

# Instructional Program Review

Nursing

Allison Sansom, Lindsey Mosley, Christie Murphy, Marylin Culp

## CONTENTS

1.	Program/discipline mission/goals and link to strategic plan5
	A. Describe progress toward goals set in previous review, annual budget presentations, and/or trategic budget planning
	Goal 1 (Prosperity): Improve student success through early identification of those at risk regarding national exam (i.e., NCLEX-RN or Head Masters for CNA)
	Goal 2 (Excellence): Apply for national accreditation (ACEN) candidacy for registered nursing program
	Goal 3 (Access): Improve nursing student access to BSN8
	Goal 4 (Prosperity): Improve prosperity for entry-level healthcare workers (NA program)8
	Goal 5: Improve well-being. Wellness Committee9
1	B. Have you met your previously set goals? If not, how do you plan to meet them?
2. F	Program/discipline description and overview10
2	A. Provide the catalog description of the program10
	b. Describe how and to what degree the program description reflects the program's overall goals. If does not, revise program description
2	C. Community labor market need analysis and projection11
	2C.i. Has the demand for graduates changed in the past five years? If so how and to what degree?11
	2C.ii. What is the expected market demand for the future? How might the labor market need projection affect the program? how might the program adjust to these projections?
2	D. Describe the specific curricular, instructional, or other changes made in the previous five years15
3. F	Resources
3	A. Describe faculty composition, qualifications, and professional development
	3A.i. What percent of faculty are full-time? Part-time?18
	3A.ii. Describe faculty degree attainment. What are the minimum degree qualifications? What percent of faculty exceed minimum degree qualifications?
	3A.iii. List the specific professional development program faculty attended including both on-site and off-site trainings; how did the professional development impact instruction, design, and delivery?
	3A.iv. Are faculty composition, qualifications, and professional development meeting instructional needs? If not, describe any plans that will address this
3	B. Describe the specific facilities, equipment, and materials used by the program

	3B.i. Are facilities meeting instructional needs? If not, describe any plans that will address this	27
	3B.ii. Is equipment meeting instructional needs? If not, describe any plans that will address this.	27
	3B.iii. Are instructional materials meeting program needs? If not, describe any plans that will address this	27
	3C. Describe the instructional support services the program uses	28
	3C.i. Review LRC holdings for relevancy and currency to program	28
	3C.ii. Review program student use of tutoring and e-tutoring.	29
	3C.iii. Review program student use of testing services	29
	3C.iv. Review other instructional support services (student clubs, advising, TRiO, Veterans Service etc.) if applicable	
	3D. Describe to what degree the program uses the College's learning management system (Canvas for all methods of delivery (face-to-face, online, synchronous, hybrid)	•
4	. Effectiveness	30
	4A. Student learning outcomes assessment	30
	4A.i. Course learning outcomes (CLO)	30
	4A.ii Program learning outcomes (PLO)	33
	4B. Student success	35
	4B.i. Describe enrollment trends and plans to address them.	35
	4B.ii. Describe degree awarded trends and plans to address them	37
	4B.iii. Review transferability of program	37
	4C. Student engagement and satisfaction	38
	4C.i. Course evaluations data and analysis	38
	4C.ii Job placement data and analysis (if available)	50
5	. Budget	51
	5A. Provide five-year cost margin data and analysis	51
	5B. Summarize previous annual program viability study results and explain how changes impacted student learning outcome proficiency. If this has not occurred, describe plans to address this	52
	5C. Explain any budgetary challenges and any plans to address them	52
6	. Conclusion	53
	6A. Describe program strengths	53
	6B. Describe program weaknesses	54

	6C. Describe support needed	. 54
	6D. Create new goals and link them to the strategic plan.	.55
7	Appendices	.56
	7.A. Appendix – Clinical Attendance & Participation Tool	.56
	7.B. Appendix – Performance Improvement Plan	. 58
	7.C. Appendix – Performance Improvement Plan Update	.61
	7.D. Appendix – Clinical Contract	.63
	7.E. Appendix – Klamath Nursing Program Assessment of Educational Effectiveness	. 65
	7.F. Appendix – Klamath Community College Nursing Graduate Survey	.86
8	. Instructional Program Review Rubric	.93

### 1. PROGRAM/DISCIPLINE MISSION/GOALS AND LINK TO STRATEGIC PLAN

**Mission:** Klamath Community College's Nursing Program exists to graduate outstanding students who are ready and able to provide professional nursing services using concepts, theories, and evidence-based practices.

**Purpose:** The purpose of the Nursing Program is to prepare students to become eligible for licensure by providing a comprehensive course of study that combines theory with evidence-based clinical practice. The curriculum is designed to provide qualified individuals an opportunity to acquire the knowledge, values, attitudes, and skills that will enable them to become safe and competent practitioners of registered nursing. Clinical experiences are intended to help students develop critical thinking and skills needed in rural settings.

The KCC strategic initiatives contain four measurements of student success:

- 1. Retention (students who stay enrolled from one year to the next)
- 2. Completion (students who complete a degree or certificate on time)
- 3. Job acquisition (students who graduate and get a job related to their degree)
- 4. Income attainment (graduates whose jobs pay a living wage)

100% of nursing students in the 2019-21 and the 2018-20 cohorts completed and graduated on time. 75% of the 2017-2019 nursing student cohort completed and graduated on time, with one student completing in 3 years. 100% of the 2016-2018, 2017-2019 and 2018-20 cohorts successfully passed the state board licensing exam on their first attempt. 85% (6/7 with one student still to test) of the 2019-21 cohort passed the licensure exam on their first attempt. Graduates are allowed to repeat testing. Results of repeat testers from the 2019-21 cohort are unknown until the 4<sup>th</sup> quarter report is received from the OSBN.

The mission and purpose of the KCC nursing program is directly aligned with the Strategic Initiatives of Access, Prosperity, Community and Excellence.

**Access**: 100% of the nursing program pre-requisite courses are available online to serve the needs of the rural Klamath Basin communities. Agreements exist with Lake Health District (LDH) which provide access to residents from their community to complete remote didactic training through Life Size or Zoom and provides a local clinical instructor at their cost to complete skills lab and clinical time at Lake District Hospital.

**Prosperity:** Graduates report 100% procurement of registered nursing jobs within 6 months of program completion. On average, Registered Nurses are paid an annual salary of 89,992.00 in the Klamath region.

**Excellence:** The program is required to maintain all standards required by the OSBN for re-approval of the program and the program demonstrated significant improvements and 100% compliance with these standards during the last OSBN review in 2021, and received multiple commendations. Students are

required to demonstrate excellence in their knowledge and safe nursing practice standards through the National Council Licensure Examination for RNs (NCLEX-RN) in order to receive a RN license.

**Community**: The program was intentionally developed to serve the rural communities of the Klamath Basin. Local applicants are given preference for admission to the program and an agreement with Lake Health District exists to provide financial and staffing assistance to support this collaboration. Positive working relationships have been established with Lake District Hospital and Sky Lakes Medical Center, and our students are placed for clinical rotations in both hospitals as well as the following agencies: Klamath County Schools, Lake District Mental Health clinics, High Desert Hospice, Klamath Tribes, Best Care In-patient drug and alcohol treatment center, Plum Ridge Nursing and Rehabilitation Center and Klamath Open Door, aka Klamath Health Partnership.

1A. DESCRIBE PROGRESS TOWARD GOALS SET IN PREVIOUS REVIEW, ANNUAL BUDGET PRESENTATIONS, AND/OR STRATEGIC BUDGET PLANNING.

# GOAL 1 (PROSPERITY): IMPROVE STUDENT SUCCESS THROUGH EARLY IDENTIFICATION OF THOSE AT RISK REGARDING NATIONAL EXAM (I.E., NCLEX-RN OR HEAD MASTERS FOR CNA).

Measurable Target: First time pass rate is 85% or higher.

**Met.** Pass rates for the certification/licensure for Nursing Assistant, Certified Nursing Assistant 2 and Registered Nursing students has been consistently above 85% in the past 4 years.

## AAS- Nursing program:

2019-20: An in-depth curriculum review was conducted and every course in the nursing program was revised to align with the approved curriculum. During the 2019-20 and 2020-21 academic years, the faculty also participated in a substantive curriculum revision at the Oregon State Board of Nursing's (OSBN) approval to refine the curriculum, avoid unnecessary repetition, spiral deeper learning of critical topics and add relevant content. The newly revised 6 term curriculum was launched fall 2021.

2019-20: Proctored assessment and remediation procedure for Assessment Technologies Incorporated (ATI) exams was revised effective fall term 2019. Proctored assessments were developed by ATI to allow for, at minimum, one practice exam and remediation prior to taking the proctored assessment. Effective fall term 2019, all students were required to take a practice exam and will be encouraged to remediate prior to taking the proctored assessments. After completing the proctored assessments, students not achieving at least a level two (well above the NCLEX passing standard) will be required to remediate to 95% on the subsequent practice assessment. Proctored assessment schedules were discussed with the ATI integration specialist and rescheduled per recommendations so as to assess student competencies at more appropriate times in the curriculum.

Monthly nursing department meetings are held and "Students at Risk" is a standing agenda item. Students at risk are always discussed at each meeting for early identification. A Performance Improvement Plan (PIP) process (see <u>Appendix 7.B. & 7.C.</u>) has been developed for students who are presenting with attendance, performance, professionalism and/or safe nursing care challenges, that seeks to call the student's attention to the issue, involve the students in a self-determined plan that meets instructor approval, to make improvements and provide follow up to ensure the plans have been completed and the student is back on track.

Summer term 2020: ATI NCLEX review modules were added to the Capstone course requirement with opportunity to work 1:1 with an ATI NCLEX Success Coach. Modules are designed to be initiated at mid-term and students are to complete the modules individually after the course ends. None of the students completed the modules independently as designed, but all graduates subsequently passed the NCLEX on first attempt. We plan to continue to require this review during Capstone, but to start earlier in the term to allow for supervised completion prior to the end of term. 2021, the NCLEX review modules were started earlier in the term to assure completion. Students completed the Graduate Nurse Predictor which indicates their readiness for the NCLEX and offers remediation for the areas of concern in the students' performance.

### Nursing Assistant (NA) Program:

Program faculty continue to provide an uncompensated voluntary skills lab review with feedback on necessary correction prior to the certification exam. NA students continue to consistently maintain pass rates at or above 85%. IN 2020-21, the pass rate was 92.59% and is consistently among the highest pass rates in the state. <a href="https://www.oregon.gov/osbn/Documents/Resource">https://www.oregon.gov/osbn/Documents/Resource</a> NA programWritten stats.pdf

GOAL 2 (EXCELLENCE): APPLY FOR NATIONAL ACCREDITATION (ACEN) CANDIDACY FOR REGISTERED NURSING PROGRAM.

Measurable Target: Within three years, KCC nursing program will apply for candidacy.

**Intentionally not met**. It was determined to wait for the nursing program to develop the RN to BSN program, which has been delayed due to HECC/CCWD interpretation of the legislation, prior to applying for voluntary national third-party accreditation. The OSBN is no longer considering requiring all registered nursing programs in Oregon to achieve third party accreditation as was the case when this goal was established. While this goal is planned for future completion, the nursing program did prepare the OSBN self-evaluation and host them for consideration to re-approve KCC RN program in March 2021. The program received several commendations and was found to have corrected the 16 deficiencies noted in the initial approval visit in 2016. The program gained reapproval for the maximum time frame with no recommendations for improvement. This indicates the program met every standard

required and is in a good position to apply for voluntary national accreditation when the time is more appropriate.

## GOAL 3 (ACCESS): IMPROVE NURSING STUDENT ACCESS TO BSN

Measurable Target: Program approval-program launch first cohort Fall 2022

**Met.** The HECC/CCWD is not approving the community colleges to offer the BSN which is the industry recognized credential. They interpret the May 2019 legislation to only allow for a Bachelors' of Applied Science in Nursing (BAS -N) and not a BSN. A BAS-N is not an industry recognized credential, is considered a terminal degree, not transferable to higher levels of nursing education (MSN, DNP, Ph. D.), may not be accepted by health care agencies that require a BSN for hire (VA, military, and Magnet Status hospitals) and would further marginalize community college nursing students who tend to attract more underrepresented populations. Currently, college and nursing program personnel are meeting with the HECC/CCWD and if necessary, legislators to develop a process which would allow the community colleges to offer the industry recognized credential of BSN. Initial, rough draft curricula for the program has been developed.

A co-admission agreement with Linfield College was renegotiated during winter term 2020. Generally, graduates from the KCC nursing program are poised to enter most if not all RN to BSN programs, and are not limited to Linfield College. Linfield college visits the nursing students annually to advertise their RN to BSN program which was recently revised to not require additional general education credits, and allows for 30 credits for prior learning for achievement of RN licensure. KCC regularly hosts other RN to BSN programs upon their request to meet with the nursing students to allow for a wider variety of options for the KCC student to seamlessly matriculate to their institutions after receiving their RN license. Graduate satisfaction surveys were implemented in 2020 to ascertain the number of students who are planning on entering a RN to BSN program in the next five years. Of those returned, 85.71% indicate their intent to enroll in a RN to BSN program in the next 5 years.

# GOAL 4 (PROSPERITY): IMPROVE PROSPERITY FOR ENTRY-LEVEL HEALTHCARE WORKERS (NA PROGRAM)

**Measurable Target:** First year: ESL students have 1st time pass rate of 65%. Second year: ESL students have 1st time pass rate of 75%. Third year: ESL students have 1st time pass rate of 85%.

• Improve employment opportunities for individuals with language challenges.

**Met.** Completed summer 2018. Offered MDA 101 ESL spring 2018. NA Bootcamp was offered summer 2018. 75% of students completed MDA and Bootcamp courses. One dropped due to family health issue; another one did not pass the state exam. One student took the test three times, but overall 100% passed. Staff reached out to HEP and KCET programs to determine need for additional classes

specifically for ESL students in subsequent academic years. Thus far, there have been no requests for a Nursing Assistant program for ESL students since our last course offering. The pandemic created significant barriers for students to gain clinical time in the most appropriate environment. The Nursing Assistant program did provide a customized CNA training specifically for Lake District Hospital winter 2021 and again in summer 2021 to serve the needs of the rural frontier. No further requests or identified need for Nursing Assistant classes for ESL students have been received, or identified. Curriculum has been developed and provided with success in 2018/19. Will offer this curriculum as needed in the future when a cohort of students is available. Nursing Assistant certification exam pass rates are consistently above 85%

On another related note, the admissions process to the nursing program was revised and implemented in 2020 for subsequent cohorts of nursing students. It was designed as a "holistic admissions" process which seeks to admit a diverse group of nursing students to serve our nation's health care needs. This includes ESL students. In 2021-22 the nursing cohort is a beautifully diverse group with more than 50% of the cohort from underrepresented or marginalized populations. ESL students are provided with an accommodation upon their request to allow for additional testing time and an English to other language word translation book for exams during the first three terms of the program.

## GOAL 5: IMPROVE WELL-BEING. WELLNESS COMMITTEE

Measurable Target: Students and faculty report increase in well-being.

**Met.** While there was no baseline established and the goal is difficult to measure, multiple interventions have been implemented to improve faculty and student well-being and data/information suggests an improvement in and a satisfaction with current levels of well-being.

The college was successful in achieving a wellness center available to faculty and students. Qualified and professional faculty have been recruited and retained and informally report high levels of job satisfaction.

Effective fall term, 2019 ATI modules for self-care are assigned to first year students. Self-care is frequently mentioned throughout the curriculum. Beginning nursing students are provided with a new student orientation to adequately prepare and reduce the stress of the unknown, and second year students assist. Second year students set up a Facebook closed group for both cohorts in an effort to provide support and help to each other every fall term. Healthy snacks are provided on occasion to each group during didactic class time, and breaks are provided every 50 minutes of class.

A new Nursing Club was developed to provide social support and opportunities to relieve stress, but is not currently active as of 2021-22. A microwave has been placed in the rest area close to the nursing department to encourage healthy eating. Wellness walking paths, a food pantry and weekly fresh produce when in season is offered free of charge on campus. A virtual simulation was provided to second year students regarding the importance of self-care during the first part of the pandemic. Students were able to continue their education and maintain their wellness due to rapid faculty

planning during the Covid 19 crisis. Students were able to meet in a Zoom classroom every week during the first part of the pandemic with their instructors and opportunities were provided to vent, express concerns, share support, and discuss various coping strategies.

Nursing students, in general, form close bonds within their cohort and with their instructors. Instructors have an open-door policy and are well versed in assisting students to connect with various other resources they need to fulfill personal well-being. "Students at risk" are case managed by the nursing faculty as needed during monthly meetings. Course evaluations completed by nursing students frequently mention their appreciation for the support of the current nursing faculty.

Students over-all satisfaction with their experience in the KCC nursing program as demonstrated in the graduate satisfaction surveys have improved since initiation of the surveys. Currently, over-all satisfaction with their experience in nursing school went from 1.33 (2017-19 cohort) to 3.75 (2018-2020) on a 5-point Likert scale. This points to progress in over-all improved well-being. Our goal is to achieve a score of at least 4.0 from the 2019-21 cohort when surveys are sent out and returned in February – March 2021.

# 1B. HAVE YOU MET YOUR PREVIOUSLY SET GOALS? IF NOT, HOW DO YOU PLAN TO MEET THEM?

### ⊠Yes

□No

When the HECC/CCWD or the legislature allows an opportunity to offer a RN to BSN degree, work will resume to realize this goal. Upon achievement of the above goal, national third part voluntary accreditation will be re-considered.

## 2. PROGRAM/DISCIPLINE DESCRIPTION AND OVERVIEW

## 2A. PROVIDE THE CATALOG DESCRIPTION OF THE PROGRAM.

#### AAS- Nursing:

The Nursing AAS program provides students the academic and clinical preparation necessary to take the national licensure examination leading to practice as a registered nurse (RN). The purpose of the program is to graduate qualified individuals from rural communities and encourage them to practice nursing in a rural area.

Students who have completed the Nursing AAS degree at KCC with a current RN license have the opportunity to transfer to most RN to Bachelor of Science in Nursing (BSN) programs. KCC has a co-admission agreement with Linfield College in McMinnville, Oregon. Linfield College will accept credits from KCC and coursework for the BSN degree can be completed online allowing the student to remain in their rural community.

