

San Joaquin Valley College

Program Improvement Proposal

Approved: _____
Date: _____

STANDARD: Proposed program revisions must support the outcomes of the program and be in alignment with SJVC’s Mission Statement.

POLICY: The Proposal form is to be completed and submitted to the Curriculum Specialist.

PROCESS: The *Program Improvement Proposal* is to be completed in full and submitted with support documentation to the Curriculum Specialist. If the proposal involves a program on multiple campuses, stakeholders from those campuses will be asked to review the proposal during the vetting process.

TIMELINE: Program changes take a *minimum* of 120 days to implement. Please plan accordingly.

Program Improvements include but are not limited to:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Any change needing approval by an accreditation body • Program name or course names • Matrix changes • Combining, deleting or adding courses | <ul style="list-style-type: none"> • Clock hour or unit value changes • Changes to Program Learning Outcomes (PLOs) • Changes to performance standards (typing tests etc.) |
|---|---|

Campus: **Visalia**

Program: **Registered Nursing**

Contact Person: **Janine Spencer, RN Program Director**

Campus Director: **Don Wright**

Date: **May 22, 2013**

TEACH-OUT:

A “teach-out” is when current students will need to finish their original class schedule while new students will be given the changes – this can create the need for additional classrooms, teachers, or changes to student contracts.

This proposal will create a “Teach Out” situation: **YES** **NO**

Plan for addressing teach-out situation:

The current cohort of LVN-RN students (Cohort 8) will not be subject to this change.
Cohort 9 will have one additional day added to their schedule (Monday).

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SECTION 1: SUMMARY OF CHANGES

Provide a detailed narrative that clearly defines and explains the benefits and the proposed changes to the course, program and institution

The following PHASE I* changes are proposed for the Registered Nursing Program in order to improve the pass rate for the NCELEX.

1. Increasing the admission GPA from 2.0 to 2.5 (LVN-RN – Generic RN) **APPROVED CB 08.20.13**
2. Adding one additional day to the LVN-RN schedule (Monday) (LVN-RN only) **APPROVED CB 06.26.13**
3. Eliminating PHIL1C: Ethics as an exact requirement, instead adding any acceptable humanities course as prerequisite **APPROVED CB 06.25.13**
4. Add .5 units to RN 40LC: Mental Health Psychiatric Nursing Clinical to total 2.0 units (now will be RN40C) **APPROVED CB 06.25.13**
5. Remove .5 units from RN41LC: Advanced Medical-Surgical Nursing Clinical to total 4.0 units (new course - RN41C) **APPROVED CB 06.25.13**
6. New courses:
 - a. One-week NCLEX review course 6 weeks prior to the end of the program (RN43) to provide the Kaplan Review to support NCLEX success
 - b. Remove preceptorships from RN41LC for LVN-RN students (creating a new course, RN41VC)

**PHASE II changes will include more curriculum updates as recommended by the consultants, and future proposal.*

SECTION 2: SUPPORT DATA

2.1 Documentation: *Attach at least two forms of documentation from outside sources that support the need for the change. Support documentation includes but is not limited to: Advisory Board minutes or statements from members, statements from career service department, extern sites or employers, detailed recommendations from programmatic accreditation associations or new laws and/or legislation, research on current industry trends, course comparison with other institutions*

2.2 Student Success Data: *Attach at least five forms of student support data listed below from the past 24 months. Student Success Data includes but is not limited to: CLO data, PLO data, Placement data, Retention data, Enrollment data, Attendance data, Course surveys*

The LVN-RN students have not met the BRN standard for NCLEX pass rate (75%). There are many factors which contribute to this. One that has been identified has been the practice of student's working too much and driving distances. In addition to this the learning environment of

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teaching lecture and skills lab in one day for 10 hours has not been conducive to promoting student success.

