___ Mod ___ High Maladaptive mech. Sleep/rest disturbances? Describe: Hours of sleep: Usual ___ Last Night Hypnotic prescribed ___ Taken? Verbal Commun.: Non-verbal Commun.: Social Withdrawal? Spouse/S.O.: Children? ___ Live Nearby? Adjustment to retirement: Significant losses: Still driving? ___ Access to transp.? Support System: Spiritual considerations: Cultural considerations: Economic considerations: Discharge teaching: Discharge plan:</p> | | | | |

DEVELOPMENTAL*: Is this patient's ability to achieve his/her developmental tasks at risk? ___ If yes, describe:

Documentation of Therapeutic Communication

Client Initials: _____ Age: _____ Setting: _____ Student: _____

Medical Diagnosis: _____ Date: _____

Goal (must be induced):
Page 1

(N/S) Nursing System Key:
WC – Wholly Compensatory
PC – Partly Compensatory
SE – Supportive - Educative

| Client's Communication | Analysis (Evaluation of Client's Communication) | Student Nurse's Communication | Evaluation of students communication | Alternative or restatement of students communication |
|------------------------|---|-------------------------------|--------------------------------------|--|
| 1. | 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. | 2. |

REQUIREMENTS FOR A SATISFACTORY NURSING CARE PLAN

A complete Nursing Care Plan consists of:

1. Nursing Care Plan (Section I)
 - a. Nursing Data Base (page 1)
 - b. Current Health Status (page 2)
 - c. Laboratory and other data (page 3)
 - c. Medication Sheet (page 4)
 - d. List of prioritized nursing diagnosis based on findings (page 5)
 - e. Pathophysiology Sheet (page 6)
 - f. Written Care plan with short and long term goals (page 7)
2. Assessment: Self-Care Requisites (select based on age: (<65, >65))

The nursing care plan must be written using the correct format and must be individualized for the specific client. The NCP **must also include the following:**

1. A **long-term goal with a deadline** stated as a discharge or post-discharge goal, with realistic time for achievement.
2. Correctly stated nursing diagnoses appropriate for the selected client and is a high priority problem. A correctly stated diagnosis includes the client's problem or high risk (potential) for a problem, the possible cause(s) of the problem, and the defining characteristics of that problem, if an actual problem.
NANDA Nursing Diagnosis: Related to: As seen by.
3. A correctly stated **expected outcome** or short-term goal that the client can realistically achieve with **measurable** criteria used to determine if that outcome is being achieved. The expected outcome and criteria **must be** directly related to the problem stated in the nursing diagnosis **and** have deadlines.
4.
 - a. Appropriate and high priority **nursing actions** which will be **most appropriate** in resolving the stated problem and cause(s) of the problem. Nursing actions include, but are not limited to assessments, implementing, teaching, and evaluating.
 - b. **Actions of any other health care professionals** that may help resolve the stated problem and causes of the problem, and identification of these other health care professionals (ex. respiratory therapist, physical therapist, dietitian, social worker, etc.).
 - c. Each action must be numbered.

Note: It is important to select a few nursing actions (4-6) which are "must do" actions rather than list actions which are "nice to do" but will not effectively resolve the stated problem.

5. A **rationale** (reason) must be stated for **each** action listed by all (nurse, client, and others). Each rationale must be numbered and the number must correspond to the nurse, client or other action number.
6. An indication of whether or not **evaluation criteria** were met during the time the student cared for the client. Evaluation criteria are evaluated, **not** actions. Can't state just yes or no, must elaborate.
7. On a **Geriatric Nursing Care Plan**, the nursing diagnosis, actions, and rationales must reflect the **unique** age, related needs, and physiological changes of the elderly client. (Refer to *Fundamentals, Medical-Surgical* and *other* textbooks for age related changes.)
For example:

| <u>Nursing Diagnosis</u> | <u>Action</u> | <u>Rationale</u> |
|---|------------------------------------|--|
| Impaired Gas Exchange RT retained secretions and the aging process ASB (as seen by) moist cough, thick green sputum and bilateral rales. | Assess respiratory status q 4 hrs. | The elderly have decreased lung capacity and weak respiratory muscles, therefore, increased risk for pulmonary stasis and decreased gas exchange |