The KCC curriculum is designed with a concept-based approach to teaching and learning. The conceptual approach in nursing involves an examination of concepts that link to the delivery of patient care. The

study of nursing concepts provides the learner with an understanding of essential components associated with nursing practice without becoming saturated and lost in the details for each area of clinical specialty. The philosophy behind concept teaching/learning is that as concepts are understood deeply, links can be made and applied in various areas of nursing practice.

## HEA 100: Nursing Assistant:

Klamath Community College's nursing assistant training course (HEA 100) is a 7-credit course divided into lecture, lab, and clinical classes. It prepares students for the Oregon State Board of Nursing: Certified Nursing Assistant (CNA) exam and provides workforce training aimed at entry-level positions in sub-acute centers, some hospitals and doctor offices, as well as academic transfer credits required by some nursing programs. Students study personal care skills, nutrition, safety, legal and ethical issues, infection control, emergency care, and interpersonal skills. Students not maintaining a "C" or better on exams, tests, or quizzes will not be allowed to complete the program or state exam. Successful course completion does not guarantee state certification.

## HEA 113: Certified Nursing Assistant 2

The course provides the foundation for student success in the workplace at the entry level position. Emphasis is on promoting a person's optimal independence, positive healing strategies, positive peer model behavior and addressing an individual person's care. Corequisites include HEA 113C and HEA 113L

# 2B. DESCRIBE HOW AND TO WHAT DEGREE THE PROGRAM DESCRIPTION REFLECTS THE PROGRAM'S OVERALL GOALS. IF IT DOES NOT, REVISE PROGRAM DESCRIPTION.

The nursing program description and individual HEA course descriptions accurately reflect the program and course over-all goals.

## 2C. COMMUNITY LABOR MARKET NEED ANALYSIS AND PROJECTION

**Job Openings Listed with the Oregon Employment Department for Registered Nurses** There are 2,928 current job listings for this occupation.

# Job Openings Listed with the Oregon Employment Department for Nursing Assistants

There are 1,070 current job listings for this occupation. The job projection is anticipated to grow by 13.3% in the next ten years.

# 2C.I. HAS THE DEMAND FOR GRADUATES CHANGED IN THE PAST FIVE YEARS? IF SO HOW AND TO WHAT DEGREE?

□Yes

⊠No

Registered nursing and nursing assistants have always been in high demand.

## 2C.II. WHAT IS THE EXPECTED MARKET DEMAND FOR THE FUTURE? HOW MIGHT THE LABOR MARKET NEED PROJECTION AFFECT THE PROGRAM? HOW MIGHT THE PROGRAM ADJUST TO THESE PROJECTIONS?

### AAS-Nursing

The nursing program is in the process of seeking OSBN approval to initiate a cohort of 8 Practical Nursing (LPN) students by fall 2022, with a plan to ultimately offer an LPN – RN bridge program to LPNs who are seeking further education and a RN license. While the need for RNs is recognized, community partners have been unable to recruit any LPNs since KCC closed the LPN program in 2015 to start the RN program. Available clinical sites in our service area restrict the amount of students that can be admitted, and the OSBN has an arduous process of collaborating with other nursing programs in the surrounding areas to seek their approval to increase the nursing cohort size. OHSU at OIT had no concerns about KCC initiating a cohort of LPN students.

LPN students will not require the same clinical sites as RN students do and KCC's program shares RN clinical sites with OHSU as OIT nursing students. Without adequate clinical sites, students are unable to complete the required clinical time the curriculum requires. Moreover, the ability to recruit qualified nurse educators can also limit the number of students that can be served. Clinical experiences must be supervised by one qualified nurse educator for every 8 students engaged in a clinical rotation at any given time. The program is considering the possibility of increasing the AAS-Nursing cohort by another 8 RN students in the future, if clinical sites can be arranged and qualified nurse educators can be recruited, for a total of 16 AAS-Nursing and 8 PN certificate seeking students.

## Median Annual Salary

United States:	Oregon State:	Klamath Region:
\$29,640	\$35,884	\$34,128

## **Prospective Jobs**

Home health aide	Certified nurses aide	Nursing care facility CNA
Hospital CNA	Personal care aide	Orderly

## 2019-2029 Employment Projection

14.1% Growth

## **Entry Level Educational Requirements:**

## Certificate

## All data was gathered from the State of Oregon Employment Department and Bureau of Labor Statistics

Data provided for Nursing Assistant position. For a different employment forecast, visit the State of Oregon Employment Department.

## **Nursing Assistant**

Currently the Nursing Assistant program has had declining enrollment for the past several years despite the high availability of jobs. The pandemic has contributed to the hesitation of students enrolling in programs that offer training for lower paying healthcare positions. The decline in enrollment also appears to align with the increase in differential tuition for combined format and lab courses. Moreover, the HEA courses are not transferable to many other academic programs and degrees, including the KCC AAS-Nursing degree. There are two colleges in Oregon offering nursing programs that do require completion of the NA course. In 2020-21, the program provided customized work force training for Sky Lakes Medical Center and Lake District Hospital through the Community Education division of KCC with the health care agencies paying a negotiated flat rate through Community Education for each cohort of students. KCC is also working with local high schools and has been admitting a cohort of 10-20 high school students each year. Plum Ridge Nursing and Rehabilitation Center has also been offering this training to students at a much lower rate, if any, than the academic tuition rate, providing competition to recruit students to attend this training program.

Moving forward, at this point, it appears the best fit for the nursing assistant program is more of a customized work force training for clinical agencies through the Community Education division at KCC, since the flat rate structure rather than differential tuition through the Academic department, is more appealing to the healthcare agencies.

## **Median Annual Salary**

United States:	Oregon State:	Klamath Region:
\$73,300	\$94,950	\$89,992

## **Prospective Jobs**

Private Hospital	Nursing Facilities	Physician's Office/Clinic		
Public Hospital	Assisted Living Facility	Home Health Agency		

## 2019-2029 Employment Projection

## 13.4% Growth

## **Entry Level Educational Requirements:**

## Bachelor's Degree

All data was gathered from the State of Oregon Employment Department and Bureau of Labor Statistics.

Data provided for a registered nurse position. For a different employment forecast, visit the State of Oregon Employment Department.

2D. DESCRIBE THE SPECIFIC CURRICULAR, INSTRUCTIONAL, OR OTHER CHANGES MADE IN THE PREVIOUS FIVE YEARS.

## AAS- Nursing:

As previously mentioned, in order for new faculty to teach the program, a complete curriculum review was initiated in 2019 with updates to the existing CCOGS for NSG 110, 111, 112, 210, 211, 212, and 213

which may have included revisions to CLOs in addition to a complete listing for course content which had been left blank. Also, CCOGS were developed for the separate corequisite clinical/lab courses for each course mentioned above. CLOs and content including a complete listing of nursing skills and pharmacotherapeutics were identified in each CCOG.

Faculty developed all new student assessments/assignments along with robust rubrics to move beyond only offering publisher provided student assignments. Each didactic course now requires a professional paper in APA format including various other CLO aligned assignments.

A full integration of ATI resources was designed and implemented. Clinical evaluations were developed to assess student development of competencies during each clinical course and are assessed at midterm and at the end of each course. Students must demonstrate at least "progressing" on their professional and clinical competencies and associated benchmarks to successfully move forward in the program. Associated benchmarks under each competency are increased every term so students continue to grow and develop in their achievement of professional and clinical competencies.

Performance Improvement Plans (PIPs) were developed, implemented and used to communicate areas of concern to students in real time, if they develop. Clinical Contracts were developed for students who demonstrate serious concerns, whether that be attendance, safe clinical practice or breaches in professionalism, which provide a mechanism to call attention to areas of grave concern the student needs to remediate in order to successfully pass the term.

Additionally, the program adopted a Clinical Attendance and Performance Tool (CAPT) to communicate expected professional behaviors. Students accrue points for breaches in these areas and an accumulation of 9 points throughout the program disqualifies a student from progressing in the program (See <u>Appendix 7.A. -- Clinical Attendance & Participation Tool</u>, <u>Appendix 7.B. for the Performance Improvement Plan</u>, and <u>Appendix 7.C. Performance Improvement Plan Update</u>.

An exam bank has been developed and all new exams have been written taking into consideration Blooms levels of taxonomy, for level of difficulty, with a plan to have 50% of questions at application level or higher during first term and increasing the level of application or higher questions incrementally until 100% of questions are at this cognitive level. Faculty attempt to align their exams to the National Council of State Boards of Nursing Licensing Exam – RN (NCLEX) test plan for including a certain % of questions in each exam similar to how content is divided in the NCLEX.

The program placed high fidelity simulation on hold in 2019 until all faculty conducting simulations were informed of evidence based best practices in simulation and were able to adopt those standards. High fidelity simulations have resumed in 2021-22, incorporating at least one high fidelity simulation day per term for both cohorts.

Finally, the program has developed a procedure for group testing after the individual exam is completed, which is supported by the literature to improve deeper learning. Faculty offer a voluntary

exam review for students after the exam has been graded. Faculty also use data analytics on the exams after completion to gauge validity and appropriateness of questions and are able, per policy, to nullify up to 10% of questions if the discrimination index indicates the question was potentially inappropriate. In 2019-20 and 20-21, the faculty and program administrator engaged in a substantive curriculum revision reducing the program from 7 terms to 6 terms, adjusting clinical and didactic credit hours and revising content. All CCOGs CLOs, credits, and content were revised. Every term at the start of each course the faculty align planned student assessments to each CLO and establish desired metrics of student performance. At the end of every term, the achieved metrics are analyzed and faculty develop plans for any changes the next time the course is taught (see <u>Appendix 7.E.</u> for term CLO alignment and subsequent course planning).

## Nursing Assistant:

- CNA2 re-approval for two years 9/7/2021
- NA1 re-approval for two years 9/2/2021
- Change in director for CNA2 on 8/17/2021 to Allison Sansom, per new OSBN curriculum requirements
- CNA2 curriculum update approval on 7/30/2021 Education Program's revised curriculum for 8/1/2021
- NA1 approved 4/16/2021 and CNA2 approved for Education Program's updated curriculum for 8/1/2021
- Update curriculum and final to NA1 and 2 to meet OSBN regulations March of 2021.
- Updated CPR instructor certification 1/2021. Continue to teach CPR within the program.
- COVID clinical emergency plan until students can return to clinical sites. From clinical to lab simulation to replace clinical hours. 3/20/2020.
- Re-approval for NA1 and 2 for next two years on 10/2019.
- Marylin received CPR instructor status to save students money. CPR taught now within the program. 5/2019
- CNA2 offered synchronize training and new final exam on 8/4/2017.
- First time instructional delivery changed to synchronize training CA1 and final exam was completed in 6/15/2015

## 3. RESOURCES

3A. DESCRIBE FACULTY COMPOSITION, QUALIFICATIONS, AND PROFESSIONAL DEVELOPMENT.

## AAS-Nursing

Program Administrator: Allison Sansom, MSN ed., RN

FT Faculty:

Lindsey Mosely, MSN ad., RN Christie Murphy, MSN ed., RN

### **PT Faculty:**

Ginny Brollier, MSN ed., RN Margaret Carpenter, BSN, RN Terri Carlon, RN (Lake District Hospital– LDH)

### **Nursing Assistant:**

Marylin Culp, RN Terri Carlon, RN

### Simulation Tech/Program Assistant:

Michael West

## 3A.I. WHAT PERCENT OF FACULTY ARE FULL-TIME? PART-TIME?

### **AAS-Nursing**

50% of faculty are fulltime, paid by KCC. Teri Carlon is paid by LDH.

## Nursing Assistant:

100% of faculty (Culp) are full time, paid by KCC. Terri Carlon is paid by LDH.

**The Simulation Tech./Program Assistant (**who supports AAS-Nursing program, NA, courses and at times the simulation needs for CE contracts [AIR LINK] and EMT programs) is a 20 hour a week position.

## 3A.II. DESCRIBE FACULTY DEGREE ATTAINMENT. WHAT ARE THE MINIMUM DEGREE QUALIFICATIONS? WHAT PERCENT OF FACULTY EXCEED MINIMUM DEGREE QUALIFICATIONS?

#### AAS-Nursing

The Program Director has an MSN with an emphasis in education, and is an OSBN approved Nurse Administrator.

FT faculty have an MSN, with emphasis in education or administration and are OSBN approved Nurse Educators.

One PT faculty is MSN prepared with an emphasis in education and is an OSBN approved Nurse Educator.

One PT faculty is BSN prepared and is an OSBN approved Nurse Educator-associate.

One PT faculty is Associate degree prepared and is an OSBN approved by exception Nurse Educatorassociate. (Approvals by exception must be renewed by the OSBN annually and will only be granted with evidence of educational progress to the BSN level).

OSBN requires the following minimum education and experience for nursing (RN) programs: The Nurse Administrator shall:

- (A) Hold at least a master's degree in nursing with documentation of preparation and experience in curriculum and teaching in an academic nursing program. In addition, for baccalaureate degree nursing programs, the Nurse Administrator shall hold an earned doctorate degree; and,
- (B) Have the equivalent of a minimum of five years of full-time nursing experience to include:
  - (i) A minimum of two years must be in patient care at the registered nurse level; and,
  - (ii) A minimum of three of these years must be in a Nurse Educator or administrative position in an academic nursing education program.

Each Nurse Educator shall:

- (A) Hold at least a master's degree in nursing or a baccalaureate degree in nursing and master's or doctoral degree in a related field with relevant teaching and nursing experience related to the teaching assignment.
- (B) Have the equivalent of a minimum of three years of full-time patient care experience at the registered nurse level; and,
- (C) Document competency in teaching through experience, educational preparation, or continuing education.

Each Nurse Educator Associate shall: hold at least a baccalaureate degree in nursing with the equivalent of a minimum of two years of full-time patient care experience at the registered nurse level.

## **Nursing Assistant**

The FT faculty has an AAS-Nursing degree and RN license. The FT faculty member also serves as the NA program director, while program direction for CNA 2 was transferred to Allison Sansom due to new experience requirements by the OSBN.

The OSBN requires the following minimum education and experience:

## The education program director must:

Hold a current Oregon RN license;

- Have at least two years of RN nursing experience that includes at least one year of direct care; and
- 2) Have evidence of completion of a course on teaching adults, or one year of experience teaching adults:

- a. As faculty in a nursing education program;
- b. In a staff development role; or
- c. As a nurse administrator.
- 3) An applicant for program director whose RN license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.
- 4) Supervision of level-one nursing assistant education must be done by:
  - a. A program director who has at least one year of nursing experience in the provision of long-term care facility services; or
  - **b.** All primary instructors must have at least one year of nursing experience in the provision of long-term care facility services.
- 5) Supervision of level-two nursing assistant education must be done by:
  - a. A program director who has at least one year of nursing experience in an acute care facility; or
  - **b.** All primary instructors must have at least one year of nursing experience in an acute care facility.

The Simulation Tech./Program Assistant has a BS in Anatomy and Physiology.

## 3A.III. LIST THE SPECIFIC PROFESSIONAL DEVELOPMENT PROGRAM FACULTY ATTENDED INCLUDING BOTH ON-SITE AND OFF-SITE TRAININGS; HOW DID THE PROFESSIONAL DEVELOPMENT IMPACT INSTRUCTION, DESIGN, AND DELIVERY?

Professional development assists in maintaining clinical competency, team building (monthly meetings), best practices in teaching, and the ability to fully utilize the digital resources for students as well as the high-fidelity simulation equipment while implementing evidence-based best practices in simulation pedagogy.

Including the on-campus mandatory trainings not mentioned, the following faculty engaged in professional development as follows:

## LINDSEY MOSELY:

- 9/5/19 Introduction to Canvas training with David Edgell 1 hour
- 9/12/19 DocuCare Webinar with LWW 1.5 hour
- 9/2019 ATI Integration Webinar with ATI Integration Specialist on campus 1.5 hour
- 10/24/19 Respondus Lockdown Browser in-service with Edis Worden .5 hour
- 11/21/19 Nursing Department Meeting 1.5 hour
- 12/5/19 Met with Linda Williamson to review Advising requirements 1 hour
- April 4-8, 2020 ATI National Nurse Educator Summit Seattle, WA-canceled due to COVID
- 4/8/20 Read ATI Health Assess: Educator Implementation Guide (preparation for virtual clinical)
- 4/8/20 Viewed ATI Video: Online Clinical Plans-Faculty Orientation

- 4/15/20 Read Lippincott Course Point: vSim for Medical Surgical Nursing Instructor Implementation Guide
- 8/6/20 Nursing Department Meeting 1.5 hour
- 10/26/20 Nursing Department Meeting 1.5 hour
- 11/19/20 DEI committee event KCC: Conversations on Diversity Equity, Inclusion: 5 hours
- 12/14/20 Nursing Department Work Session 1.5 hour
- 2/8/21 Nursing Faculty Meeting 2 hours
- 2/12/21 TCEO COVID vaccine modules (through CDC):
- COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare (Web Based) 0.25 CNE
- Immunization: You Call the Shots-Module Ten-Storage and Handling 2021 (Web Based) 1 CNE
- You Call The Shots-Module Eighteen-Vaccine Administration (e-Learn) 1 CNE
- Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know (Web Based) 1 CNE
- 2/24/21 Viewed "20 Minute Mentor" Video: How Can Post-Exam Reviews Become a Powerful Teaching Strategy?
- 2/24/21 Viewed "20 Minute Mentor" Video: What Are Three Proven Ways to Manage My Online Discussion Board and Actively Engage Students?

## CHRISTIE MURPHY:

## July 9, 2020 9am -11 am: Center for Teaching and Learning

Met with Rochelle about designing my Canvas courses, navigation of Canvas LMS and institutional-specific requirements.

July 13-Aug 7th 2020 Crystal Clear Course Design Workshop: 2 hours per week x 4 weeks

Description: **Community College Instructors who teach online courses using the Canvas LMS.** If you like to learn through step-by-step, real tactical strategies, then this is the workshop for you. Yes, the strategies are backed by pedagogical theory and peer-reviewed studies. However, this workshop takes you beyond the "should do's" to show you the "how-tos". It breaks down the exact steps on how to design ALL of the following:

- Fully aligned course goals, assessments, and assignments.
- Course structure to guide students from one concept to the next.
- Built-in student engagement opportunities.
- Defined points of critical thinking.
- Built-in student motivation factors.
- Exact methods of communicating expectations.
- Build a clear Canvas LMS course.