The faculty have identified the need for this change as well as the BRN consultant Kelly McHan and the ATI consultant, Karin Roberts. A focused interim visit, conducted on January 24, 2013, included separate conferencing with campus administrators, students, faculty and the program director. Five recommendations were made:

1. *CCR 1424(b)(1) Total Program Evaluation; Admissions Policies:* Continue in-depth analysis of student characteristics to determine factors that correlate with NCLEX success/failure, including recency of science pre-requisites and GPA of science pre-requisites. Continue to review and assess methodology for evaluating prior theoretical knowledge and validating clinical experience for LVN-RN applicants.
2. *CCR 1424(b)(1) Total Program Evaluation with reference to CCR 1426(b) Curriculum:* Continue evaluation of clinical and theoretical course grading rubric and increase rigor of course grading system and progression policies.
3. *CCR 1424(b) Administration of the Program:* Consider modifying course schedules such that classes and clinical days are scheduled over more days in the week.
4. *CCR 1424(b) Administration of the Program:* Ensure that written and online resources reflect current admission requirements and policies.
5. *CCR 1424(d) Resources:* Ensure that sufficient and consistent classroom spaces are available to the program.

List of supporting documentation/appendices:

- BRN Progress Report
- ATI Consultant Report

SECTION 3: IMPROVEMENT OF STUDENT ACHIEVEMENT

Provide a detailed narrative that clearly explains how the proposed changes will increase student achievement in the course and program.

The proposed changes will ensure that students are better prepared for success in the program.

1. The increased grade point average requirement will support a student that is potentially stronger in academic preparation.
2. Adding one day to the LVN-RN schedule will allow students more time to absorb and learn the information. Currently LVN-RN students are meeting on Fridays only (for 10 hours), many students traveling long distances that very morning. This schedule inhibits learning and retention of information.
3. The ATI consultant recommended that we look at any redundancy in the curriculum and eliminate the Ethics course as it is included in the nursing curriculum as required by the BRN. As we don't want to remove the Humanities Area B GE breadth requirement completely, we would like to broaden the acceptance of other Humanities courses and add it to the prerequisite list of courses.

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4. LVN-RN students consistently have their lowest NCLEX scores in the content areas of Psychosocial Integrity (Mental Health Nursing). The current Mental Health clinical is .5 units less than the other clinical courses and the students will benefit by having more time to reinforce the concepts in this category and practice therapeutic communication. The consultant identified that time could be removed from our Medical-Surgical Clinical course and the instructors agree.
5. Currently LVN-RN students have 72 hours of Preceptorship in RN41LC. While this method of teaching is appropriate for our generic RNs, we would like to bring the LVN-RN students back to campus for a more structured clinical experience. This will ensure they are getting the instruction and remediation needed and will reinforce medical-surgical critical thinking skills they may not have opportunities to build in a Preceptor setting.
6. Students need specific time to complete the NCLEX review course, and providing this time 6 weeks before the end of courses will allow them time to complete the indicator exam, remediate areas needed for improvement, and complete any other follow-up work required after the week of class. The BRN does not allow for a NCLEX review course to be schedule during class time, so we need a separate course in order to monitor student attendance, progress, and success in the Kaplan program and on the NCLEX exam.

We have identified that we are teaching 2 distinct concepts to our nursing students – 1) how to be nurses, and 2) how to pass the NCLEX. We need to make sure we have a good mix of skill training and critical thinking training in our program. We currently have a good grasp on training skills, and believe these changes will improve our student success on the NCLEX exam.

SECTION 4: ALIGNMENT WITH OUTCOMES

Provide a detailed narrative that clearly explains how the proposed changes align with and support the Student Learning Outcomes: CLOs, PLOs, and/or ILOs.

The proposed changes are to promote improved NCLEX passing rates. There isn't a direct change to outcomes with these changes, and the same alignment remains. Phase II of the proposal will include adjustments to outcomes recommended by the consultants.

SECTION 5: IMPACT ON STUDENTS

Provide a detailed narrative that clearly explains how the proposed changes will impact students both positively and negatively.

1. Increasing the admission grade point from 2.0 to 2.5 will support the admission of better qualified applicants. At this time, admission pools have been large enough that all students enrolled do have the 2.5 GPA, and we would like to keep this consistent and official.
2. Adding the additional day to the LVN-RN program will support a more effective learning environment and discourage excessive work

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schedules and traveling long distances for a 10 hour school day.

3. Eliminating the Ethics course requirement will have a positive effect on the students because it is very difficult for them to take this course during the nursing program. Additionally, we do lose some applicants due to their inability to pay for the course at the beginning of the program.
4. Adding .5 units to the Mental Health Clinical will provide an enhanced ability to develop additional curriculum that will address this area of deficiency on the programs NCLEX performance. The reduction of Med-Surgical skills time should not create an issue, and will be monitored.
5. Eliminating the Preceptorship (72 hours) and extending the advanced medical –surgical clinical will promote a more structured experience. LVN-RN students seem to benefit from additional “hands on” experience to compensate for the deficiencies in their LVN program. This also provides the opportunity to assign a leadership experience in the clinical setting and reinforce delegation and prioritization skills.