Writing Care Plans

When writing nursing diagnosis statements, you must use the actual physical assessment skills, e.g., T 101, p 140; subjective and objective data to support your statement.

objective data = what you see or assess such as *skin cool, clammy, edema 4+, bibasilar rales, etc.*

subjective data – what the patient or family tells you such as: *my father drinks a quart of vodka per day; my abdomen is killing me; I feel sick to my stomach.*

A nursing diagnosis **consists of: problem + etiology + supporting signs, symptoms, lab values, CXR, cat scans, etc,**

For example: Impaired skin integrity **R/T** immobility caused by CVA ASB presence of 2x3” stage III decubitus ulcer over coccyx.

Potential (or “Risk for”) Nursing Diagnosis = **problem + risk of factors**
For this diagnosis, you cannot list signs or symptoms, because problem has not yet developed.

For example: **Potential for injury R/T disorientation, right sided weakness.**
The injury has not yet occurred, but the potential is present.

When using a nursing diagnosis such as Decreased Cardiac Output, you must be able to support this with data. If there are no signs or symptoms that support this, you could use a number of other diagnoses that are more appropriate. One such example is Activity intolerance R/T fatigue secondary cardiac insufficiency or pulmonary congestion ASB: dyspnea, DOE, weakness, fatigue, increase or decrease in pulse or BP on exertion
Another diagnosis that could be used is: Fluid volume excess R/T pump failure ASB: RR 24, c/o DOE 3+ pitting edema, Wt. gain 5 Kg.

Goal/Expected Outcome Statements:

Goal statements consist of: Patient behavior + criteria of performance + time & conditions (if needed).

Patient behavior is an observable activity. Patient behavior always involves a verb.

Examples: patient *will* void; BP *will* be decreased or controlled; infant *will* gain; mother *will* bathe...

Criteria of performance: how much?

For example: patient will void at least 500 mL of urine; BP will be <160/100; infant will gain 1 oz; mother will bathe infant demonstrating proper handling.

Time Frame = the time or date that the patient should be able to realistically achieve the goal.
Patient will void at least 500 mL of urine within 6 hours post foley catheter removal.

Conditions = Do not necessarily have to be a part of the statement unless they will assist the patient toward his/her goal. For example: patient will ambulate 50 feet prior to discharge from hospital with help of walker. Patient will have pain <4 on third hospital day with PO pain meds Q 3-4 H.

Evaluative Statement = Goal/Expected Outcome met, partially met + actual patient behavior as evidence + time of evaluation or time they accomplished the expected outcome.

If your goal/expected outcome is: patient will ambulate 50 feet by 9/25.

Goal/evaluation met: pt. able to ambulate 100 feet by 9/24

partially achieved: patient ambulated 50 feet, but too fatigued to ambulate back to room by 9/25.

not achieved: pt unable to ambulate D/T inability to bear weight on 9/25.

Long Term Goals

Writing long-term goals is similar to that of short term goals. The format is essentially the same, but the orientation and the expected timeframe is toward facility discharge, home, aftercare, etc., most of the time.

For example for a patient with a medical dx of Small Bowel Obstruction, partial colectomy, a long term goal might be: pt. will be without infection as evidenced by being without s/s of infections e.g. unusual redness, swelling, discharge of incision site, poor wound closure, and afebrile when seen at 1 week f/u visit with MD.

- **Writing Long-Term Goals**

- Similar to short term goals.
- The difference between the two expected outcomes and goals is that short term goals/expected outcomes are met relatively quickly, maybe during your shift if there is an acute need, but usually in less than 1 week. Long term goals may be what the individual needs to accomplish by discharge, or at discharge from home care, hospice care, or when seen by next follow up appointment with health care practitioner. The patient success at achieving this long-term goal may be evaluated by another nurse depending on the discharge follow-up plan.
- There are 5 elements needed to write an effective long term or short term goal. They are:
 - Subject = who
 - Verb = actions required for individual to achieve goal
 - Condition = how is the person expected to perform the action
 - Criteria = how well is the person expected to perform the action
 - Specific Time = when is the individual expected to achieve or perform the task
- Verbs must be **measurable**:
 - Verbs that are measurable are words like: identify, describe, perform, state, list, verbalize, hold, demonstrate, share, express, increase in, decrease in, absence of, communicate, walk, stand, sit, discuss.
- **Remember**: Goals and expected outcomes that are clearly established demonstrate direct resolution or improvement in the nursing diagnosis.