July 21, 2020 1pm-3pm CoursePoint Webinar with LWW

July 29th 2020 12pm -1:30pm Docucare Webinar with LWW

July 30th, 2020 9am-10am V-Sim Webinar with LWW

August 6th, 2020 10am-12pm Nursing Department Meeting

September 2020: Read Teaching and Learning in a Concept-Based Nursing Curriculum by Donna Ignatavicius

October 3 2020: 20 Minute Mentor Topic: "What is the best teaching advice I ever received?"

October 5 2020: 20 Minute Monday Morning Mentor Topic: "How Can I spark Conversation in the classroom?"

October 26th, 2020 3pm- 4:30pm Nursing Department Meeting

October 27th, 2020 5:30-6:30 Nurse Advisory Meeting

```
November 5, 2020 GW 2020 SIMULATION CONFERENCE: 6.5 CEU
```

Disruptive Innovation: Simulation and Systems Integration

### GINNY BROLLIER:

٠	2/06/2019: KCC Nursing Adjunct Faculty Meetin	B	2 hours
•	04/2019: CPR Training	AHA	4 hours
٠	9/19/2019: KCC Nursing Faculty Meeting		2 hours
٠	10/13/2019: SLMC Skills Fair- Pain management	suicidal in-patients, Zoll	Checks, End Tidal Co2,
	workplace violence, cololast, gatric resifuals, res	traints, iSTAT/Coag	6 hours
٠	10/24/2019: KCC Nursing Faculty Meeting		2 hours
٠	11/20/2019: EMR Training	Plum Ridge	1 hour
٠	11/21/2019: KCC Nursing Faculty Meeting		2 hours
٠	12/05/2019: KCC Nursing Faculty Meeting		2 hours
٠	3/11/2020: KCC Nursing Faculty Meeting		2 hours
٠	07/27/2020: KCC Nursing Faculty Meetings		2 hours
٠	12/09/2020: EPIC Training	SLMC	2 hours
٠	12/09/2020: Skills Lab Training	SLMC	2 hours
٠	12/09/2020: Technology Availability at KCC	Dale Severns	1 hour
٠	12/14/202: KCC Nursing Faculty Meeting		2 hours
٠	12/23/2021: Connecting to Students Using Ice B	reakers20 Minute Mento	or 20 minutes
٠	12/28/2020: Docucare Instructor Resources	LWW Walters Kl	uwer Self Study
٠	2/1/2021: Are Nurse Faculty Prepared for Their	Role Mary Oermann	1 CEU
٠	2/8/2021: KCC Nursing Faculty Meeting		2 hours

### MARY MARGARET CARPENTER

- Identifying and Assessing Victims of Abuse and Neglect (PA) KnowledgeQ 0:05 02/18/2021
- RQI<sup>®</sup> Healthcare Provider 1 :00 02/18/2021
- HIPAA Compliance 01: Introduction 0:20 02/14/2021
- HIPAA Compliance 08: Security Rule Introduction
- HIPAA Compliance 09: Administrative, Physical and Technical Safeguards
- Moderate Sedation/Analgesia 20-786592
- RQI<sup>®</sup> Healthcare Provider PALS
- RQI<sup>®</sup> Healthcare Provider PALS
- Hand Hygiene (PA) KnowledgeQ
- HIPAA Compliance 03: Privacy Rule Introduction
- Intra-Arterial Hemodynamic Monitoring- 20-180977
- Preventing Slips, Trips, and Falis in the Workplace (PA) KnowledgeQ
- Transmission-Based Precautions: Airborne (PA) KnowledgeQ
- 2020 MAXAIR CAPR T&D 0:30 02/03/2021
- Hemodynamic Monitoring: Pulmonary Artery- 20-194850
- 2020 Blood Sampling From An Arterial Line ICU
- 020 Acknowledgement of reading the Center for Total Joint and Spine Care
- 2020 Federally Required Medicare, Affordable Care Act and Credible Coverage Notices For 2021 – HR
- 2020 Medication Parameters DNV
- 2020 Neuro Checks DNV
- 2020 New C-Diff Testing Protocol IC
- 2020 Summary Annual Reports for Benefit & Retirement Plans HR
- Stroke: Diagnosis 20-411735
- 2020 SLMC Skills Fair Restraints T&D 0 :05 10/06/2020
- ALS Mock Code
- National Sedation Center: Adult Moderate Sedation
- Sepsis and Septic Shock 20-550280
- Pacemaker Therapy 20-172736 1 :12 09/26/2020
- 2020 Irradiated Blood Education BB
- 2020 i-STAT Annual Assessment- Lab 0:15 09/25/2020
- 2020 Ketamine Infusion For Sedation Nursing Education Pharm
- Chest Tube Maintenance Critical Steps 20-627404
- Cultural Competence: Background and Benefits (PA) KnowledgeQ
- Cultural Competence: Providing Culturally Competent Care (PA) KnowledgeQ 0:45 09/25/2020
- Preceptors Promote Expert Practice 20-722682 1 :15 09/15/2020
- 2020 Medical RN Checklist FLEX 0:00 08/17/2020 \_
- 2020 PCU RN Checklist FLEX 0:00 08/17/2020
- SLMC Initial RN Checklist 6:00 08/17/2020
- RQI<sup>®</sup> Healthcare Provider ALS 1 :40 08/06/2020
- Diversity in the Workplace (PA) KnowledgeQ 0:06 07/03/2020
- Hazard Communication (PA) KnowledgeQ 0:41 06/29/2020
- RQI<sup>®</sup> Healthcare Provider PALS 1 :40 06/26/2020
- 2020 Covid-19 Nasopharyngeal Testing- QM 0:13 05/26/2020

- Influenza A/B Collection Checklist 0:05 05/26/2020
- 2020 Medela Invia Liberty Wound Care 0 :03 05/24/2020
- Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious Materials (PA) KnowledgeQ
- Fire Safety (PA) KnowledgeQ 0:06 04/11/2020
- Infection Control (PA) KnowledgeQ 0:05 04/11/2020
- 2020 Code Blue Response T&D 0:08 04/10/2020
- 2020 Ventilator 101 -T&D 0:05 04/10/2020
- Emergency Preparedness (PA) KnowledgeQ 0:52 04/10/2020
- 2020 BiPap 101 -T&D 0:02 04/03/2020
- 2020 Incentive Spirometry T&D 0:03 03/28/2020
- 2020 iStat Testing in the ED Update Lab 0:11 03/28/2020
- 2020 Donning and Doffing PAPR QM 0:07 03/27/2020
- 2020 Donning and Doffing PPE QM 0:05 03/27/2020
- 2020 Isolation Policy Updates T&D 0:10 03/27/2020
- 2020 Annual Competency Assessment for the Accu-Chek Inform II LAB 0:30 03/19/2020
- ETOH Withdrawal and Phenobarbital Protocol 0:30 03/19/2020
- 2020 Error Prevention Training PE 0:45 02/29/2020
- Corporate Compliance 01: Introduction 0:20 01/24/2020
- Corporate Compliance 02: Compliance Risk Areas 0:20 01/24/2020
- 2020 Blood Documentation T&D 0 :15 01/03/2020
- Customer Service (PA) KnowledgeQ 0 :05 01/03/2020
- Identifying and Assessing Victims of Abuse and Neglect (PA) KnowledgeQ 0:05 01/03/2020
- Latex Allergy (PA) KnowledgeQ 0:10 01/03/2020
- Hazard Communication KnowledgeQ 0:36 12/07/2019
- HIPAA Compliance 01: Introduction 0 :20 12/07/2019
- HIPAA Compliance 03 : Privacy Rule Introduction 0 :20 12/07/2019
- HIPAA Compliance 08: Security Rule Introduction 0:20 12/07/2019
- HIPAA Compliance 09: Administrative, Physical and Technical Safeguards 0:20 12/07/2019
- MRI Safety- KnowledgeQ 0:25 12/07/2019
- Personal Protective Equipment KnowledgeQ 0 :46 12/07/2019
- Phenobarbital use in ETOH withdrawal 0 :25 12/06/2019
- Hand Hygiene KnowledgeQ 0:42 12/05/2019
- Ergonomics KnowledgeQ 0:30 10/26/2019
- Informed Consent KnowledgeQ 0 :35 10/26/2019
- Storyboard for Inpatient 0:25 10/ 26/2019
- National Sedation Center: Foundational Knowledge Adult Minimal Sedation 1:10 10/25/2019
- Donor Human Milk 0:15 10/17/2019
- 2019 iSTAT Annual Assessment 0 :15 10/1 6/201 9
- ETCO2 Zoll Checklist 0 :05 10/16/2019
- Fall Skills Fair 2019 1 :00 10/16/2019
- Skills Fair Restraints 0 :05 10/16/2019
- 2019 Fall Skills Fair All Staff 0:00 09/27/2019
- 2019 Fall Skills Fair Inpatient RN's 0:00 09/27/2019
- 2019 Flu Vaccines 0:03 09/27/2019
- Gastric Residual Volume Guidlines 0:18 09/27/2019

#### Page **24** of **95**

- Standards for Capnography During ACLS ANCC 20-469019
- Medical Equipment Safety KnowledgeQ
- Suicide Risk Identification in the Hospital Setting 20-475484
- Transmission-Based Precautions: Airborne Knowledge
- Treatment Guidelines for Schizophrenia, Delirium and Psychosis
- Post-Traumatic Stress Disorder 20-411558
- Emergency Preparedness KnowledgeQ
- Active Shooter Response in Healthcare Settings KnowledgeQ 0:23 08/28/2019
- Cultural Competence: Providing Culturally Competent Care KnowledgeQ 0:40 08/28/2019
- Diabetes and Insulin Administration 0:35 08/28/2019
- Patient Rights KnowledgeQ 0:45 08/28/2019
- Nurse Preceptor Training SLMC 03/2020 4:00 07/24/2019
- Space Labs Training Class 2:00 07/24/2019
- Radiation Safety KnowledgeQ 0 :26 06/27/2019
- 2019 Oxygen Safety 0 :40
- General Safety KnowledgeQ 0:35
- Infection Control KnowledgeQ 0:30
- Spring 2019 Skills Fair
- Suicide Prevention in the Hospital Setting 20-475485
- Hypodermoclysis
- Purewick Checklist Spring Skills Fair 2019 0 :10 05/09/2019
- PAPR 3M Air-Mate 0:20 04/29/2019
- Advance Directives KnowledgeQ 0:48 04/11/2019
- Annual Competency Assessment for the Accu-Chek Inform II 0:30 04/11/2019
- BARD<sup>®</sup> PUREWICK<sup>®</sup> Female External Catheter 0:18 04/11/2019
- Electrical Safety- KnowledgeQ 0:28 04/11/2019
- Workplace Violence KnowledgeQ 0:35 04/11/2019
- Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious
- Materials KnowledgeQ
- Transmission-Based Precautions: Contact and Droplet KnowledgeQ 0:30 03/22/2019
- 2019 Computer Usage -Agreement of User Responsibilities 0:00 03/21/2019
- Back Safety KnowledgeQ 0:30 03/21/2019
- Diversity in the Workplace KnowledgeQ 0:27 03/21/2019
- End-of-Life Care KnowledgeQ 0 :48 03/21/2019

#### MARYLIN CULP

- Quarterly/monthly meetings depending on the timing.
- KCC online trainings from HR department.
- KCC Staff meeting varying with the year and class schedule
- KCC yearly Data Summit and Convocation.
- Quarterly NA/MA Director meeting with the Oregon State Board of Nursing
- OSBN starting June 2018 monthly meeting as CNA/CMA advisory group member
- Monthly staff meetings at Marquis Care at Plum Ridge
- Yearly Headmaster instructor training for state testing

#### Page 25 of 95

- CPR instructor certificate January 2019 and update 2021
- 2020 started online Friday ONA meeting
- 2019 Wellness member meeting monthly
- 2020 started on SEAM meeting monthly
- Mid fall 2021 Weekly working with CTL to redesign HEA 125
- Faculty Senate meeting as time allow with class schedule
- IT updates and training as scheduled
- CTL trainings as scheduled by department

## 3A.IV. ARE FACULTY COMPOSITION, QUALIFICATIONS, AND PROFESSIONAL DEVELOPMENT MEETING INSTRUCTIONAL NEEDS? IF NOT, DESCRIBE ANY PLANS THAT WILL ADDRESS THIS.

□Yes

□No

## $\boxtimes$ Somewhat

Currently we are meeting the instructional needs. The intent is to increase the faculty composition by 0.5 FTE to meet the needs of the PN students we plan to admit by fall 2022. Additionally, another 0.5-1.0 FTE faculty will be required for further refinement of the RN to BSN curriculum and to offer the RN to BSN program. Recruitment for faculty for the PN program is currently ongoing. Further, as cohort size increases and with local competition for clinical experiences the increased need for high fidelity simulation is likely. The OSBN has recently revised Division 21 and now requires, effective February 2022 for nursing programs to:

- a. Designate a nursing faculty member as simulation coordinator who is academically and experientially qualified. This individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.
- b. Define the roles of simulation coordinator and simulation faculty members.
- c. Have a written plan for orienting faculty to simulation.
- d. Ensure faculty involved in simulations have initial training in the use of simulation. Initial simulation training must include:
  - (A) Introduction to simulation-based learning experiences;
  - (B) Foundations of scenario design and curriculum integration;
  - (C) Introduction to pre-brief and debrief;
  - (D) Debriefing for clinical judgement; and,
  - (E) Introduction to assessment and evaluation of simulation-based education.

Therefore, it is recommended to provide 9 workload credits per 3 terms for a selected nurse educator to fill the role of the Simulation Coordinator, which may then require an increased need for adjunct faculty hours.

# 3B. DESCRIBE THE SPECIFIC FACILITIES, EQUIPMENT, AND MATERIALS USED BY THE PROGRAM.

The nursing program has 2 dedicated classroom/labs, ample storage areas for equipment, a high-fidelity simulation lab and simulation viewing room, 3 faculty offices, an office in the simulation lab for the simulation tech/program assistant, and an office for the Dean of Nursing, Health and Sciences.

The classroom/labs have 5 beds in each, with low fidelity mannequins. One of the classroom labs has Life Size equipment to broadcast to Lakeview (LDH). The simulation lab has a high-fidelity Sim Man and a high-fidelity Sim Mom. The simulation lab includes a computer, and a "simulated Pyxis" medication cart, and a computer for students to practice "real-life" documentation during simulation scenarios.

The program has equipment and supplies required by the OSBN for the nursing assistant program to practice in meeting the custodial care needs of patient (crutches, walkers, clothing, Ted hose, briefs, utensils, cups, urinals, etc.). The nursing lab contains 2 older versions of IV pumps. Durable medical equipment repairs and various disposal items used in labs and simulation scenarios, are paid for through course fees.

# 3B.I. ARE FACILITIES MEETING INSTRUCTIONAL NEEDS? IF NOT, DESCRIBE ANY PLANS THAT WILL ADDRESS THIS.

□Yes

□No

## ⊠Somewhat

Hiring an additional FT faculty member will require an additional office. We are currently recruiting for another faculty member.

# 3B.II. IS EQUIPMENT MEETING INSTRUCTIONAL NEEDS? IF NOT, DESCRIBE ANY PLANS THAT WILL ADDRESS THIS.

□Yes

□No

⊠Somewhat

The plan is to budget to replace the IV pumps, and procure a PCA pump in 22-23. Long range capital expenditures will need to be planned for replacement of Sim Man in the future.

3B.III. ARE INSTRUCTIONAL MATERIALS MEETING PROGRAM NEEDS? IF NOT, DESCRIBE ANY PLANS THAT WILL ADDRESS THIS.

□Yes □No ⊠Somewhat We need to replace the IV pumps with newer versions of the pumps used in our clinical facilities. We would also like a PCA pump and our Sim Man is nearing the end of his life cycle and will not be supported in the future, should he require repairs.

## 3C. DESCRIBE THE INSTRUCTIONAL SUPPORT SERVICES THE PROGRAM USES.

## 3C.I. REVIEW LRC HOLDINGS FOR RELEVANCY AND CURRENCY TO PROGRAM.

- KCC has a Learning Resource Center (LRC), which provide a wide range of information resources and services that meets the needs of faculty and students.
- The LRC provides access to more than 15,000 scholarly, peer reviewed journals and a large number of print holdings.
- Students may request materials from one of 77 SAGE libraries in southern and eastern Oregon.
- The LRC houses over 7,000 shelved books and videos, 15 periodicals, and 1 newspaper. Over 400 books and other resources have been purchased specifically to support the nursing program.
- The LRC further supports the program by offering access to industry specific databases including EBSCO, Health Source: Nursing/Academic Edition, CINAHL with Full Text, and MEDLINE.
- The LRC offers 24/7 tutoring for general education courses.
- The LRC evaluates their holdings, annually, inventories and weeds collection based on several criteria outlined in the procedure for general selection criteria.
- The LRC deselection process occurs as scheduled:

General Deselection Review Schedule

Library of Congress (LC) Classification	Frequency
Science and Medicine (Nursing)	Yearly
General works, Ag, Tech	Every Two Years
Law and Education	Every Three Years
All Other Classifications	Every Five Years

• The nursing department also holds a small reference library in a secure room, not easily accessible to students. Holdings are reviewed and purged as needed annually to eliminate any resource that is older than 5 years.

- Computers with WiFi and printer resources are available to students without cost throughout campus in common areas. The LRC maintains a computer lab that accommodates 24 users at once.
- The students pay for access to LWW Course Point and Assessment Technology, Inc. resources utilized throughout the program.

In 2019, 2020, and 2021 the new cohort of students were gifted the choice of lap tops or scholarship funds by a volunteer group in the community.

## 3C.II. REVIEW PROGRAM STUDENT USE OF TUTORING AND E-TUTORING.

Nursing students do not have availability of tutors for nursing courses. They tend to support each other and work with faculty when encountering challenging content. The labs are open when not in use for students to practice their skills. The college writing tutors are available for assistance with writing. A professional paper is assigned every term using APA style.

### 3C.III. REVIEW PROGRAM STUDENT USE OF TESTING SERVICES.

AAS-Nursing students use the Testing Center for every exam and every proctored assessment every term.

# 3C.IV. REVIEW OTHER INSTRUCTIONAL SUPPORT SERVICES (STUDENT CLUBS, ADVISING, TRIO, VETERANS SERVICES, ETC.) IF APPLICABLE.