SECTION 6: IMPACT ON FACULTY

Provide a detailed narrative that clearly explains how the proposed changes will impact any faculty scheduling or qualifications.

1. The addition of Monday to the LVN – RN program will not affect the faculty teaching hours. They will be distributed between Friday and Monday instead of teaching the entire theory/Skills courses on Friday. There is no change in the faculty overall assignment. The faculty are in favor of this change.
2. The addition of .5 units to the 40L clinical will not impact teaching load as the units will be transferred from 41LC.
3. Reducing the 41LC clinical by .5 units will result in a reduction of 22.5 of skills lab time. This will not pose a problem as the feeling is that there is currently an excess of time spent in the skills lab. (The consultant also pointed this out)
4. Eliminating the Preceptorship for the LVN-RN students will increase the faculty assignment for the last 6 weeks of RN 41LC. The faculty would not be overseeing the students placed with the preceptor and we would not need to secure as many preceptors which is becoming increasingly more difficult.

SECTION 7: IMPACT ON RESOURCES

Provide a detailed narrative that clearly explains how the proposed changes will impact any space/ facility usage or need new/additional equipment.

1. A classroom will be needed on Mondays.
2. No additional resources will be required to increase RN 40L by .5 unit as the clinical hours will be increased but the number of weeks

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will remain the same.

3. Eliminating the Preceptorship hours does not impact the overall hours for 41LC. The faculty will teach directly the clinical one day a week for 6 additional weeks instead of supervising students who are working with preceptors. Additional faculty are not required.

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SECTION 8: IMPACT ON ACCREDITATION

Do the proposed changes signify more than a 50% change in the program? If so, WASC may need to be notified, so please explain the depth of change. Do you have an external accrediting body? What are their requirements for this sort of change?

The proposed changes have been recommended by the BRN Consultant, and support BRN accreditation. If the program's NCLEX pass rate does not improve the programs accreditation will be in jeopardy.

These changes do not impact ACCJC accreditation or requirements for change notification.

SECTION 9: INPUT FROM ACADEMIC LEADERSHIP

In this section, gather statements from the academic leadership on your campus (Program Directors, Division Managers (GE too if impacted), Academic Deans and Campus Directors

Don Wright:

I feel strongly that the requested changes addressed in this proposal will enhance the potential for success of our students in both the LVN-RN and RN Programs. The success rate for first time NCLEX takers needs to be improved to meet and exceed the BRN Program Standard of 75%. The first two recommended changes will provide a better indicator of prospective student readiness to deal with the rigor of the Nursing Programs. Although no predictor of success is absolute or without exception, lessons taken from other successful programs coupled with input from recognized consulting authorities, including our BRN representative, can be used to fine tune the selection process. These proposed changes reflect inputs from these multiple sources.

LVN-RN graduates have been the Program's most significant challenge in terms of first time NCLEX pass rates. Currently, these students are on Campus all day Friday with an additional 12 hour clinical day. We have found that many of the students in this program are not relocating to the Visalia area for their 11 and a half month program but rather commuting significant distances (three to four hour drive times) prior to the start of the class day. The result, less than an optimum learning experience when an eight hour lecture or lecture/skills lab combination takes place following this drive. The addition of a second day will do two things, allow for a reduction in length of lecture/skills lab delivered each class day and improve the time available to the students for on campus tutoring and remediation.