For example: Knowledge deficit related to care of new colostomy

Short-Term Goal/ Expected Outcome: Mr. Brown will demonstrate how to properly change ostomy bag within two days.

Long-Term Goal: Mr. Brown will demonstrate how to give complete colostomy care using appropriate technique by discharge.

Expectations: Students are to use their own words in describing their objective findings that lead to a conclusion. It is NOT acceptable to cut and paste data when completing this assignment. Do not use jargon or other abbreviations. Do not plagiarize and expect that your faculty will not recognize work that is not yours.

In Section I, Current Health Status, this is to be written using complete sentences, grammar, spelling, punctuation, syntax, etc. If your instructor is unable to interpret your writing you will be referred to the tutoring center for additional assistance in writing. Your English grade that was a pre-requisite to your acceptance into the nursing department indicates that you have appropriate written communication skills and this is the expected level of performance. Poorly written work has the potential to create adverse patient outcomes and therefore high quality written and oral communication is emphasized in all aspects of the program.

Grading: There is a point system which will provide you with some more objective information as to your progress in writing Nursing Care Plans. A point value is assigned, but the points will not contribute to your overall score in the sequenced classes. (N-102, N-112, N-122, N-132) Please recall that a student may be counseled out of the program based on either clinical or academic deficiencies.

Nursing Care Plan Rubric

Students will print this and attach to each Nursing Care Plan packet

| Criteria | Unacceptable | Pts. | Acceptable | Pts. | Good to Excellent | Pts. |
|---|--|-------------|--|-------------|--|-------------|
| Data Base | > 25% of the data is missing or inaccurate | 0-2 | Most data is accurate, needs to have more in depth data | 3 | Data is accurate & in depth, appropriate terminology is used | 4-5 |
| Pathophysiology | Appears to be directly lifted from a website or book, not in student's own words | 0-1 | In own words, most sections are accurate, have adequate depth. HDSCR inappropriate | 2-3 | Accurate, in depth, and appropriate information, HDSCR appropriate | 4-5 |
| PhysAssessment | > 25% of the columns are blank, data is missing or inaccurate, not enough detail | 0-1 | Most data is accurate, needs to have more in depth data, missing self-care data | 2-3 | Data is accurate & in depth, appropriate terminology is used, self-care information included | 4-5 |
| Medication Sheets | Too little or too much information, appears to be directly from Drug Guide | 0-1 | Most data is accurate, needs to be more in depth – missing content in one or more sections | 2-3 | Individualized to patient, appropriate level of information | 4-5 |
| Long Term Goal | Missing goal, does not pertain to post discharge time period | 0-1 | One appropriate long term goal for 2 nursing diagnoses, missing self-care information | 2 | Has 2 goals that are pertinent to the 2 nursing diagnoses and related to self - care | 3-4 |
| Nursing Diagnosis | Incorrect NANDA, wrong etiology, using medical diagnosis | 0-1 | 1 nursing diagnosis meets NANDA criteria, appropriate for patient based on assessment data. Lists at least 75% of appropriate defining characteristics | 2-3 | 2 nursing diagnoses meet NANDA criteria | 4-5 |
| Expected Outcome* | Not written as objectives: inappropriate, missing. Does not meet SMART* guidelines | 0-1 | Has appropriate outcomes based on NDx for 1 nursing diagnosis. Meets SMART* guidelines | 2-3 | Has appropriate expected outcomes for 2 nursing diagnoses. Meets SMART* guidelines | 4-5 |
| Nursing Interventions | Missing, medical treatment only minimal interventions listed, interventions do not relate to achieving the outcomes. | 0-2 | Has listed at least 75% of the needed interventions for each nursing diagnosis, Lacks the What** | 3 | Has appropriate interventions for nursing diagnoses and includes the What** | 4-5 |
| Rationales | Missing > 25% of the rationales Inaccurate rationales > 25% of the time | 0-1 | Has at least 75% of the needed rationales. Uses a scientific base most of the time. Could be more professionally worded | 2-3 | Appropriate scientific rationales for each intervention. | 4-5 |
| Evaluation of Expected Outcomes (Short-Term goals) | Missing evaluation data for 1 or more nursing diagnoses, inaccurate, or does not write evaluation data (only writes Yes or No.) Evaluation is based on interventions, not outcomes | 0-2 | Lists patient outcomes for at least 75% of the expected outcomes accurately. | 3 | At least 80% of the outcomes are appropriately evaluated | 4-5 |
| Formatting | Format is difficult to read and/or sloppy, Misspelled words, inappropriate grammar | 0-2 | Minimal formatting problems | 3 | Easy to read format, no misspelled words | 4-5 |
| Maximum Score | | 0-15 | | 27-33 | | 45-56 |
| Student's Scores | | | | | | |