In 2019 a Nursing Club (Alpha Gamma Nu Nursing Society, later changed to Klamath CC Nursing Club) was established for the AAS-Nursing students. Club activities were severely hampered and curtailed during the pandemic. At the start of the 2021 academic year, there were no students interested in engaging in a Nursing Club. Nursing students who qualify are eligible for TRIO and Veterans Services. For academic advising, nursing students are served by Student Services, Student Success Advisors. For students engaged in the AAS-Nursing or the HEA 100, or 113, there are no options for selecting courses outside of the prescribed curriculum.

## 3D. DESCRIBE TO WHAT DEGREE THE PROGRAM USES THE COLLEGE'S LEARNING MANAGEMENT SYSTEM (CANVAS) FOR ALL METHODS OF DELIVERY (FACE-TO-FACE, ONLINE, SYNCHRONOUS, HYBRID).

#### **AAS-Nursing**

100% of the courses in the AAS-nursing program are delivered using the Canvas LMS. Course and institutional syllabi, weekly modules, student assignment requirements with rubrics, grading/grade book, exams with utilization of the data analytics, the Canvas inbox and the discussion boards in the LMS are all utilized. With the exception of spring term 2020, all didactic, skills labs, and clinical experiences have been face-to-face delivery on campus and in clinical agencies throughout Lake and Klamath counties. In Spring term 2020, the clinical was delivered via synchronous, remote delivery but instructor Page **29** of **95** 

led, utilizing virtual patients. Summer term 2020 through fall term 2021, students were provided an option to attend didactic face to face or via Zoom. Zoom videos are uploaded into the weekly modules in the LMS for students who miss class. On occasion related to instructor quarantine requirements, some didactics have been delivered via Zoom in fall and winter term 2021 – 2022. The nursing courses are designed to be delivered face-to-face and the course design in the LMS is incompliance with face-to-face Canvas design requirements.

## Nursing Assistant:

As face-to-face courses, 100% of the HEA 100 and 113 didactic is delivered using the Canvas LMS for syllabi, schedules, assignments and grading. Tests are taken in the testing center. Labs are face-to-face for skills training, however schedules, assignments and grading are listed in Canvas.

## 4. EFFECTIVENESS

## 4A. STUDENT LEARNING OUTCOMES ASSESSMENT

ADV_REQ_CDE	Course	Number of assessments
HEA100	Nursing Assistant I	1
HEA100C	Nursing Assistant Clinical	1
NSG110	Foundations of Nursing Practice	2
NSG111	Health & Illness Concepts I	4
NSG112	Health & Illness Concepts II	1
NSG2101	Health & Illness Concepts III	4
NSG210C1	Health & Illness Concepts III	2
NSG211	Health & Illness Concepts IV	2
NSG212	Health & Illness Concepts V	6

4A.I. COURSE LEARNING OUTCOMES (CLO)

CLOs					
Course Code Term Year Instructor					
HEA 100C 01	WI2018	Culp, Marylin 529027			
<u>NSG 110 01</u>	FA2018	James, Lori 507971			
NSG 110 01	FA2020	Mosley, Lindsey 512395			

Plans and results were submitted for all Course Learning Outcomes.

4A.I.1 DESCRIBE EVIDENCE OF STUDENT PROFICIENCY IN CLOS. IF THERE IS NO EVIDENCE, DESCRIBE PLANS TO ADDRESS THIS.

## AAS- Nursing:

(See <u>Appendix 7.E.</u>) The nursing program engages in a more in-depth CLO assessment than the college requires. Evidence of course changes related to CLO assessment activities are thoroughly detailed in section 4C.i.2, based on both CLO assessment data and student feedback from the student course evaluations.

4A.I.2 DESCRIBE THE SPECIFIC PROCESS FOR ADVISORY COMMITTEES FOR REVIEWING COURSE CONTENT AND OUTCOMES GUIDES (CCOGS). IF THERE IS NO PROCESS, DESCRIBE PLANS TO ADDRESS THIS.

Advisory Committees are held every fall, winter, spring using a standardized template. Curriculum and associated CCOGs are reviewed on a regular basis. As previously described, the nursing faculty have engaged in a comprehensive curriculum review and substantive revision. The advisory committee was informed and involved throughout each step. As curriculum work progressed the Advisory Committee was made aware and feedback was solicited at each step.

Standardized Agenda template:

Meeting Call to Order

- I. Welcome and Introductions
- II. Approval of Agenda action
- III. Approval of (last meeting date) Minutes action
- IV. Student Success Initiatives: enrollment, graduation, completion, retention, employability
- V. Program updates (last quarter):

- VI. Curriculum (review CLOs/PLOs, ILOs, Employability SLOs/course/program changes, transfer, dual credit)
- VII. Student/Graduate/Employer Satisfaction Survey results:
- VIII. Facilities/Equipment/Technology/Materials Needs:
- IX. Employability: Work-based Learning (Capstone, internships, clinicals, Career Service Center (CSC) staff report). Labor market needs analysis.
- X. Action Plans: 5-year Program Review/Cost Margin Analysis
- XI. Strategic Plan
- XII. Staffing needs/professional development
- VII. Round Table Discussion
- VIII. Next meeting
- XIII. Adjournment

## Nursing Assistant:

Students successfully completing the HEA 100 series are required to pass an OSBN written and a skills exam to achieve state certification. Successful passing of the exams indicates the CLOS were achieved. Passing rates remain consistently above 85%.

## 4A.I.3 WHICH COURSES HAD LEARNING OUTCOMES REVISED/UPDATED AND WHY?

## AAS- Nursing - 100% of courses

NSG 110C, 111C, 112C, 210C, 211C, 212C, 213C: There were no CCOG documents for the clinical corequisite courses found in the CCOG format, as of July 2019, therefore, new CLOs were developed for these 4-5 credit courses and also subsequently revised and/or reorganized during the substantive curriculum revision.

NSG 110, 111, 112, 210, 211, and 213 courses: CLOs were updated and revised for the substantive curriculum revision. Originally, in 2015, the planned didactic curriculum was developed around planned virtual and face to face simulation scenarios. The simulations, as far as current staff and faculty can identify, were never implemented which left the curriculum without a framework or direction, with repetitive or at times missing relevant content and these courses were poorly aligned to the co-requisite clinical courses.

**Nursing Assistant:** HEA 100 and HEA 113 CLOS were revised to align with new OSBN regulations and language.

4A.I.4 IDENTIFY AND GIVE EXAMPLES OF CHANGES MADE IN INSTRUCTION THAT OCCURRED AS THE RESULT OF CLO ASSESSMENT. IF THIS HAS NOT OCCURRED, DESCRIBE PLANS TO ADDRESS THIS.

## AAS- Nursing

Development and revision of CLOs required the following changes to instruction: Pharmacologic and pathophysiologic content, which was absent, was deliberately planned to align throughout the curriculum with the selected and associated exemplars. Didactic content was planned to align with the co-requisite clinical courses. A detailed list of appropriate skills was developed and skills labs were planned to front load new skills at the start of each term. Skills lab now includes the requirement for students to re-demonstrate safe and accurate psychomotor achievement prior to the student being allowed to perform the skill on a live patient in a clinical setting. Pre-assignments (tickets to class/lab) were developed to assist the student in coming to class prepared to discuss content and participate in active learning strategies. A professional paper is assigned every term to foster evidence-based practice and research writing skill, and expand assessments beyond publisher provided assignments to document evidence of CLO achievement. Clinical assignments were created to develop the student's ability to, "Think like a Nurse", that is, to develop their clinical judgement and reasoning abilities. Clinical evaluation templates of the program's professional and clinical competencies were developed and implemented in every clinical co-requisite course to further document CLO achievement. The evaluations are designed to add expanding benchmarks to each competency to show progression of professional and clinical competencies throughout the program as the CLOSs indicate.

In addition to the college assessment, the nursing program engages in a more comprehensive CLO alignment and assessment process that more often indicates changes in instruction are needed. See <u>Appendix 7.E.</u> for these assessments with plans for change the next time the course is offered.

## Nursing Assistant:

HEA 100: No changes were made related to results as 100% of students consistently exceed the established goals. For ease of the student, they have been provided copies of the person-centered care if they were having difficulty completing due to computer issues. This has improved the student completion rate and interaction during lectures.

Plan: Continue to work with the CTL with alignment of needs by the OSBN – how the course is structured and how assignments dovetail with the CLOs, thus improving faculty understanding of the system of evaluation.

HEA 113: Increase preparation time for better organization and fluidity, since this course is taught infrequently.

```
4A.II PROGRAM LEARNING OUTCOMES (PLO)
```

## AAS-Nursing:

### Program Learning Outcomes Description

- Practice within the ethical, legal, and regulatory frameworks and scope of practice for registered nurses.
- Utilize critical thinking and information technology to plan and implement culturally appropriate patient care which is safe and holistic.
- Demonstrate therapeutic and professional communication skills with all members of the healthcare team including the patient/family to meet patient/family centered goals.
- Utilize a process of self-evaluation that fosters personal and professional growth and contributes to lifelong learning.
- Utilize evidence=based practices and quality improvement methods to facilitate delivery of safe and appropriate patient care.

PLOs					
Course Code	Term Year	Instructor	Course Code	Term Year	Instructor
<u>NSG 111 01</u>	WI2019	James, Lori 507971	NSG 210C 01	FA2017	Hickel, Cheryl 522836
<u>NSG 111 01</u>	WI2020	Mosley, Lindsey 512395	NSG 210C 01	FA2017	Hickel, Cheryl 522836
<u>NSG 111 01</u>	WI2021	Mosley, Lindsey 512395	NSG 210C 01	FA2020	Murphy, Christie 573965
NSG 111C 01	WI2019	Hickel, Cheryl 522836	NSG 212 01	SP2018	James, Lori 507971
<u>NSG 112 01</u>	SP2021	Murphy, Christie 573965	NSG 212 01	SP2019	James, Lori 507971
<u>NSG 210 01</u>	FA2017	James, Lori 507971	NSG 212 01	SP2020	Hickel, Cheryl 522836
<u>NSG 210 01</u>	FA2017	James, Lori 507971	NSG 212 01	SP2020	Hickel, Cheryl 522836
NSG 210 01	FA2018	James, Lori 507971	NSG 212C 01	SP2019	Hickel, Cheryl 522836
<u>NSG 210 01</u>	FA2019	Hickel, Cheryl 522836			

• Explain their role and responsibility in the larger system of healthcare.

Course Code Key					
	Has Result Submitted		Has Result Submitted		Has Plan And Result Submitted

4A.II.1 DESCRIBE EVIDENCE OF STUDENT PROFICIENCY IN PLOS. IF THERE IS NO EVIDENCE, DESCRIBE PLANS TO ADDRESS THIS.

#### **AAS-Nursing**

(See Appendix 7.E.) Every summer term, since summer 2020 when student records were available, the Program Director conducts an evaluation of educational effectiveness, with evidence of student achievement of PLOs. Various internal and external metrics are analyzed, including NCLEX pass rates, graduate and their employer satisfaction surveys, and selected metrics from student's assigned assessments (assignments) aligned with PLOs and standardized assessment (ATI) metrics also aligned with PLOs. The comprehensive evaluation has not indicated any deficiencies in student achievement of PLOs.

#### Nursing Assistant: Not applicable

4A.II.2 IDENTIFY AND GIVE EXAMPLES OF CHANGES MADE IN INSTRUCTION THAT OCCURRED AS THE RESULT OF PLO ASSESSMENT. IF THIS HAS NOT OCCURRED, DESCRIBE PLANS TO ADDRESS THIS.

#### **AAS- Nursing**

See previous comments on curriculum review and substantive curriculum revision with corresponding changes in CLOs, CCOGs, and associated changes to instruction.

There has not been an identified need to change the PLOs. In the 2021 review, deficiencies in identified metrics were corrected by launching the substantive curriculum change and by altering the process for student remediation procedures after a low score on the ATI standardized practice assessments. Early evaluation of the revised remediation procedure indicates improved scores on the proctored standardized assessments.

#### Nursing Assistant: Not applicable

#### **4B. STUDENT SUCCESS**

#### 4B.I. DESCRIBE ENROLLMENT TRENDS AND PLANS TO ADDRESS THEM.

#### **AAS-Nursing**

The nursing program is in the process of seeking OSBN approval to initiate a cohort of 8 Practical Nursing (LPN) students by fall 2022, with a plan to ultimately offer an LPN – RN bridge program to LPNs who are seeking further education and a RN license. While the need for RNs is recognized, community partners have been unable to recruit any LPNs since KCC closed the LPN program in 2015 to start the RN program. Available clinical sites in our service area restrict the number of students that can be admitted, and the OSBN has an arduous process of collaborating with other nursing programs in the surrounding areas to seek their approval to increase the nursing cohort size. OHSU at OIT had no concerns about KCC Page **35** of **95** 

initiating a cohort of LPN students. LPN students will not require the same clinical sites as RN students do and KCC's program shares RN clinical sites with OHSU at OIT nursing students. Without adequate clinical sites, students are unable to complete the required clinical time the curriculum requires. Moreover, the ability to recruit qualified nurse educators can also limit the number of students that can be served. Clinical experiences must be supervised by one qualified nurse educator (or educatorassociate) for every 8 students engaged in a clinical rotation at any given time.

The program is considering the possibility of increasing the AAS-Nursing cohort by another 8 RN students through the LPN to RN bridge, in the future, if clinical sites can be arranged and qualified nurse educators can be recruited for a total of 16 AAS-Nursing students in second year and 8 PN certificate seeking and 8 RN seeking students (total 16) in the first year.



Figure 1 - AAS-Nursing

## **Nursing Assistant**

Currently, the Nursing Assistant program has had declining enrollment for the past several years despite the high availability of jobs. The pandemic has contributed to the hesitation in students enrolling in programs that offer training for lower paying healthcare positions. The decline in enrollment also appears to align with the increase in differential tuition for combined format and lab courses. Moreover, the HEA courses are not transferable to many other academic programs and degrees, including the KCC AAS-Nursing degree. There are two colleges in Oregon offering AAS-nursing programs that do require completion of the NA course.

In 2020-21, the program provided customized work force training for Sky Lakes Medical Center and Lake District Hospital through the Community Education division of KCC with the health care agencies paying a negotiated flat rate through Community Education for each cohort of students. KCC is also working with local high schools and has been admitting a cohort of 10-20 high school students each year. Plum Ridge Nursing and Rehabilitation Center has also been offering this training to students at a much lower rate, if any, than the academic tuition rate, providing competition to recruit students to attend KCC's academic training program.

Moving forward, it appears the best fit for the nursing assistant program is more of a customized work force training for clinical agencies through the Community Education division at KCC, since the flat rate structure rather than differential tuition through the academic department paid by students, is more appealing to the healthcare agencies/students.

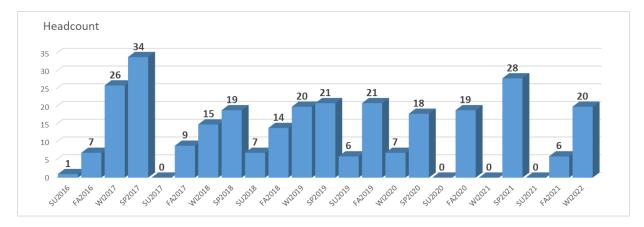
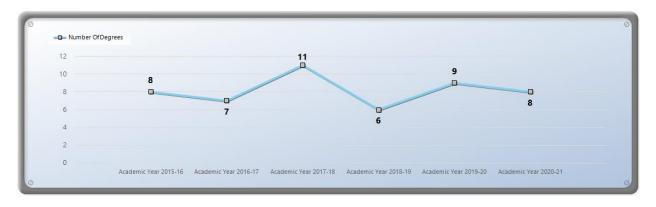


Figure 2 - Nursing Assistant

### 4B.II. DESCRIBE DEGREE AWARDED TRENDS AND PLANS TO ADDRESS THEM.

The graph below demonstrates on average, nursing students in the **AAS-Nursing degree** are retained and complete on time (2 years) or within 3 years. A cohort of 8 students is selected each year and a cohort of 8 graduates are anticipated each year.



# 4B.III. REVIEW TRANSFERABILITY OF PROGRAM.

# AAS-Nursing:

The AAS-Nursing degree is transferable to most, if not all colleges, offering a RN to BSN program, provided the student successfully passes the National Council State Boards of Nursing Licensing Exam – RN (NCLEX - RN). The pre-requisite requirements are aligned with 16 other nursing programs in the state (OHSU and their OCNE affiliate schools). The AAS-Nursing degree meets 100% of general education

credits, and the first 2 years of nursing credits for Linfield College. Linfield College also provides 30 credits of 300-400 level nursing credits for prior learning for RN licensure.

#### Nursing Assistant:

HEA 100 and 113 can be transferable to programs that require those courses (i.e. nursing schools who require NA completion) and may, at some institutions, satisfy health sciences general education credits, or be part of a Health Sciences "cluster" for an AGS with emphasis in Health Sciences degree. Generally, students taking HEA 100 or 113 are seeking this micro – credential only to seek rapid employment, or to receive "points" towards the competitive and selective AAS - nursing admissions process.

#### 4B.III.1 DESCRIBE TRANSFERABILITY FROM HIGH SCHOOL TO KCC TO OUS.

**AAS-** Nursing: Students are able to take dual credit or College Now for pre-requisite coursework. Credits for nursing courses are only available once a student is selected for the nursing program.

**Nursing Assistant**: Each year KCC hosts a cohort of 10-20 high school students from county and city schools. One of the high schools requires their students to take a Health Occupations I course prior to entry into KCC's Nursing Assistant course, and also give high school credit for Health Occupations II class (Nursing Assistant) at their high school, for completion of HEA 100.

# 4B.III.2 HAS THIS CHANGED OVER THE LAST FIVE YEARS? IF SO, WHY? WHAT ARE THE IMPACTS ON STUDENTS AND THE PROGRAM?

**Nursing Assistant:** In the last five years, KCC has developed the high school cohort, meeting once weekly, spread across three terms. Typically, the college level HEA 100 course is conducted 4-5 days a week with a completion programmed for one term.