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<p>Program Improvements include but are not limited to:</p>			
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Campus:	<i>Visalia</i>		
Program:	<i>Registered Nursing Generic</i>		
Contact Person:	<i>Janine Spencer</i>		
Program Director/ Division Manager:	<i>Janine Spencer</i>		
Date:	<i>3/9/14</i>		
Improvement Information-	<ul style="list-style-type: none"> LVN-RN modifications for January 2015 start: 		

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Describe the proposed improvement?	<ul style="list-style-type: none"> ✓ Increase the passing standard from 74% to 75% for all courses ✓ Change the course name for RN 28 to Basic Medical Surgical Concepts • RN (generic) modifications: <ul style="list-style-type: none"> ✓ Addition of PLO #9 for a total of 11 PLO's ✓ Term 1, Term 2, and Term 4 of incoming cohorts will be reduced by 1 unit per term ✓ Elimination of RN11, RN11L, and RN32 ✓ Additional courses will include RN36, RN44, RN50, and RN51 <ul style="list-style-type: none"> ❖ RN51-additional cost of \$350-\$375 for consultant (utilized in the program previously but new course has been created to assess the results) ✓ Additional CLO added to all clinical courses addressing Ethics ✓ Revised matrix (see attached) demonstrates modifications to course lengths and units <ul style="list-style-type: none"> ❖ Total program length has not changed ✓ Modification of grade weights in all courses ✓ Increase the passing standard from 74% to 75% for all courses ✓ PLO alignment ✓ 12 hour clinical will be reduced to 8 hours thereby reducing overtime hours of clinical instructors ✓ Addition of 2 textbooks (Nutrition and book for RN36-not yet identified) <ul style="list-style-type: none"> ❖ Estimated cost addition of ~\$110
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SECTION 1: SUMMARY OF BENEFITS

Provide a detailed narrative that clearly defines and explains the benefits of the proposed changes to the course, program and institution

- Program improvement outcomes to increase NCLEX pass rates, placement statistics, and CLO achievement
- Stronger foundational preparation with the additional theory units added to the program
- Providing an enhanced emphasis on Psychosocial Integrity earlier in the curriculum (term 1) will support student learning in this category
- Eliminating 12 hour clinical will promote a more effective learning environment, will increase likelihood of sites, and reduce overtime

SECTION 2: SUPPORT DATA (Include as attachments to the Proposal)

2.1 Documentation: Attach at least **two** forms of documentation from outside sources that support the need for the change. Support documentation includes but is not limited to: Advisory Board minutes or statements from members; statements from career service department, extern sites or employers; detailed recommendations from programmatic accreditation associations or new laws and/or legislation; research on current industry trends; course comparison with other institutions

2.2 Student Success Data: Attach at least five forms of student support data listed below from the past 24 months. Student Success Data includes but is not limited to: CLO data, PLO data, Placement data, Retention data, Enrollment data, Attendance data, Course surveys

List the supporting data to be included as attachments.

- BRN letter of improvement, after last site visit
- CLO achievement data
- NCLEX pass rates
- Placement data

Explain how the listed data support the proposed improvement(s).

BRN letter of improvement lists specific areas for improvement after the site visit in January 2013. Specifically referenced was Total Program Evaluation (#2 on attached form). It is suggested that the RN curriculum increase in rigor and the grading system be reevaluated.

CLO achievement data (attached packet)

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Current CLO mastery data is below standard in all courses.

NCLEX pass rates below standard of 75%, at 67.53% (BRN website attachment). The addition of RN51 and increased course rigor will increase NCLEX pass rates.

Placement data

- Placement is at 66% (page 1 of CLO achievement data packet). This is mainly due to NCLEX pass rates being below standard for 2013. Increasing NCLEX pass rates will increase placement.

SECTION 3: IMPROVEMENT OF STUDENT LEARNING AND ACHIEVEMENT

Identify the expected measured result(s) the proposed improvements will have on student learning and achievement on the program and/or course levels. (Placement will increase to 90%; PLO 4 & 5 achievement will increase to 85%; etc.).

BRN letter improvement areas addressed:

- Proposed changes include additional CLO's to increase academic rigor.
 - ✓ All clinical courses to include a new CLO reading "Apply the ethical decision making process to specific ethical issues encountered in clinical practice". CLO will be align with PLO #11
- Proposed changes include increasing the grading component from minimum passing grade of 74% to 75%: thus leading to increased student achievement data (CLO achievement and NCLEX pass rates as well as better placement)
- Proposed changes to increase program rigor, as recommended by BRN consultant (see attached letter), includes modifying grade weights in all RN courses as follows:
 - ✓ Theory courses- Projects/Homework 20% Quizzes/Exams 80%
 - ✓ Clinical courses-Projects/Homework 30% Clinical Performance 70%
- The BRN Nursing Consultant, Kelly McHan, recommended an additional PLO be added to the program which reflects current health care requirements for competency in various types of technical and electronic resources.
 - ✓ *PLO to read: "Utilize a variety of resources, including electronic media and medical technology to provide safe, quality care of the patient and family"*

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CLO mastery data collected shows low mastery achievement. Increasing course rigor with curriculum revision and SLO additions will lend to increased student achievement of outcomes.