Student Name _____ Instructor _____ Date _____ Points _____

***SMART – Specific patient centered. Measurable. Achievable. Realistic. With a Timeline.**

**** What – Includes Who, What, How, Amount, Time Frequency.**

Student Signature: _____ Date: _____

**Mendocino College RN Program
Needle Stick Policy and Blood Exposure**

This policy is intended to provide students and employees with information concerning the Standard Precaution steps to address clinically related accidental needle sticks or blood exposure. Students and employees will follow the policy for clinically related injuries as described below.

All persons in the nursing program must started the Hepatitis vaccination series before starting their coursework, or sign a waiver acknowledging their increased risk if they decline such vaccinations. Any student refusing to get the hepatitis series shall do so at their own risk, and be responsible for their own labs/treatment associated with a needle stick injury.

1. Report all needle sticks or blood/body fluid exposure immediately to your instructor and preceptor (if in preceptorship).
2. Complete an incident report concerning the needle stick or blood/body fluid exposure in the agency or college where the needle stick occurred (Mendocino College clinical instructor will facilitate this step).
3. Determine if the needle was clean or dirty if a needlestick exposure occurred.
 - a. A “clean” needle is one that did not come in contact with the patient. For example, a clean needle may be used to draw up medication from a multi-dose vial. Or you may have dropped the needle on the floor and then stuck yourself while trying to dispose of it.
 - b. Treatment for clean needle sticks include:
 1. Cleansing wound with antiseptic solution
 2. Dressing if needed
 3. Tetanus prophylaxis booster (if you haven’t had one in 10 years)
 - c. A “dirty” needle is one that came in contact with a patient or the patient’s attachments, i.e., piggyback needle from the IV tubing; a needle used for IM injection; or an IV style needle.
 - d. Treatment steps for sticks by a dirty needle include:
 1. Clean the affected area immediately with antiseptic soap.
 2. Complete a needle stick incident report (at facility) and follow protocol for a clinical employee who gets a needle stick.
 3. Request that the identified patient be tested for Hepatitis B surface antigen and HIV antibodies (informed consent for HIV testing is required).
 4. Have your blood tested for Hepatitis B and HIV antibodies as soon as possible. This will provide you with valuable baseline values to compare with all future tests.
 5. Begin counseling concerning your treatment if desired.
 6. Begin drug treatment if recommended by your health care provider
4. If your baseline test for HIV is normal, you should be retested in the following manner: at 6 months, and at 1 year.
5. If your serum converts (becomes HIV positive), begin treatment immediately, if this has not already

been initiated.

6. Follow up testing for Hepatitis B antibody should occur 60 days after a needle stick. You should be followed by your own health care provider for 1 year for clinical evidence of Hepatitis B, C, or D. If infection doesn't occur within that time, follow-up is complete.

Costs associated with blood work/screening is covered under student injury policy for Mendocino College. If the student fails to complete paperwork in a timely manner (within 24 hours), and does not follow the above steps, all labs and follow up will be their financial responsibility. Contact the Business Office at Mendocino College as soon as possible to initiate paperwork. Clinical instructors should notify the Acting Director/Clinical Coordinator at Mendocino College the same day that an exposure occurs.