#### 4C. STUDENT ENGAGEMENT AND SATISFACTION

#### 4C.I. COURSE EVALUATIONS DATA AND ANALYSIS

#### AAS-Nursing

In addition to course evaluations, graduates are sent a satisfaction survey since summer 2019. On a Likert scale from 1-5, the cohorts reported over-all satisfaction with the nursing program as follows:

2017-2019 cohort: 1.33

2018-2020 cohort: 3.75

2019-2021 cohort: Will be sent surveys 6 months post-graduation (February 2022)

A sample of first year and second year courses were analyzed from 2017-18 – current and were on average as follows:

YEAR	NSG 11	10,111,112	NSG 1	10C, 111cC 112C	NSG 21	0,211,212	NSG 21	LOC, 211C, 212C
	COURS	E /FACULTY	COUR	SE /FACULTY	COURS	E/FACULTY	COURS	E/FACULTY
2017-18	4.0	4.5	4.5	4.0	4.7	4.9	<mark>2.74</mark>	<mark>2.2</mark>
2018-19	<mark>3.7</mark>	<mark>3.2</mark>	4.8	4.0	<mark>3.82</mark>	4.0	<mark>3.13</mark>	2.37
2019-20	5.0	5.0	4.7	5.0	<mark>3.12</mark>	4.0	<mark>3.52</mark>	2.06
20-21	4.61	4.7	5.0	5.0	4.26	<mark>3.4</mark>	4.5	5.0
21-22	5.0	5.0	5.0	5.0	4.84	4.45	4.49	4.78

Random sample of course evaluations for instructor and course on a Likert scale of 1-5, separated by year of program and course vs instructor ratings.

### Nursing Assistant:

A review of the Course Evaluations completed by students in HEA 100 and HEA 113 over the past 5 years demonstrate consistent high marks, most often 4.8 - 5.0, with an occasional low mark of 4.5 for an item in the course. Comments most often are in regard to the outstanding job done by the faculty and the student's appreciation for her efforts. It is clear the students feel the faculty's vested interest in their success.

4C.I.1 DESCRIBE CHANGES MADE IN INSTRUCTIONAL METHODS BASED ON STUDENT COURSE EVALUATION DATA. IF THIS HAS NOT OCCURRED, DESCRIBE PLANS TO ADDRESS THIS.

# AAS- Nursing:

Ultimately, changes in faculty occurred as a result of past student course evaluations. There is a trend noted in lower student satisfaction and negative and concerning comments related to a particular past faculty member. In addition to changes in faculty and a dedicated administrative position for the Program Director, faculty engaged in a substantive curriculum revision, developed comprehensive syllabi, term schedules, began to use Canvas, populated the LMS with assignments at the start of the term for the entire term, improved over-all professionalism and rapport with students, added more active learning strategies, offered PowerPoint presentations with copies for note taking when appropriate, and have maximized utilization of the digital program/course resources.

Three text books have been added: 1. Dosage Calculations, 2. Concepts for Nursing Practice, 3. EKG Made Incredibly Easy (recommended), and 4. Transition to Professional Practice for the Capstone. These texts rounded out gaps the students identified with the digital resources provided.

#### Nursing Assistant:

Faculty is working on pacing of instruction, and encouraging more student interaction and input. Increased real world or current health issues related to areas of study have been incorporated. Group work has been implemented to increase student interactions during lecture.

4C.I.2 DESCRIBE CHANGES MADE TO THE COURSE BASED ON STUDENT COURSE EVALUATION DATA.

#### AAS-Nursing

See <u>7.E. Appendix</u> -- <u>Klamath Nursing Program Assessment of Educational Effectiveness</u> for "End of Term Assessment" data. The following changes have occurred related to student feedback and student achievement of desired CLO metrics:

# NSG 110/110C

**2019 Proposed Changes for the Next Time course is taught:** Grades for Well-elder and EBP assignments were very high. Review assignments and rubrics to assure assignment is robust enough and aligned with student learning outcomes to facilitate student learning. ATI modules and PrepU exams are "tickets to class" and required to be done prior to each class - anticipate any student who successfully completes the course will meet the established target.

Review and revise Course Outcomes as needed: Noted some content taught that is not inclusive on the current course outcomes, (i.e. pharm content in week 10).

**2019 Proposed Changes for the Next Term:** Review process for evaluating skills re-demonstration. Plan to assign evaluative points to **each step** in skill with increased focus on safety measures (patient identification, assessment of allergies); Explore minimum score requirement for passing skill redemonstration (77% as in alignment with written exams). Review process for remediation of skill redemonstration including requiring student to attend open lab time).

**2021 Proposed Changes for next term**: Will consider and evaluate appropriateness of increasing amount of clinical days next year as it seems we had more than ample time to complete necessary skills in the lab. It doesn't seem appropriate to ADD additional skills to NSG110C as the students need to first understand the rationale for various interventions (IV starts, etc.) before introducing them. However, I do think that we can get through skills lab content in fewer lab sessions and introduce the students to the clinical setting/direct patient care a bit sooner in the term.

# NSG 111/111C:

**W 2020 Proposed Changes for the Next Time course is taught:** Students consistently demonstrated competency with regard to clinical concept maps. May not need to assign as many in subsequent terms. Consider changing requirements next term so that students must complete 2-3 concept maps that at

least "meet minimum requirements" to satisfy course requirement as opposed to weekly concept maps throughout term.

**W 21 Proposed Changes for the Next Term:** For next year, move ATI Nutrition exam to week 8, Consider the feasibility of content addition (nutrition) to NSG110

# NSG 112/112C:

#### W 21 Proposed Changes for the Next Time course is taught:

Based on student comments, will review exams and lecture content to ensure these are well aligned. Also plan to update the lesson level learning outcomes to include application, evaluation and creation, ensuring an increasing level of complexity in student learning.

### W 21 Proposed Changes for the Next Time course is taught:

Provide the students with an opportunity to provide self-evaluation reflections for Mid-Term and Final Clinical evaluations. Nursing literature points to student empowerment and enhanced learning when students utilize self-assessments. Reference: doi: 10.1097/NNE.000000000000789

#### NSG 210/210C

### 2021 Proposed Changes for the Next Time course is taught:

Moving forward, will include a beginning of the term pre-conference regarding where, when, and what to chart in Epic. Also, considering creating a small laminated card for students to put behind their name badge that includes this information.

#### NSG 211/211C

**W 21 Proposed Changes for the Next Time course is taught:** Plan to have EKG test closer to the beginning of the term to allow for students who may need to retake the test if they do not pass on their first attempt.

#### W 21 Proposed Changes for the Next Time course is taught:

- 1. Incorporate APA formatting expectations in the first several weeks of lecture.
- 2. Be sure to explicitly place reading quizzes on the calendar in syllabus.

#### NSG 212/212C

**SP 21 Proposed Changes for the Next Term:** Will work closely with adjunct(s) to ensure all clinical instructors have similar and clear expectations. It should be noted that students will have some responsibility in learning to be adaptable and working with individual differences as this lends itself to professional development and collaboration.

**SP 21 Proposed Changes for the Next Term:** Due to relatively consistent feedback from students regarding digital resources, we are implementing an additional "training" session for students PRIOR to program start in order to help facilitate better understanding and use of digital resources.

### Nursing Assistant:

The text and workbook have been changed. All PowerPoints have been updated with voice over added to the slides so students can review the information independently a second time, if needed. CTL provided assistance in course design to better accommodate the accessibility needs of students.

# 4C.I.2 DESCRIBE CHANGES MADE TO THE COURSE BASED ON STUDENT COURSE EVALUATION DATA.

# Sample from NSG 110 and 210

### Faculty complete these assessments on every nursing course at end of term.

#### Course: NSG 110C **Course Leader: Mosley/Brollier** Term/Year: F 19 **Course Learning Outcomes:** 1. Describe standards and regulations that apply to nursing practice. 2. Describe importance of identifying patient safety issues. 3. Describe roles and values of nursing and members of the health care team. 4. Describe the different types and characteristics of communication in professional nursing practice. 5. Define personal values, beliefs, and attitudes about health and wellness. 6. Examine integrating evidence-based practice with diverse patients' values. Assignments & Related **Target Class** Actual Class **Action Plan/Comments** Assessments CLO # Outcomes Outcome 1,2,4,6 80% of students will 7/8 (87.5%) of None at this timesuccessfully restudents met continue to monitor Skills re-demo demonstrate target assigned skills on first attempt 90% of students will 8/8 (100%) of None at this time-1,2,3,4,5,6 complete 90% of students met continue to monitor ATI skills modules assigned modules target on time

#### **Course Evaluation Summary – End of Term**

Math competency practices quizzes	1,2	80% of students will score 80% or higher on the math competency practice quizzes	7/8 (87.5%) of students met the target	None at this time- continue to monitor	
Skills Final	1,2,3,6	80% of students will score 80% <i>or higher</i> on the final skills exam	7/8 (87.5%) of students met the target	None at this time- continue to monitor	
		Course Revie	w		
Additional Changes		Jpdates/Changes: see I	Delow		
Administrative/Other Factors Resulting in Course Changes:					
	<b>Student Concerns:</b> Assign ATI tutorials in better alignment with course content (example: dosage calculation modules were assigned later in the term than content was covered in class); review all modules assigned to ensure proper alignment with course content.				
calculation modules	s were assigned	l later in the term than	content was covere		

# Course Evaluation Summary – End of Term

Course: NSG 110		Course Leader: Sansom/Mosley	Term/Year: F 19		
Course Learning Outcomes:					
1. Describe standards and regulations that apply to nursing practice.					
<ol> <li>Describe standards and regulations that apply to having practice.</li> <li>Describe importance of identifying patient safety issues.</li> </ol>					

- 3. Describe roles and values of nursing and members of the health care team.
- 4. Describe the different types and characteristics of communication in professional nursing practice.
- 5. Define personal values, beliefs, and attitudes about health and wellness.
- 6. Examine integrating evidence-based practice with diverse patients' values

Assignments & Assessments	Related CLO #	Target Class Outcomes	Actual Class Outcome	Action Plan/Comments
Exams	1, 2, 3, 4, 5, 6	75% of students will score an individual cumulative score of 80% on exams	6/8 (75%) of students met the target	None at this time – continue to monitor
EBP assignment	6	75% of students will score 80% based on established rubric	8/8 (100%) of students met the target	None at this time – continue to monitor
Well elder Assignment	3, 4, 5	75% of students will achieve a score of 80% or higher based on established rubric	8/8 (100%) of students met the target	None at this time – continue to monitor
PrepU adaptive quizzes	1, 2, 3, 4, 5, 6	75% of students will achieve the established mastery level (3-4) on 80% of the quizzes	8/8 (100%) of students met this target	None at this time – continue to monitor
ATI modules	1, 2, 3, 4, 5,	87.5% of students will complete 90% of assigned modules.	8/8 (100%) of students met this target	None at this time – continue to monitor
		Course Revi		
Planned & Implem Additional Changes		Updates/Changes: No	ne – see below	

Administrative/Other Factors Resulting in Course Changes: First time these faculty taught this course with this structure.

#### Student Concerns: None communicated at end of term student course evaluations

**Proposed Changes for the Next Time course is taught:** Grades for Well-elder and EBP assignments were very high. Review assignments and rubrics to assure assignment is robust enough and aligned with student learning outcomes to facilitate student learning. ATI modules and PrepU exams are "tickets to class" and required to be done prior to each class- anticipate any student who successfully completes the course will meet the established target.

Review and revise Course Outcomes as needed: Noted some content taught that is not inclusive on the current course outcomes, (i.e. pharm content in week 10)

#### **Course Evaluation Summary – End of Term**

Course:	NSG 110C		Course Leader: Mos	ley/Brollier	Term/Year: F 21
Course l	earning Ou	tcomes:			
1.	Demonstra	te therapeuti	c communication skil	ls in a variety of sett	tings.
2.	Utilize the o	concepts pres	ented in NSG 110 in	the application of ca	are of the patient.
3.	Demonstra	te the princip	les of safety during t	he implementation (	of nursing skills.
4.	Demonstra	te the newly l	earned skills in patie	nt-based scenarios a	and patient care.
					interpret health data
			• • • •		l experiences and on
	0	•	luence on personal a		•
			I	1	
			1		
Assign	iments &	Related	Target Class	Actual Class	Action
-	iments & ssments	Related CLO #	Target Class Outcomes	Actual Class Outcome	
-			-		Action
Asses	ssments	CLO #	Outcomes 75 % of students will successfully re-	Outcome Outcome met. 8/8 (100%) of students	Action
Asses	ssments	CLO #	Outcomes 75 % of students will successfully re- demonstrate 80%	Outcome met. 8/8 (100%) of students successfully re-	Action
Asses	ssments	CLO #	Outcomes 75 % of students will successfully re-	Outcome Outcome met. 8/8 (100%) of students	Action

	<u> </u>	Course Povie		
Clinical Competency Evaluation (END OF TERM)	1,2,3,4,5,6	100% of students will "meet competency" in all clinical benchmark areas by the end of the term	Outcome met. 100% of students (8/8) met competency in all areas by end of term	
Clinical competency evaluation (MID- TERM)	1,2,3,4,5,6	87.5% of students will be at least "progressing" in all clinical competencies by mid-term	Outcome met. 100% of students were, at minimum, "progressing" in all areas by mid- term	
Math Competency Exam	2,3,4	75% of students will achieve a score of 85% or higher on their first math competency exam attempt	Outcome met. 8/8 (100%) of students achieved 85% or higher on first attempt at math competency exam	
Assignments (pre- assignments, journals, clinical assignments, docucare)	1,2,3,4,5,6	75% of students will complete 90% of all assignments by planned due date	Outcome met. 100% (8/8) students completed 90% of all assignments by stated due date	

# **Course Review**

Planned & Implemented Course Updates/Changes: This course has undergone some recent revision as we moved from a 7 to 6-term curriculum. Lab/clinical hours increased from 132 to 150 hours.

Additional Changes: Clinical evaluation tool has been revised to allow for more specificity in feedback and identification of areas where students may need prompting. New evaluation tool includes mid and end-of-term "rating" system that aligns with specific descriptions of the LEVEL of instructor prompting/guidance needed in specific areas. This should allow for a more succinct and student-specific evaluation at both middle and end of term and allows faculty to easily identify and communicate the areas where a student may be struggling (or where they are exceling).

#### Administrative/Other Factors Resulting in Course Changes:

#### Student Concerns

End of term course evaluation comment from student: "I think this was a great intro to nursing and we learned a TON. I do feel like we could have learned a little more in the class room as far as lab goes. I know we need to stick to the course outline but, and it might just be this group I feel like we got through all of our stuff extremely fast and did a really good job with it."

**Proposed Changes for the Next Term:** Will consider and evaluate appropriateness of increasing amount of clinical days next year as it seems we had more than ample time to complete necessary skills in the lab. It doesn't seem appropriate to ADD additional skills to NSG110C as the students need to first understand the rationale for various interventions (IV starts, etc.) before introducing them. However, I do think that we can get through skills lab content in fewer lab sessions and introduce the students to the clinical setting/direct patient care a bit sooner in the term.

# **Course Evaluation Summary – End Of Term**

Course: NSG 210C Course Leader: Christie Murphy,	Term/Year:
MSN, RN	Fall/2021

# **Course Learning Outcomes:**

Upon successful completion of this course, students will be able to:

- 1. Conduct a culturally and age appropriate health assessment and interpret health data focusing on physiologic, developmental, and behavioral parameters of the disease trajectory, normal childbirth, and acute exacerbations of chronic conditions and their resolution.
- 2. Apply evidence-based nursing practices in support of client and family in self-healthcare management across the life span.
- 3. Develop plans of care that are patient-centered, and developmentally and culturally appropriate using evidence such as clinical practice guidelines and integrative literature reviews, and evaluate effectiveness of plan of care.
- 4. Provide safe and effective, developmentally and culturally responsive care to patients with chronic and acute illnesses (or antepartum/postpartum) including:
  - 1. Safely and effectively assisting clients with ADLs and IADLs

- 2. Identifying and providing for comfort needs (emotional and physical)
- 3. Teaching clients/families about interventions for self-management of symptoms/health related concerns
- 4. Select nursing skills within current level of knowledge and ability.
- 5. Articulate the status of the patient and patient care via appropriate charting assessment and intervention and effective SBAR communication.
- 6. Recognize importance and relevance of reflection on clinical experiences and on competencies and its influence on personal and professional behavior.

Assignments & Assessments	Related CLO #	Target Class Outcomes	Actual Class Outcome	Action Plan/Comments
Medication Dosage Calculation Exam	4	87.5% of students will achieve 85% or higher on their first attempt.	87.5% of students achieved an 85% or higher on their first attempt.	Will continue to utilize the ATI medication dosage calculation exams, tutorials and practice tests. Will continue to require students achieve at least a 95% on the pre-test before being able to sit for the proctored assessment.
Reflective Journal	6	87.5% of students will complete all reflective journal entries without the need for resubmission.	100 % of students completed all reflective journal entries without the need for resubmission	Continue to utilize this assessment to measure course learning objective 6.
Clinical Care Plan	1,2,3,4,5	75% of students will achieve a "meets or exceeds" expectation on their first attempt.	100% of student achieved a "meets/exceeds" expectation on their first attempt	Continue to utilize this assessment to measure course learning objectives 1 – 5.
Clinical Worksheets	1,2,3,4,5 & 6	75% of students will complete all Clinical Worksheets	100% of students completed all clinical worksheets	Continue to utilize this assessment to measure course

	without the need for resubmission	without the need for resubmission	learning objectives 1-6
1,2,3,4,5	75% of students will achieve a 77% or greater on their first attempt.	100% of students achieved a 77% or better on their first attempt	Continue to utilize this assessment to measure course learning objectives /-5
1,2,4	75% of students will successfully complete their skills lab demonstrations without the need for remediation.	100% of students were able to complete skills lab demonstrations without the need for remediation.	Continue to utilize this assessment to measure course learning objectives 1, 2 &4
1,2,3,4,5 &6	87.5% of students will achieve at least a Progressing in competency for their overall Mid- Term clinical evaluation.	100 % of students were at least progressing in competency for their Mid-Term clinical evaluation.	Continue to utilize this assessment to measure course learning objectives 1-6
1,2,3,4,5&6	87.5% of students will achieve a meets competency for their overall Final Clinical Evaluation.	100% of students met competency for their overall Final Clinical Evaluation	Continue to utilize this assessment to measure course learning objectives 1-6
	1,2,4 1,2,3,4,5 &6	for resubmission1,2,3,4,575% of students will achieve a 77% or greater on their first attempt.1,2,475% of students will successfully complete their skills lab demonstrations without the need for remediation.1,2,3,4,5 &687.5% of students will achieve at least a Progressing in competency for their overall Mid- Term clinical evaluation.1,2,3,4,5 &687.5% of students will achieve at least a Progressing in competency for their overall Mid- Term clinical evaluation.1,2,3,4,5 &687.5% of students will achieve at least a Progressing in competency for their overall Mid- Term clinical evaluation.1,2,3,4,5 &687.5% of students will achieve a meets competency for their overall Final Clinical Evaluation.	for resubmissionfor resubmission1,2,3,4,5for resubmission1,2,3,4,575% of students will achieve a 77% or greater on their first attempt.100% of students achieved a 77% or better on their first attempt1,2,475% of students will successfully complete their skills lab demonstrations without the need for remediation.100% of students were able to complete skills lab demonstrations without the need for remediation.1,2,3,4,5 &687.5% of students will achieve at least a Progressing in competency for their overall Mid- Term clinical evaluation.100% of students were at least progressing in competency for their overall Mid- Term clinical evaluation.1,2,3,4,5&687.5% of students will achieve a heir overall Mid- Term clinical evaluation.100% of students met competency for their overall Final Clinical Evaluation

# **Course Review**

# Planned & Implemented Course Updates/Changes:

Implemented changes to this course for fall term included: having most of the clinical paperwork due the day after the clinical experience, and not allowing students to work on their clinical paperwork during clinical hour. This worked well to increase the amount of time students spent in the room with the patient.