- Example: RN42: Nursing Seminar 4: Leadership (page 14 of CLO achievement data packet) shows mastery achievement of CLO 1 and 2 as 37% and 42% respectively. Current CLO's are:
 - ✓ Discuss current issues in health care and their relationship to nursing practice
 - ✓ Discuss nursing roles and management strategies to prepare for a successful professional nursing practice career
 - ✓ Complete a personalized NCLEX exam preparation plan
- The proposed plan modifies this course, building a stronger foundation of Leadership skills in our students with the outcomes rewritten as:
 - ✓ Discuss the history and development of the Nursing Profession (Common Mastery Assessments to be determined)
 - ✓ Discuss current issues in Health Care and their relationship to nursing practice (Common Mastery Assessments to be determined)
 - ✓ Describe leadership and management roles within the nursing profession (Common Mastery Assessments to be determined)
- The new CLO's are a better reflection of current standards of practice and will promote CLO mastery to 80% benchmark.

Proposed changes include a specific course, RN51, dedicated to NCLEX preparation. This course is specifically designed to prepare students for studying and passing of the NCLEX exam, thereby increasing NCLEX pass rates to 75% benchmark required by Board of Registered Nursing.

- Course will include NCLEX exam preparation by an outside, contracted consultant
- CLO will read-“Complete a personalized NCLEX plan”

SECTION 4: ALIGNMENT WITH OUTCOMES

Provide a narrative that explains how the proposed changes align with and support the Student Learning Outcomes identified within the program (CLOs, and PLO). For Academic Affairs Use only.

- The removal of RN11/RN11L is a direct result of PLO misalignment. The courses introduce the same PLO's as RN10/10L and are removed for redundancy.
- The removal of RN32 is a direct result of PLO misalignment. The course develops identical PLO's as other RN courses, with the exception of ethics. The course is removed for redundancy. A CLO addressing ethics is added into the following courses for alignment: RN10L, 20L, 21L, 33L, 35L, 43L & 45L to maintain alignment with PLO #11.

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- Reducing the clinical courses from 12 hours daily to 8 hours daily will reduce staff overtime pay.
- An increase in theory course hours taught will counter balance with the hours freed up with the elimination of RN11 and RN32, therefore not contributing to an increase in instructor pay.
- The reduction of clinical course, RN11L, will reduce utilization of adjunct clinical instructors.
- With the addition of RN36, a current instructor will be assigned.

SECTION 8: IMPACT ON RESOURCES

Provide a detailed narrative that clearly explains how the proposed changes will impact any space/ facility usage or need new/additional equipment.

Heavier utilization of lab time during the initial RN10L course will increase scheduling time in that classroom.

No new equipment needed.

No additional space needed.

No software/hardware needed.

SECTION 9: IMPACT ON PROGRAMATIC ACCREDITATION

Does your program have an external accrediting body? What are their requirements for this sort of change?

BRN accredits the program. Curriculum was sent to them and approved on 3/6/14 (see attached approval letter).

SECTION 10: INPUT FROM ACADEMIC LEADERSHIP

Include statements, as separate attachments, from the academic leadership on your campus (Program Director or Division Manager, Academic Dean and Campus Director)

I support this proposal due to the current health care environment requiring competency with various types of technical and electronic resources as well as better use of student's time in the classroom. I also strongly support reducing the clinical hours from 12 to 8 since

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they are also gaining knowledge and practice hours in the skills lab. The BRN does not require 12 hours of lab and this will be a substantial savings to the college by not having to pay overtime for the extra four hours – Tami Olson, Academic Dean.

I fully support the proposed changes to the Generic RN Program curriculum. The RN Team has worked diligently to assess student outcomes and fine tune the curriculum to enhance success both in the classroom and when sitting for the NCLEX. I feel that we will experience enhanced clinical outcomes as a result of reducing the clinical day from 12 to 8 hours. This will allow for a more focused learning environment while more effectively utilizing instructor hours. – Don Wright, Campus Director