# Additional Changes:

# Administrative/Other Factors Resulting in Course Changes:

### **Student Concerns**

From NSG 210C course evaluation:

"I would have liked to have some more guidance/assistance with learning how and when to chart certain things in Epic specifically, such as assessments. "

# **Proposed Changes for the Next Time course is taught:**

Moving forward, will include a beginning of the term pre-conference regarding where, when, and what to chart in Epic. Also, considering creating a small laminated card for students to put behind their name badge that includes this information.

# 4C.II JOB PLACEMENT DATA AND ANALYSIS (IF AVAILABLE)

#### AAS-Nursing

Job placement has been tracked since summer 2019.

Graduates who have attained a job in their field of study within 6 months:

2017-2019 = 6/6 = 100%

2018-2020 = 9/9 = 100%

2019-21 data, currently 6/8: one has not yet taken NCLEX, one will engage in 2<sup>nd</sup> attempt at the NCLEX in next 30 days.

Since 2019 KCC AAS-Nursing graduates have accepted initial positions as follows:

#### Job placement running total (beginning with the 2017-19 cohort)

- Sky Lake Medical Center = 9
- Hospice (local) = 3
- Medford (Asante) = 1
- Vancouver, WA = 1
- Lakeview District Hospital = 3
- Plum Ridge = 1
- Pelican Pointe = 1
- St. Charles (Bend) = 1

• Yakima Memorial = 1

#### Nursing Assistant:

For June 2016 to May 2021:

- Unknown = 51 (23%)
- Family = 1 (0.4%)
- Assisted Living = 1 (0.4%)
- College Transfer = 48 (22%)
- Not complete / pass or dropped = 25
- Doctor's office = 1 (0.4%)
- Fred Meyer = 1 (0.4%)
- HHA = 3 (0.13%)
- Hospices = 2 (0.9%)
- High school = 1 (0.4%)
- LDH LTC = 15 (7%)
- Plum = 42 (19%)
- Sky Lakes Medical Center = 27 (12%)
- NA for church = 1 (0.4%)

Total = 218

11 to AAS-Nursing program, 6 received AAS-Nursing degree at KCC.

Spring 2021:

had 5 students and one works in Long Term Care (20%), 80% unknown

14 high school completed all went on to school Unknown

Lakeview cohort: 1 went on to education and all got job at the LTC.

Two are now working at LDH., one did not complete.

Spring 2021 HEA 113: all 6 still work at Sky Lakes Medical Center 100%

#### 5. BUDGET

5A. PROVIDE FIVE-YEAR COST MARGIN DATA AND ANALYSIS.

Combined:

Academic Year	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20	AY 2020-21
Tuition	\$ 81,003.00	\$ 118,951.50	\$ 126,727.50	\$ 128,231.00	\$ 147,651.00
Enrollment	280	244	295	205	213
Cost In Progress	\$ 374,634.23	\$ 351,069.98	\$ 283,423.21	\$ 301,002.99	\$ 317,234.04
Margin In Progress	\$ (293,631.23)	\$ (232,118.48)	\$ (156,695.71)	\$ (172,771.99)	\$ (169,583.04)
FTE	32.96	33.79	38.22	33.67	33.67

#### AAS- Nursing:

Academic Year	AY 2019-20	AY 2020-21
Tuition	\$113,106.00	\$138,381.00
Enrollment	126	146
Cost In Progress	\$195,746.95	\$211,397.58
Margin In Progress	\$ (82,640.95)	\$ (73,016.58)
FTE	25.02	26.53

#### Nursing Assistant:

<b>U</b>		
Academic Year	AY 2019-20	AY 2020-21
Tuition	\$ 15,125.00	\$ 9,270.00
Enrollment	79	67
Cost In Progress	\$105,256.04	\$105,836.46
Margin In Progress	\$ (90,131.04)	\$ (96,566.46)
FTE	8.65	7.14

**AAS-Nursing**: While not part of the CMA analysis, it should be noted that KCC AAS-Nursing program receives an offset of, at minimum, \$75,000 annually from LDH to sustain the program. Additionally, LDH contributes a portion of the Program Administrator's salary and provides a clinical instructor at LDH, free of cost.

# 5B. SUMMARIZE PREVIOUS ANNUAL PROGRAM VIABILITY STUDY RESULTS AND EXPLAIN HOW CHANGES IMPACTED STUDENT LEARNING OUTCOME PROFICIENCY. IF THIS HAS NOT OCCURRED, DESCRIBE PLANS TO ADDRESS THIS.

The **AAS-Nursing** viability lies not within the CMA, but in the nearly 100% job placement within 6 months of completion, the prosperity the graduates enjoy and their reinvestment mostly in our local economy, and the high demand for program entrance; on average 50+ applicants apply each year. Adding the PN exit option and an additional 8 students will allow for economy of scale. Further, developing a RN to BSN program to be delivered online will also enhance the over-all sustainability of the nursing program. No changes in student learning outcome proficiency are anticipated.

Both the **AAS-Nursing** program and **Nursing Assistant** courses fill a vital and valuable need in our community to provide front line essential care providers. An absence of adequate care providers has far reaching consequences for the community.

# 5C. EXPLAIN ANY BUDGETARY CHALLENGES AND ANY PLANS TO ADDRESS THEM.

The main budgetary challenge is the expense to run these programs. No nursing program pays for itself. The OSBN has standards that only allow for a faculty to student ratio of 1:8 for nursing clinicals and 1:10 for nursing assistant clinicals. For every 8 students admitted, another faculty member must be recruited. Qualified Nurse Educators need both a Master's degree, prior nursing experience, an unencumbered nursing license, and are generally not compensated at the lowest end of the pay scale. These nurses generally leave acute care practice/management positions and take, on average, a \$40,000 pay cut to join our ranks. Nurses such as this are few and far between and have a spirit of "giving back" to the nursing profession through teaching.

Adding additional students (LPN and RN), does offer some economy of scale as we can recruit PT faculty to manage their clinical time while they join the other students in the didactic portion of the program taught by FT faculty. Development of an online RN to BSN will also provide for enhanced financial sustainability.

Maintaining positive relations and continuing to serve the needs of Lake Health District is essential to continue to receive financial and staffing support from them, and efforts are underway with SLMC to develop a similar partnership. All disposal supplies and some durable medical equipment repairs are covered by student course fees.

Nursing student course fees are among the highest of any program (after Aviation), and a differential tuition for lab and clinical time offers a better but still negative CMA. Nursing students pay approximately \$22,720 for their two years of nursing school. This is not inclusive of their prerequisite work. Both programs generate robust FTE.

The nursing programs are generally under budget in most areas and have been very mindful to eliminate any unnecessary spending, avoid any planned lower faculty: student ratios, and try diligently to maintain budgetary compliance.

# 6. CONCLUSION

# 6A. DESCRIBE PROGRAM STRENGTHS.

The **AAS- Nursing** and **Nursing Assistant** program strengths lie in the dedicated, hard-working, and qualified faculty with a dedicated administrative position for the Program Administrator, who came to KCC with prior experience in that role. This format seems to work more effectively than a faculty member filling the role of AAS-Nursing Program Administrator.

The nursing faculty can often be found on campus after hours and on the weekends in order to deliver up to date, current, evidence-based instruction. Their extra curriculum work as outlined in this report since 2019 is remarkable as is their attention to student achievement of metrics every term with adjustments to delivery, modality, and other considerations based on student feedback and achievements, or lack of achievement.

The high quality of the AAS- Nursing program was recognized by the OSBN Education Consultant by awarding the full 8-year approval with multiple commendations. The high quality of the Nursing Assistant courses are also recognized by the Board of Nursing during their every other year on-site evaluation and continued reapproval.

#### 6B. DESCRIBE PROGRAM WEAKNESSES.

Prior to summer 2019, in the **AAS-Nursing** program, there were many elements to a comprehensive and organized nursing program absent. No identifiable work had been accomplished to address the 16 areas of recommendations from the first OSBN approval visit in 2016. Launching a new nursing program and fine tuning the curriculum is incredibly complicated and difficult to successfully achieve without a dedicated administrative position to oversee and assist in the work. These areas have now all been addressed and remediated as demonstrated in the OSBN re-approval visit in 2021.

Moving forward, costs of offering an **AAS-Nursing** program and **Nursing Assistant** courses to meet the community need are always a concerning consideration. Nursing programs/courses are expensive to operate due to regulated faculty to student ratios. Recruiting qualified faculty is also a difficult hurdle. Since 2019, there have been 4 job postings – each time, only one qualified applicant applied. The first posting resulted in a failed search, we were fortunate the two subsequent applicants we hired are such high quality, and currently the open posted position has no applicants after 4 weeks of recruitment.

Retaining qualified faculty is also a challenge with the current pay structure for faculty with the knowledge that these highly educated and qualified nurses are also in high demand for much higher compensated positions outside of academia. The amount of work required to maintain excellence, as measured by high NCLEX and Headmaster (NA testing company) passing standards weighs heavily on nursing faculty who by nature of their position are often on campus in excess of 40 hours a week. While KCC maintains one of the highest work load credit models for clinical student contact time (0.85) in the state, this method of valuing the faculty work in the clinical setting is disheartening to faculty. While most of us are still in bed, the nursing faculty arrive at the clinical setting at 5:00 am in advance of students to review, select and assign patients, to students, spend up to 8 hours with students, safely supervising the provision of care for 8 or more acutely ill patients, in multiple departments across the hospital, then stay well after the students leave to validate their documentation, and, on occasion, then return to campus for afternoon meetings.

FT faculty are compensated 0.85% of 8 hours of student contact time only. It should be noted that unlike most general education labs, nursing labs and clinicals are planned to include pre-assignments and post assignments that also require additional faculty time to review, provide comment and grade. There is as much, if not more, preparation, real time student assessment and clinical expertise in various clinical presentations, from birth to death, required for skills labs and clinical rotations, as there is for didactic courses.

#### 6C. DESCRIBE SUPPORT NEEDED.

The recognition that the pay structure for nursing faculty is at times inadequate to retain high quality nurse educators for the **AAS-Nursing** program is important so that consideration be given to the compensation model. Adequate numbers of nurse educators are integral to the ability of KCC to grow the nursing program. Additional nurse educators will need to be recruited for the RN to BSN program to

refine curriculum and launch the program as well as an increase in faculty for every additional 8 students admitted.

Support and involvement from other academic disciplines and Student Services will be required to realize the RN to BSN program. Other disciplines will need to be involved as 300-400 level non-nursing courses will be a part of the BSN degree.

Continued effort to establish supportive partnerships with additional large, financially solvent healthcare agencies in our community is necessary to off-set the negative CMA and over-all cost of delivering nursing education and will be necessary for sustainability.

Classroom availability will also be a concern if the AAS-nursing program can realize a total cohort size of 16-24 students between the AAS-Nursing, PN certificate and LPN to RN bridge program.

# 6D. CREATE NEW GOALS AND LINK THEM TO THE STRATEGIC PLAN.

# Access, Prosperity, Community, Excellence

- Launch PN program by fall 2022, add an additional 8 students to the AAS-nursing program with PN certificate option after 3 terms for every student, including Lakeview residents: Access, Prosperity, Community, Excellence.
- Appoint and make provisions for training a dedicated Simulation Coordinator in the AAS-Nursing Program and increase high fidelity, simulated, low frequency - high stakes scenarios every term: Excellence.
- 3. Develop LPN to RN bridge program (seek OSBN approval) to provide a mechanism for existing LPNs in our community and our new PN students to achieve higher levels of education and enhanced prosperity by 2024. Add an additional 8 students to second year of program through the bridge by 2024, including Lakeview residents, as space allows: Access, Prosperity, Community, Excellence.
- 4. Develop online (available nationally) RN to BSN program by 2023 or 2024 (nurse educator availability will impact the timing): Access, Prosperity.
- Create a more sustainable model for nursing assistant program this may include the development of another type of program (Medical Assisting) the faculty are qualified to teach, by 2024: Access, Prosperity, Community.
- 6. Maintain excellent pass rates on state licensure/certification exams (75% first time pass rate on NCLEX PN and RN; or 90% total pass rate [new OSBN standard] 85% on the written and skills certification exams for nursing assistant) and full OSBN approval of all nursing programs (RN, LPN, NA, and CNA2) ongoing: Excellence.

Thank you for your time and consideration of this report.

# 7. APPENDICES

7.A. APPEN	IDIX – CLINICAL ATTENDANCE & PARTICIPATION TOOL
	Clinical Attendance & Participation Tool (CAPT)
Point Values (Circle)	Points will be accrued as noted below. Tardiness and Absence occurrences are measured <u>per clinical rotation.</u> Unprofessional and unsafe clinical behaviors <u>will accumulate</u> throughout the entire nursing program. See student handbook for more information.
	Tardiness (see Student Handbook regarding tardiness) with notification
0.5	5-20 minutes late
1	21-40 minutes late
1.5	41-60 minutes late
2	1 hour late
2	Tardiness without notification
3	Absence from clinical – instructor was notified at least ½ hour prior to clinical start time.
	(Consecutive days missed is considered 1 occurrence of absence.)
	Student may be required to complete a case study.
7	No call/no show/ or student did not notify instructor concerning absence at least ½ hour prior to clinical start time (student will not receive additional points for absence). Student may be required to complete a case study.
3	Student is sent home by instructor for any reason.
	Unprofessional Behavior
1	Not following clinical dress code and/or grooming/hygiene/personal health standards.
1	Submitting a clinical assignment late.
5	Insubordination: non-compliance or disrespect to those in leadership or authority: Program Director, clinical instructor, clinical site nurse, preceptor or agency manager.
5	Impolite/disrespectful behavior to faculty, agency staff, peers, patients, family, or visitors.
1	Unapproved or unauthorized use of cell phone

6	HIPPA violation
	Unsafe Clinical Behavior
6	Actions that create a potential for harm through negligence or willfulness. This can include proceeding with patient care without proper preparation, or clinical instructor's knowledge and/or approval to give care.
9	Lying or covering up a mistake in the clinical setting. This includes falsifying any documentation.
	Action
3 or greater	Written Performance Improvement Plan (PIP): A student who accumulates 3 or more points will meet with clinical faculty to initiate a PIP.
5 or greater	Written Clinical Contract: A student who accumulates 5 or more points will meet with clinical faculty and the Nursing Program Administrator to initiate a Clinical Contract. Failure to comply with conditions of the Clinical Contract will result in clinical failure.
9 or greater	Failure of Clinical: A student who accumulates 9 or more points will receive an "F" in the nursing course associated with the clinical. There will be no option to withdraw from the course to prevent a failing grade.

Total points given today: \_\_\_\_\_\_ Date: \_\_\_\_\_ Total (non-attendance) accumulated points in program: \_\_\_\_\_. Total accumulated attendance points this term? \_\_\_\_\_ Specify term: \_\_\_\_\_\_

# 7.B. APPENDIX – PERFORMANCE IMPROVEMENT PLAN

-

Performance Improvement Plan
The Performance Improvement Plan is designed to encourage success in any student who is at risk. It provides written documentation of the issues that are causing the student to be considered "at risk", what changes are required, and a specific "student-driven" plan to help the student resolve the problem. (Refer to the Nursing Student Handbook and course syllabi for more information on Performance Standards.)
Instructor: List the course/clinical objectives/requirements that <i>are not being met</i> (or have not yet been met) by the student as demonstrated by behaviors, actions, performance scores or events.
1.
2.
3.
Instructor: Required change in student behaviors, actions, or attitudes that must be improved (include date deadlines if applicable).
1.
2.
3.
Instructor: Comment on student words, actions, or behaviors including a desire (or lack of desire) to improve.
<ul><li>Student: State what you (the student) will do to meet the above requirements or objectives. Be very specific about what YOU plan to do to improve. <i>Include dates when applicable</i>.</li><li>1.</li></ul>
2.

3.	
Student: What supports have you sought out	and how does that impact your plan?
Instructor: What additional supports/resource applicable).	es can be offered to this student <i>(include dates if</i>
Indicate the date that the student and instruc	tor will meet to review the student's progress:
Final remarks/Student:	
Final remarks/Instructor:	
Student and Instructor will meet on	to update Performance Improvement Plan.

Student's name (print): \_\_\_\_\_\_Instructor's name: (print)\_\_\_\_\_

\_\_\_\_\_

Student's signature	Date
Instructor's signature	Date

\_\_\_\_

Student verifies he/she received a copy of this document.

Student signature:

#### 7.C. APPENDIX – PERFORMANCE IMPROVEMENT PLAN UPDATE

# **Performance Improvement Plan Update**

**Original Plan Date:** 

Today's Date:

Instructor: Course/Clinical objectives/requirements that were not being met (from the original PIP):

Instructor: List indications that the student is (or is not) making progress in meeting required goals/objectives/requirements/professional standards (be specific):

Student: What have you done since the last PIP meeting (be specific):

Other remarks/Instructor:

Other remarks/Student:

Need to meet again: YES/NO

If yes, Student and Instructor will meet on to update Performance Improvement			
Student's name (print): Ins	tructor's name (print):		
Student's signature	Date		
Instructor's signature Student verifies he/she received a copy of this document	Date t.		
Student's Signature	Date		

# 7.D. APPENDIX – CLINICAL CONTRACT

# **Clinical Contract**

Student

Date

Term	Course

Check reason for contract

- $\Box$  Clinical absence > 10% of assigned time
- □ Frequent absences/late arrivals
- □ Other \_\_\_\_\_

Rationale for Contract:

Standards to be met during course of contract

# **Duration of Contract**

Student Signature	Date
<b>o</b>	

Instructor Signature Date _	
-----------------------------	--

When the above conditions have been successfully carried out, the problem(s) will be considered resolved. In the event that the student does not carry out the above plan and/or continues to demonstrate any unsafe or inappropriate behavior in the clinical setting, the student's progression in the nursing program will be reviewed by the faculty and Nursing Program Administrator. The student may be requested to withdraw from the course, or may fail the course.

# 7.E. APPENDIX - KLAMATH NURSING PROGRAM ASSESSMENT OF EDUCATIONAL EFFECTIVENESS

#### Klamath Nursing Program Assessment of Educational Effectiveness

#### Academic Year:2019-2020

#### **Program Outcomes**

Required Program Outcomes	Expected Level of Achievement	Actual Level of Achievement	Resulting Action(s) Taken/To be Take	Time Frame for Implementatio	
Performance on NCLEX exam	<ul> <li>75% of graduates will pass the NCLEX on first attempt.</li> </ul>	2019: 100% 2020: 100%	None at this time		Time frame
	<ul> <li>90% of graduates will pass the NCLEX on repeat attempt.</li> </ul>				
Program completion	<ul> <li>75% of students will complete program on time (2 years).</li> </ul>	2019: 75% (1 left voluntarily, 1 was expelled.	None at this time		
		2020: 100%			
	<ul> <li>87.5% of students who attempt will complete the program in one additional year (rolling calendar)</li> </ul>	2020: 100%	None at this time		
	Attrition rate for course failure will be $\leq$ 12.5%				
			None at this time		
		2019: 0%			
		2020: 0%			

Program Satisfaction <ul> <li>Graduate satisfaction</li> </ul>	<ul> <li>6 – 12 months after completion of program, graduates will report program satisfaction of 3.5 or better on a Likert Scale of 1 – 5</li> </ul>	2019: Initiated for 2017-19 cohort. Poor response 3/6 returned- not satisfactory	Prep graduates before they graduate to expect surveys. Work with Career Center for delivery/receipt	Program Director	2020
<ul> <li>Employer satisfaction</li> </ul>	<ul> <li>Employers will report program satisfaction of 3.5 or better on a Likert Scale of 1 – 5</li> </ul>	2019: 3/6 none allowed	Encourage students to allow	Program Director	2020
Job Placement	<ul> <li>90% of graduates will be employed as RN within 6 months of graduation</li> </ul>	2019: 100% 2020: 100%	None at this time		
Progression 1 <sup>st</sup> year to 2 <sup>nd</sup> year Rationale: identify progression issues within program in a timely manner	<ul> <li>87.5% of students who begin AAS degree year 1 (NSG 110) will progress to year 2 (NSG 210)</li> </ul>	2019: 87.5: 1 left voluntarily, 2020: 100%	Continue to monitor for trends		
Maintain approval with Oregon State Board of Nursing	<ul> <li>Program will maintain full approval for maximum time frame (8 years)</li> </ul>	2021 visit pending	Prepare for visit	Faculty, Program Director	Mar 2021
Intention to complete RN – BSN within 5 years	<ul> <li>75% of graduates will state an intention to complete BSN degree within 5 years of graduation</li> </ul>	2019: at least 3/6 in process 2020: 100%	None at this time		
RN – BSN completion	<ul> <li>50% of graduates will achieve BSN degree in 6 years</li> </ul>	Need to track	Work with Career center for tracking	Program Director	2020-21
Maintain/increase collaborative relationships with community agencies	<ul> <li>Students will have varied clinical experiences and participate in service learning opportunities.</li> </ul>	Agreements updated 2019-20. Reduced placements for better curriculum alignment	Need to add KBBH, Lutheran Family Services and In patient D&A for NSG 211 (Mental and Community Health	Program Director/Program Assistant	Fall 2020

<ul> <li>Group average will be 65% or higher on the "Management of Care" sections of combined proctored ATI exams</li> <li>GN Predictor: 75% of students will score ≥ 90% probability of passing NCLEX</li> <li>Portfolio – initiate 2020-22 cohort</li> </ul>	2020: 80.99 2020: 88.88%	None at this time None at this time		
			Faculty will implement Portfolio project with the 2020-22 cohort	
<ul> <li>75% of students will achieve a score of 77% or higher on individual test average in NSG 110, 111, 112, 210, 211, 212</li> <li>Group score will maintain an average score of 65% or higher on QSEN Informatics section on GN Predictor</li> </ul>	2020: Unable to track currently	Develop Grade spreadsheet to track individual exam averages	Program Director & Assistant	Su 2020
<ul> <li>Cultural Assignment: NSG 111- 75% of students will achieve a 80% on the grading rubric</li> <li>ATI: QSEN: Patient Centered Care sections of <u>combined</u> proctored assessments- Students</li> </ul>	2020: 77.8	None at this time.		
	<ul> <li>higher on the "Management of Care" sections of combined proctored ATI exams</li> <li>GN Predictor: 75% of students will score ≥ 90% probability of passing NCLEX</li> <li>Portfolio – initiate 2020-22 cohort</li> <li>75% of students will achieve a score of 77% or higher on individual test average in NSG 110, 111, 112, 210, 211, 212</li> <li>Group score will maintain an average score of 65% or higher on GN Predictor</li> <li>Cultural Assignment: NSG 111-75% of students will achieve a 80% on the grading rubric</li> <li>ATI: QSEN: Patient Centered</li> </ul>	<ul> <li>higher on the "Management of Care" sections of combined proctored ATI exams</li> <li>GN Predictor: 75% of students will score ≥ 90% probability of passing NCLEX</li> <li>Portfolio – initiate 2020-22 cohort</li> <li>2020: 88.88%</li> <li>2020: Unable to track currently</li> <li>2020: Unable to track currently</li> <li>Group score will maintain an average score of 65% or higher on QSEN Informatics section on GN Predictor</li> <li>Cultural Assignment: NSG 111- 75% of students will achieve a 80% on the grading rubric</li> <li>ATI: QSEN: Patient Centered Care sections of <u>combined</u></li> </ul>	higher on the "Management of Care" sections of combined proctored ATI exams       None at this time         GN Predictor: 75% of students will score > 90% probability of passing NCLEX       2020: 88.88%       None at this time         Portfolio – initiate 2020-22 cohort       2020: 88.88%       None at this time         T5% of students will achieve a score of 77% or higher on individual test average in NSG 110, 111, 112, 210, 211, 212       2020: Unable to track currently       Develop Grade spreadsheet to track individual exam averages         Group score will maintain an average score of 65% or higher on GSN Informatics section on GN Predictor       Signment: NSG 111-75% of students will achieve a 80% on the grading rubric       2020: 77.8       None at this time.	<ul> <li>higher on the "Management of Care" sections of combined proctored ATI exams</li> <li>GN Predictor: 75% of students will score &gt; 90% probability of passing NCLEX</li> <li>Portfolio – initiate 2020-22 cohort</li> <li>2020: 88.88%</li> <li>None at this time</li> <li>Faculty will implement Portfolio project with the 2020-22 cohort</li> <li>75% of students will achieve a score of 77% or higher on individual test average in NSG 110, 111, 112, 210, 211, 212</li> <li>Group score will maintain an average score of 65% or higher on QSEN Informatics section on GN Predictor</li> <li>Cultural Assignment: NSG 111-75% of students will achieve a 80% on the grading rubric</li> <li>ATI: QSEN: Patient Centered Care sections of combined protocol and the students of the students will achieve a 80% on the grading rubric</li> </ul>

	<ul> <li>will achieve a group score of 65% or higher.</li> <li>ATI: Thinking Skills- Clinical Judgement/Critical Thinking section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>Portfolio initiate 2020-22 cohort</li> </ul>	2019-21 cohort:100%	None at this time.		
		2020: 71.92%			
			None at this time.		
		2020: 72.07%		Faculty will implement Portfolio project with the 2020-22 cohort	Fall 2020
<ol> <li>Demonstrate therapeutic and professional communication skills with all members of the</li> </ol>	<ul> <li>NSG 110: 75% of students will score 85% or higher on the well- elder assignment.</li> </ul>	2019:100% scored 85% or higher	None at this time.		
healthcare team including the patient/family to meet	<ul> <li>87.5% of students will "meet competency" on final clinical evaluations for: Using clear and</li> </ul>	2020: 100% of students scored	None at this time.		

nationt/family contared	offective there south	"Maata		1	
patient/family centered goals.	<ul> <li>effective therapeutic communication with patients, families, members of the healthcare team, and others in NSG 112, and 212.</li> <li>ATI QSEN- Teamwork and Collaboration section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>Portfolio initiate 2020-22 cohort</li> </ul>	"Meets Competency" 2020: 86.57%	None at this time.		
		2020.00.3770	None at this time.		
				Faculty will implement Portfolio project with the 2020-22 cohort	Fall 2020
<ol> <li>Utilize a process of self- evaluation that fosters personal and professional</li> </ol>	Portfolio			Faculty will implement Portfolio project with the 2020-22 cohort	

growth and contributes to lifelong learning.	<ul> <li>100% of students successfully complete reflective journal assignment in NSG 213.</li> <li>ATI NLN Competency: Sprit of Inquiry section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> </ul>	2020: 100% of students satisfactorily completed.		
		2020: 71.82%		
5. Utilize evidence-based practices and quality improvement methods to facilitate the delivery of safe and appropriate patient care.	<ul> <li>ATI Comprehensive GN Predictor: Class mean will be 65% or higher in combined sections of the nursing process.</li> <li>ATI: QSEN Competencies (combined all proctored ATIs): Evidence Based Practice – Group score will maintain a combined average of 65% or higher</li> <li>ATI Exams: Fundamentals (Fund), Mental Health (MH), Medical/Surgical (MedS),</li> </ul>	2020: 73.98% 2020: 70.15%		
	Pharmacology (Pharm), Nursing Care of Children (Child), Maternal/Infant (OB): 62.5% of students will achieve a level 2 or			

plan paper: 75% of students will achieve a score of 80% per the rubric	2018-20         Fund       87.5         MH       87.5         M/S       88.88         Pharm       77         OB       75         PEDS       50	Add focus to pediatric experience of various disease states, i.e. DM, seizures, eating disorders in second year of program. Reconsider placement of PEDS proctored assessment Faculty develop and schedule this assignment	NSG 210, 211 212 Instructor	Fall, W SP 2020- 21
	2020 No data		Faculty for NSG 212 will implement	

		2020 No data	Faculty develop and schedule this assignment	Faculty for NSG 211 will implement	W 2021
<ol> <li>Explain their role and responsibility in the larger system of healthcare.</li> </ol>	<ul> <li>Portfolio initiate 2020-22 cohort TBA</li> <li>ATI NLN Competency: Professional Identity section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>Other internal measure/assignment TBA</li> </ul>	2020: no data 2020: 82.83%		Faculty will implement Portfolio project with the 2020-22 cohort	
			Faculty will develop assignment(s) aligned with this Program Outcome	Faculty	2020-21
Definition/explanation of Metrics	Information				
ATI: RN Management of     Care	The nurse provides and directs nursing care that enhances the care delivery setting to protect the client and health care personnel.				

ATI: GN Predictor	Standardized assessment that predicts probability of passing NCLEX-RN- given near completion of program	
ATI: QSEN Informatics	The use of information technology as a communication and information gathering that that supports clinical decision making and safe, scientifically based nursing practice	
<ul> <li>ATI: QSEN Patient-Centered Care</li> </ul>	The provision of caring and compassionate, culturally sensitive care that is based on a patient's physiological, psychological, sociological, spiritual, and cultural needs, preferences and values.	
<ul> <li>ATI: Thinking Skills- Clinical Judgement/Critical Thinking</li> </ul>	Ability to use critical thinking skills (interpretation, analysis, evaluation, inference and explanation) to make a clinical judgement regarding a posed clinical problem. Includes cognitive abilities of application and analysis.	
Nursing Process	The <b>nursing process</b> is a modified <u>scientific method</u> , using clinical judgement to strike a balance of <u>epistemology</u> between personal interpretation and research evidence in which <u>critical thinking</u> may play a part to categorize the clients issue and course of action.	
<ul> <li>ATI: QSEN: Teamwork and collaboration</li> </ul>	The delivery of care in partnership with multidisciplinary members of the healthcare team, to achieve continuity of care and positive client outcomes.	
ATI: NLN Competency: Spirit of Inquiry	A spirit of inquiry is exhibited by nurses who provide evidence based clinical	

	nursing practice and use evidence to promote change and excellence		
ATI: NLN Competency: Professional Identity	Professional identity reflects the professional development of the nurse as a member and leader of the healthcare team who promotes relationship centered care, and whose practice reflects integrity and caring while following ethical and legal guidelines		
• Portfolio	A professional nursing portfolio is a compilation of artifacts representing one's achievements, skills, growth, development and accomplishments. By the end of the nursing program, students must compile artifacts that demonstrate achievement of each Klamath Community College Nursing Program Outcome.		
NSG 213 Reflective Journals	Compilation of examples of how students planned and met every Program Competency with each associated benchmark during Capstone.		

Klamath Nursing Program Assessment of Educational Effectiveness

Academic Year:2020-21 (Cohort: 2019-21)

Program Outcomes

<b>Required Program</b>	Expected Level	Actual Level of	Resulting Action(s)	Time Frame for	
Outcomes	of Achievement	Achievement	Taken/To be Take	Implementa	ation
Performance on NCLEX exam	• 75% of graduates will pass the	2019: 100%	None at this time	Who	Time frame
	NCLEX on first attempt.	2020: 100%		All faculty La	unch fall 2021
	<ul> <li>90% of graduates will pass the NCLEX on repeat attempt.</li> </ul>	2021: Currently 85.7 (one left to test)	2021: Curriculum revision		
Program completion	<ul> <li>75% of students will complete program on time (2 years).</li> </ul>	2019: 75% (1 left voluntarily, 1 was expelled).	None at this time		
		2020: 100%			
		2021: 100%			
	<ul> <li>87.5% of students who attempt will complete the program in one additional year (rolling calendar)</li> </ul>	2020: 100% 2021: N/A	None at this time		
	Attrition rate for course failure will be < 12.5%		None at this time		
	12.570	2019: 0%			
		2020: 0%			
		2021: 0%			
Program Satisfaction <ul> <li>Graduate satisfaction</li> </ul>	<ul> <li>6 – 12 months after completion of program, graduates will report program satisfaction of 3.5 or better on a Likert Scale of</li> </ul>	2021: to be sent 2/2022 2020: See end of document	Prep graduates before they graduate to expect surveys.	Program Director	2021
	1-5	2019: Initiated for 2017-19 cohort. Poor response 3/6	Work with Career Center for delivery/receipt		

		returned- not satisfactory			
Employer satisfaction	satisfaction of 3.5 or better on a Likert Scale of 1 – 5	2021: to be sent SP 2022	Encourage students to allow	Program Director	2020
		2020:See end of document			
		2019: 3/6 none allowed			
Job Placement	• 90% of graduates will be	2019: 100%	None at this time		
	employed as RN within 6 months of graduation	2020: 100%			
		2021: 75%, one student retention, one student not yet tested			
Progression 1 <sup>st</sup> year to 2 <sup>nd</sup> year Rationale: identify progression issues within program in a timely	<ul> <li>87.5% of students who begin AAS degree year 1 (NSG 110) will progress to year 2 (NSG 210)</li> </ul>	2019: 87.5: 1 left voluntarily, 2020: 100%	Continue to monitor for trends		
manner		2021: 100%			
Maintain approval with Oregon State Board of Nursing	<ul> <li>Program will maintain full approval for maximum time frame (8 years)</li> </ul>	2021: full 8 year approval no recommendations	2021: Maintain standards and program processes	Faculty, Program Director	Mar 2029 revisit
Intention to complete RN – BSN within 5 years	<ul> <li>75% of graduates will state an intention to complete BSN degree within 5 years of</li> </ul>	2019: at least 3/6 in process	None at this time		
	graduation	2020: 100%			
		2021: 87.5%%			
RN – BSN completion	<ul> <li>50% of graduates will achieve BSN degree in 6 years</li> </ul>	Need to track	Work with Career center for tracking	Program Director	2021-22
Maintain/increase collaborative relationships with community agencies	<ul> <li>Students will have varied clinical experiences and participate in service learning opportunities.</li> </ul>	Agreements updated 2019-20. Reduced	2021: Need to add KBBH, Lutheran	Program Director/Program Assistant will readdress	2021-22

		placements for better curriculum alignment 2021: New agencies added	Family Services and In patient D&A (all declined or did not respond during pandemic). 2021:Open door, LDH clinics, health department, Best Care and County Schools added.	facilities that did not respond	
Program Outcomes:					
<ul> <li>7. Practice within the ethical, legal and regulatory frameworks and scope of practice for registered nurses.</li> </ul>	<ul> <li>Group average will be 65% or higher on the "Management of Care" sections of combined proctored ATI exams</li> <li>GN Predictor: 75% of students will score ≥ 90% probability of passing NCLEX on first attempt</li> </ul>	2020: 80.99 2021: 71.95 2020: 88.88% 2021: <b>37.5%</b>	None at this time *2021: Curriculum revision 2021: Revise remediation procedure on all proctored ATI exams	<mark>2021: faculty</mark>	<mark>Launch</mark> fall term 2021
	<ul> <li>Portfolio – initiate 2020-22 cohort</li> </ul>			Faculty will implement	
				Portfolio project with the 2020-22 cohort	

	2020: Unable to	1		
<ul> <li>Group score will maintain an average score of 65% or higher on QSEN Informatics section on GN Predictor</li> </ul>	track currently			
<ul> <li>Cultural Assignment: NSG 111- 75% of students will achieve a 80% on the grading rubric</li> <li>ATI: OSEN: Patient Centered</li> </ul>	2020: 77.8 2021: <mark>58.3%</mark>	*Curr. revision and revise remediation procedure for proctored exams	Faculty	<mark>Launch</mark> fall 2021
Care sections of <u>combined</u> proctored assessments- Students will achieve a group score of <b>65% or higher</b> .	2019-21 :100% 2020-21: 75%			
• ATI: Thinking Skills- Clinical Judgement/Critical Thinking section of <u>combined</u> proctored assessments- Students will achieve a group score of <b>65% or</b> <b>higher.</b>	2020: 71.92% 2021: 69.73	None at this time.		
	<ul> <li>80% on the grading rubric</li> <li>ATI: QSEN: Patient Centered Care sections of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>ATI: Thinking Skills- Clinical Judgement/Critical Thinking section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or</li> </ul>	<ul> <li>80% on the grading rubric</li> <li>ATI: QSEN: Patient Centered Care sections of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>ATI: Thinking Skills- Clinical Judgement/Critical Thinking section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>2021: 58.3%</li> <li>2019-21 :100%</li> <li>2020-21: 75%</li> <li>2020: 71.92%</li> <li>2021: 69.73</li> </ul>	<ul> <li>ATI: QSEN: Patient Centered Care sections of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>ATI: Thinking Skills- Clinical Judgement/Critical Thinking section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>2021: 58.3%</li> <li>2019-21 :100%</li> <li>2020-21: 75%</li> <li>No action</li> <li>No action</li> </ul>	<ul> <li>ATI: QSEN: Patient Centered Care sections of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>ATI: Thinking Skills- Clinical Judgement/Critical Thinking section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>2021: 58.3%</li> <li>procedure for proctored exams</li> <li>No action</li> <li>No action</li> </ul>

		2020: 72.07% 2021: 65.08	None at this time.	Faculty will implement Portfolio project with the 2020-22 cohort	Fall 2020
9. Demonstrate therapeutic and professional communication skills with all members of the healthcare team including the patient/family to meet patient/family centered goals.	<ul> <li>NSG 110: 75% of students will score 85% or higher on the well-elder assignment.</li> <li>87.5% of students will "meet competency" on final clinical evaluations for: Using clear and effective therapeutic communication with patients, families, members of the healthcare team, and others in NSG 112, and 212.</li> </ul>	2019:100% scored 85% or higher 2020: 100% 2021: 100% 2020: 100% of students scored "Meets Competency"	None at this time.		
	<ul> <li>ATI QSEN- Teamwork and Collaboration section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> <li>Portfolio initiate 2020-22 cohort</li> </ul>	2020: 86.57% 2021: <mark>64.06</mark>	* <mark>Curr. Revision and revise remediation procedure for proctored exams</mark>	Faculty	<mark>Launch</mark> Fall 2021

		2021: no data		Faculty will implement Portfolio project with the 2020-22 cohort	Fall 2020
<ol> <li>Utilize a process of self- evaluation that fosters personal and professional growth and contributes to lifelong learning.</li> </ol>	<ul> <li>Portfolio</li> <li>100% of students successfully complete reflective journal assignment in NSG 213.</li> </ul>	2020: 100% 2021: 100% of students satisfactorily completed.	None at this time	Faculty will implement Portfolio project with the 2020-22 cohort	Fall 2020
	<ul> <li>ATI NLN Competency: Sprit of Inquiry section of <u>combined</u> proctored assessments- Students will achieve a group score of 65% or higher.</li> </ul>	2020: 71.82% 2021: 65.96	None at this time.		
<ol> <li>Utilize evidence-based practices and quality improvement methods to facilitate the delivery of safe and appropriate</li> </ol>	<ul> <li>ATI Comprehensive GN Predictor: Class mean will be</li> <li>65% or higher in combined sections of the nursing process.</li> </ul>	2020: 73.98% 2021: 69.5%	None at this time.		
patient care.	<ul> <li>ATI: QSEN Competencies (combined all proctored ATIs): Evidence Based Practice – Group score will maintain a combined average of 65% or higher</li> </ul>	2020: 70.15% 2021: <mark>63.15</mark>	*Curr. revision and revise remediation procedure for proctored exams	Faculty	<mark>Launch</mark> fall 2021

<ul> <li>(Fur Med Pha Care Mat stud high exal</li> <li>NSG plar</li> </ul>	G 212: Comprehensive Care n paper: 75% of students will ieve a score of 80% per the	2018-20         Fund       87.5         MH       87.5         M/S       88.88         Pharm       77         OB       75         PEDS       50         2019-21       100         MH       85         M/S       25         Pharm       25         OB       37.5         PEDS       50	2020: Add focus to pediatric experience of various disease states, i.e. DM, seizures, eating disorders in second year of program. Reconsider placement of PEDS proctored assessment. 2021: *Curr. revision and revise remediation procedure for proctored exams	NSG 210, 211 212 Instructor	Fall, W SP 2020- 21
Con	G 210: Chronic Health nditions ignment/Discussion Board:	2020 No data	21: No action 2020: Faculty develop and schedule this assignment		

	75% of students will achieve a score of 80% per the rubric	2021: 100%		Faculty for NSG 212 will implement	
		2020 No data 2021: 100%	2020: Faculty develop and schedule this assignment 2021: No action required	Faculty for NSG 211 will implement	Sp 2021 W 2021
12. Explain their role and responsibility in the larger system of healthcare.	<ul> <li>Portfolio initiate 2020-22 cohort TBA</li> <li>ATI NLN Competency: Professional Identity section of <u>combined</u> proctored assossments. Students will</li> </ul>	2020: no data 2021: no data 2020: 82.83% 2021: 66.12		Faculty will implement Portfolio project with the 2020-22 cohort	
	<ul> <li>assessments- Students will achieve a group score of 65% or higher.</li> <li>Other internal measure/assignment TBA</li> </ul>			Faculty	

		Faculty will develop assignment(s) aligned with this Program Outcome	2020-21
Definition/explanation of Metrics	Information		
<ul> <li>ATI: RN Management of Care</li> </ul>	The nurse provides and directs nursing care that enhances the care delivery setting to protect the client and health care personnel.		
ATI: GN Predictor	Standardized assessment that predicts probability of passing NCLEX-RN- given near completion of program		
ATI: QSEN Informatics	The use of information technology as a communication and information gathering that that supports clinical decision making and safe, scientifically based nursing practice		
<ul> <li>ATI: QSEN Patient-Centered Care</li> </ul>	The provision of caring and compassionate, culturally sensitive care that is based on a patient's physiological, psychological, sociological, spiritual, and cultural needs, preferences and values.		
<ul> <li>ATI: Thinking Skills- Clinical Judgement/Critical Thinking</li> </ul>	Ability to use critical thinking skills (interpretation, analysis, evaluation, inference and explanation) to make a clinical judgement regarding a posed clinical problem. Includes cognitive abilities of application and analysis.		
Nursing Process	The <b>nursing process</b> is a modified <u>scientific method</u> , using clinical judgement to strike a balance		

	of epistemology between personal		]
	interpretation and research evidence in		
	which <u>critical thinking</u> may play a part to		
	categorize the clients issue and course of		
	action.		
<ul> <li>ATI: QSEN: Teamwork and collaboration</li> </ul>	The delivery of care in partnership with multidisciplinary members of the healthcare team, to achieve continuity of care and positive client outcomes.		
ATI: NLN Competency: Spirit of Inquiry	A spirit of inquiry is exhibited by nurses who provide evidence based clinical nursing practice and use evidence to promote change and excellence		
ATI: NLN Competency: Professional Identity	Professional identity reflects the professional development of the nurse as a member and leader of the healthcare team who promotes relationship centered care, and whose practice reflects integrity and caring while following ethical and legal guidelines		
Portfolio	A professional nursing portfolio is a compilation of artifacts representing one's achievements, skills, growth, development and accomplishments. By the end of the nursing program, students must compile artifacts that demonstrate achievement of each Klamath Community College Nursing Program Outcome.		
NSG 213 Reflective Journals	Compilation of examples of how students planned and met every		

	Program Competency with each associated benchmark during Capstone.		
<ul> <li>*Curriculum revision:         <ul> <li>2021Faulty reviewed outcomes and items to review from this cohorts proctored ATI exams when planning and developing curriculum revision.</li> </ul> </li> </ul>			

### 7.F. APPENDIX – KLAMATH COMMUNITY COLLEGE NURSING GRADUATE SURVEY

# Klamath Community College

## Nursing Graduate Survey

NAME OF GRADUATE NURSE\_\_\_\_\_

Year of graduation <u>2020</u>

I. Preparation for entry level nursing In the following areas Please rank your level of satisfaction:	5 Excellent	<b>4</b> Good	<b>3</b> Adequate	2 Needs Improve ment	1 Poor
1. Basic principles of nursing	**	**	*		
2. Classroom preparation for nursing practice	*	**	**		
3. Clinical skills	*	**	**		
4. Think critically and creatively in the delivery of nursing care	*	**	**		
5. Decision making/clinical judgment	*	****			
6. Patient care planning	*	****			
7. Working with multidisciplinary teams	*	**	**		

8. Caring for culturally diverse clients	*	**	**		
9. Conflict resolution		**	**	*	

Comments/suggestions for improvement:

- I believe KCC provided me with the knowledge necessary to begin my career in the medical field. Although I've been able to learn more with practice/experiences, the basic knowledge obtained during nursing school taught me the importance of critically thinking and assessing both subjective and objective data to guide my nursing interventions. KCC also facilitated how I seek information and navigate through sources to find reliable information. Although, the nursing program encouraged and helped me develop critical thinking skills, I wish this aspect of nursing was incorporated in the beginning of my career as a nursing students rather than towards the end. This is also true regarding the ATI books and how they are incorporated in the curriculum. It would be helpful to start the books (pharmacological, medical/surgical. And fundamentals of nursing) at the beginning of the first year as I believe this would be more helpful in retaining the information.
- Things improved with different staffing. Poor previous classroom preparation. Would suggest more clinical time with wound care based on current job and knowledge.

II. Satisfaction with the following as a nursing student Please rank your level of satisfaction:	5 Excellent	<b>4</b> Good	<b>3</b> Adequate	2 Needs improve ment	1 Poor
1. Variety of clinical practice experiences	**	***			
2. Amount of clinical time	**	*	**		
3. *Interaction between clinical site staff and student		****	*		
4. *Welcome and orientation to clinical sites	*	**	**		

5. Testing	*	**	*	*		
6. Clinical evaluations		**	***		(location/dept.) information if score	site re is
7. Adequacy of resources (computers, tutoring, library, ect.)	**	*	**		1-2 on Q 3. and 4.:No comments	
8. Instructor availability and assistance		**	***		Comments/suggestions improvement:	for

• Enjoyed clinical experience in 2020. Had wonderful preceptor during capstone and enjoyed the med/surg floor. Lindsey and Allison were very helpful during distance learning, capstone, and after graduation. Appreciate Allison's help with NCLEX prep and job searching. Thankful of Allison for providing support and guidance... and dedication to the program. It was lacking before.

• Q1&Q2: During the 3<sup>rd</sup> "community health" term we spent way too much time at LCS. The site provided valuable learning experiences, but we only needed a couple of days there – not six weeks!

III. Overall satisfaction	5	4	3	2	1
Please rank your level of satisfaction:	Excellent	Good	Adequate	Needs improve ment	Poor
1. Overall satisfaction with the nursing program		***	*		
2. Preparation for NCLEX RN licensure examination	*	**		*	

Comments/suggestions for improvement:

• Start studying UWORLD from day 1. It was MUCH more helpful than ATI, PREPU, etc. I fully believe many of my classmates passed NCLEX due to us studying UWORLD as a group. Prior to implementing that, several likely would not have passed.

Overall I do believe the KCC's program is good at preparing nursing students pass the NCLEX as well as prepare them for initial employment. The ATI NCLEX review I believe was a little helpful, although I only did half of it. It provided a good, detailed review of different subjects; however, I believe practicing and studying questions close to the official NCLEX licensure format was more efficient at preparing me for the NCLEX. For example, the ATI test and prep-U format questions allowed me to become familiar with a variety of question, thereby preparing me for the NCLEX from day 1.

Please indicate your employment status	Were you able to find employment in your geographical area of first choice?
Full time, with benefits (health care, ect.) ****	□ Yes ****
□ Full time, without benefits	□ No
Per diem, on call	Please explain:
Part time (avg hours / wk)	<ul> <li>I applied for and received job offer same day. I began employment 2 days later. I had my RN license for 3 weeks prior to employment.</li> </ul>

Do you intend to obtain your Bachelor's of Science degree within the next 5 years? Yes\_\_\*\*\*\_ No\_\_\_\_

Area of	current practice:	Outpatient/Primary care clinic
	Medical-surgical unit **	Long term care *
	Maternity	Home health
	ICU/CCU	Hospice
	Emergency Department	Other* Skilled NSG Facility

□ Surgery

## Klamath Community College

## Nursing Graduate Employer Survey

NAME OF GRADUATE NURSE <u>(2/3 received)</u> Year of graduation <u>2020</u>

I. Assessment of Program Outcomes	5	4	3	2	1
<i>Please rank your level of satisfaction with your new graduate's performance in the clinical setting of the following:</i>	Excelle nt	Good	Adequate	Needs Improve	Poor

			ment	
Upon c	completion of the nursing program, the			
studen	t/new graduate will be able to:			
1.	Practice within the ethical, legal, and regulatory frameworks and scope of practice for registered nurses.	4.5		
2.	Utilize critical thinking and information technology to plan and implement culturally appropriate patient care which is safe and holistic.	4.5		
3.	Demonstrate therapeutic and professional communication skills with all members of the healthcare team including patient/family to meet patient/family centered goals.	4.5		
4.	Utilize a process of self-evaluation that fosters personal and professional growth and contributes to life-long learning.	4		
5.	Utilize evidence-based practices and quality improvement methods to facilitate he delivery of safe and appropriate patient care	4.5		
6.	Explain their role and responsibility in the larger system of healthcare	4		

II. Performance of Nursing Skills	5	4	3	2	1
Please rank your level of satisfaction with your new graduate's performance in the clinical setting of the following nursing skills.	Excellent	Good	Adequate	Needs improve	Poor
The new graduate is able to:				ment	
1. Demonstrate safe & competent performance of nursing care.		4.5			
2. Delegate aspects of nursing care to other healthcare team members commensurate with their scope of practice.		4.5			

<ol> <li>Seek assistance from appropriate resources when situations are encountered beyond own knowledge and experience.</li> </ol>	4	
<ol> <li>Manage care for group of clients showing organization and prioritization.</li> </ol>	4.5	Comments
5. Reason and problem solve.	4.5	
6. Adapt to and utilize technology.	4.5	1. Any additional
7. Demonstrate professionalism and accountability.	4.5	comments you wish to provide

concerning this graduate in his/her role as a new graduate nurse would be most appreciated:

- Her charting/documentation/organization is remarkable. Have had several state agencies commend her on her work.
- XXX is on track and exactly where we expect her to be as a new graduate. She is a great team player with the ability to recognize others needs. Her flexibility is greatly appreciated.

3. INSTRUCTIONAL PROGRAM REVIEW RUBRIC						
	Highly Developed	Developed	Emerging	Initial		
1—Accomplishments in Achieving Goals	Exhibits ongoing and systematic evidence of goal achievement.	Exhibits evidence of goal achievement.	Exhibits some evidence that some goals have been achieved.	Minimal evidence that progress has been made toward achieving goals		
2—Labor Market Projection	Thoroughly explains projected market demand and potential effects on program; presents highly developed plan to address projection.	Explains projected market demand and discusses several possible actions to address projection.	Minimally explains projected market demand and lists one or two actions to address projection.	Presents labor market demand without analysis/explanation and fails to list possible actions to address projection.		
3—Resources						
Professional Development	Exhibits ongoing and systematic support of professional development opportunities.	Exhibits support of regular professional development opportunities.	Evidence of intermittent professional development opportunities.	Minimal evidence of professional development opportunities.		
Faculty Meeting Instructional Needs	Employs a sufficient number of highly qualified faculty to meet instructional needs.	Employs an adequate number of qualified faculty to meet instructional needs.	Has a plan to employ an adequate number of qualified faculty to meet instructional needs.	Faculty numbers and/or qualifications are insufficient to meet instructional needs.		
Facilities and Equipment	Facilities and resources meet current and future needs.	Facilities and resources meet current needs.	Evidence of a plan to have facilities and resources meet current and future needs.	Minimal evidence that facilities and resources meet current and future needs.		
4—Effectiveness						

Student Learning Outcomes Assessment	Exhibits ongoing and systematic SLO assessment to adjust instruction.	Exhibits student learning outcomes assessment and uses results to change instruction.	Has a plan to engage in ongoing and systematic SLO assessment, including using results to change instruction.	Minimal evidence of SLO assessment.
Student Success	Thoroughly analyzes trends in enrollment, degrees awarded, time- to-completion rates, and formulates comprehensive plans to address them.	Describes trends in enrollment, degrees awarded, time-to- completion rates, and formulates plans to address them.	Describes trends in enrollment, degrees awarded, time-to- completion rates, and makes an attempt to plan to address them.	Minimal description of trends and/or fails to formulate plan to address them.
5—Budget	Financial resources meet current needs and are projected to meet future needs.	Financial resources meet current needs.	Evidence of a plan to acquire financial resources to meet current needs.	Minimal evidence that financial resources meet current needs.
6—Strengths and Weaknesses	Strengths and weaknesses are described accurately and thoroughly.	Most strengths and weaknesses are described accurately and thoroughly.	Some strengths and weaknesses are described accurately and thoroughly.	Minimal evidence that strengths and weaknesses are described accurately and thoroughly.
7—New Goals and Plan	Multiyear planning process with evidence of use of assessment data in planning.	Multiyear planning process with some assessment data.	Short-term planning process recently implemented.	Minimal evidence of planning process.
8—Overall Evaluation	Evidence of ongoing systematic use of planning in selection of programs and services.	Exhibits evidence that planning guides program and services selection that supports the college.	There is evidence that planning intermittently informs some selection of services to support the college.	Minimal evidence that plans inform selection the of services to support the college.
	Highly Developed	Developed	Emerging	Initial

Klamath Community College Instructional Program Review: