🏛 Dept - (BHES) Nursing › Department › Program Review

▼ 🏛 **Dept - (BHES) Nursing**   ✎

2019-20 Annual Program Review Update Submitted By: Catherine Hrycyk. Director of the Nursing Program

APRU Complete for: 2019-20

Program Mission Statement: De Anza College provides an academically rich, multicultural learning environment that challenges students of every background to develop their intellect, character and abilities; to realize their goals; and to be socially responsible leaders in their communities, the nation and the world. The college engages students in creative work that demonstrates the knowledge, skills and attitudes contained within the college's Institutional Core Competencies:

1. Communication and expression

2. Information literacy

3. Physical/mental wellness and personal responsibility

4. Civic capacity for global, cultural, social and environmental justice

5. Critical thinking

The Nursing program has been part of the Foothill/De Anza District since its foundation in 1960. Over the years the program has evolved in order to better meet the needs of the community, to keep abreast of changes in nursing practice and to best address the changing nature of the student learner.

Our aim is to collaborate with community agencies to best prepare graduates who will function as Registered Nurses and to transfer students to UC, CSU, and other on-line university systems to obtain their baccalaureate degrees.

The mission of the Nursing program is based on the following principles: (with corresponding DAC Core Competencies in brackets)
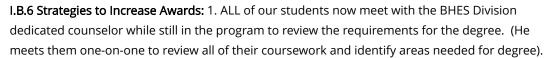1. Recognition of commonalities and uniqueness in individuals involved in the teaching and learning process. (communication and expression; information literacy; critical thinking)
2. Promotion of development of individual's potential and individual's contribution to society. (physical/ mental wellness and personal responsibility)
3. Providing society with professional nurses capable of providing safe, effective nursing care. (communication and expression; information literacy; critical thinking)
4.   Facilitate inclusion and success of underserved populations within our program and the larger Nursing community. (Civic capacity for global, cultural, social and environmental justice)
5.   Encourage students to transfer to UC and CSU systems to obtain their Bachelor's and/or Master's degree (critical thinking; information literacy; communication and expression)

I.A.1 What is the Primary Focus of Your Program?: Career/Technical

I.A.2 Choose a Secondary Focus of Your Program?:

I.B.1 Number Certificates of Achievment Awarded: 0

I.B.2 Number Certif of Achievment-Advanced Awarded: 0

I.B.3 #ADTs (Associate Degrees for Transfer) Awarded:

I.B.4 # AA and/or AS Degrees Awarded: 46

I.B.5 Trends in # Degrees Awarded: The total number of degrees has increased slightly from the previous year of 43.

I.B.6 Strategies to Increase Awards: 1. ALL of our students now meet with the BHES Division dedicated counselor while still in the program to review the requirements for the degree. (He meets them one-on-one to review all of their coursework and identify areas needed for degree).
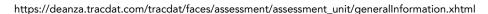2. The program offers information meetings for prospective students quarterly, whereby they are informed of not only program requirements, but also degree requirements. These are usually attended well in advance of entering the program.
3.   Students who meet with the Admission & Screening Specialist for the Nursing Department are encouraged to complete any courses necessary for degree AND for transfer while they are on the waiting list to enter the program.

I.C.1. CTE Programs: Review of Perkins Core Indicator and SWP Outcomes Metrics: From the Review of Perkins Core Indicator Report:

Nursing ranks ABOVE the negotiated level for: Technical Skills Attainment; Completions (credential, certificate, egress or transfer ready); Persistence and Transfer; and Employment.

Nursing ranks BELOW the negotiated level for: Nontraditional Participation and Nontraditional Completions. To address these issues we have:
  -continued a mentoring program within the Nursing Program. Each faculty member is assigned students entering the program for whom they act as a mentor and facilitator for success.
  - created an early warning assessment, documentation and sharing system for 'at risk' students.
 In this way, not only areas of deficiency are assessed, but plans of action with subsequent results are documented
  - Deborah Taylor, Screening and Admission Specialist for the Nursing Department, does outreach to try to encourage the target populations to enter our program.
  - all faculty track student performance and work with students as early as possible to try to facilitate their success (get them tutors, give them extra case studies, arrange more time in the practice labs, etc)
  - individual course results are tracked by a number of factors: course content problems for the class, course content problems for individual students
  - started test-taking strategy seminars early in the nursing program to facilitate our unique testing formats
  - would like to offer more simulations, but this is near to impossible without a simulation facilitator

From the SWP Outcomes Report:

In the San Jose- Sunnyvale- Santa Clara, CA region in the last year, there was an average monthly posting of 1,683 postings for nursing positions in 2019-2020 time frame.
The current number of Registered Nursing jobs (17,844) is expected to increase in the next 5 years (2020-2025) by 1,942 positions- which is an 10.9% change. Clearly the positions are out there and will continue to be there.

Although this region offers a lower number of positions than the national average, the median wage (2018 statistics) in the San Jose- Sunnyvale- Santa Clara region is $133,031 as compared to $71,538 nationally. This significantly improves the quality of life for our graduates, their families and the community.

Our graduates ARE getting jobs. We are working diligently to make ALL of our students successful within the program and once graduated. Nursing faculty write countless letters of recommendation and complete online surveys for jobs and BSN programs; we also notify recent graduates of upcoming new grad programs and job postings when we become aware of them.

I.C.2 CTE Programs: Labor Market Demand and Industry Trends :: Some of the De Anza College Nursing Advisory Committee recommendations are:

1.   Encourage students to continue with their education toward a BSN, since Magnate status hospitals require them to be ENROLLED in a BSN program in order to apply for nursing positions. The De Anza College nursing program has set up partnerships with CSU and Thomas Edison University to facilitate an easy transition into BSN programs, thus increasing student ability to apply for nursing positions! Others are utilizing other Bridge and on-line programs in order to work while they continue their education.
2. Increase student exposure to outpatient service as an alternative to hospital nursing. Many of our students continue to be involved in more community-based health care settings, like outpatient surgical centers, home health and hospice, pediatric day hospitals for chronically ill children and short-stay procedure units.
3. Focus on developing bedside clinical judgement skills for students and new graduates.   Clinical instructors have established simulation experiences in all clinical areas, although they are difficult to put into practice without a simulation facilitator.
4.   Foster critical thinking skills in the nursing coursework. This is done through live and on-line 'unfolding' case studies, complex evidence-based written case studies, groupwork, on-line discussion boards and situation-oriented computerized tests.
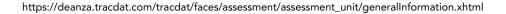
The Survey of Nursing Employers in California (2018) reported:
 - in 2017, new grad nurses made up 37% of all new staff positions
 - 33% reported that they would be increasing the hiring of new grads in 2018

The Health Resources & Services Administration National Center for Workforce Analysis (2017) reported:
 -California RN supply will be 11.5% lower than the demand by 2030
 -necessity to maintain or increase present number of nursing grads to meet long-term health care needs

California Newly Hired RN Employment Survey (2019) reported:

-the workforce forecast will be balanced for the next 10 years ONLY if current nursing program enrollments and state-to-state migration patterns remain stable

California Future Health Workforce Commission (2019): Two priorities for immediate action are:
  -expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers
  -recruit and support college students from underrepresented regions and background to pursue health careers

I.D.1 Academic Services & Learning Resources: #Faculty served:

I.D.2 Academic Services & Learning Resources: #Students served:

I.D.3 Academic Services & Learning Resources: #Staff Served:

I.E.1 Full time faculty (FTEF): 11.1

I.E.2 #Student Employees: 0

I.E.3 Full Time Load as a %: 61.7%

I.E.4 # Staff Employees: 2 staff- no changes

I.E.4 #Staff Employees:

I.E.5 Changes in Employees/Resources:

II.A Enrollment Trends: Over the last three years, the following trends are emerging:

-Gender: consistently 21-22% male; 78% female

-Target Populations: Significant increase in Latinx (24-34%) and Native American students (0-2%); Steady enrollments in African American (3%) and Pacific Islanders (0-1%)

-Age: Stable trend in age, with the largest percentage for 25-39 year olds.   Increasing numbers of students 40+ years of age (second career students)

-Educational Level on Entry: Stable with a slight decrease in the number of Bachelor or higher degrees (23% - 19% - 18%)

II.B Overall Success Rate: Over the last three years, success rates within our program have increased slightly from 81% to 84%.

II.C Changes Imposed by Internal/External Regulations: Hospital regulations continue to dictate the number of students allowed in clinical rotations. All hospitals only allow 10 students per clinical rotation, with some clinical agencies having stricter regulations. For example, in certain hospitals and on certain units, the number of allowed students may be only 3, requiring the instructor to cover several units on several floors OR to plan alternate but equally effective learning opportunities. (one of our instructors is on 4 floors each clinical day!).
The hospital regulations therefore limit the number of students admitted each quarter to 20 students, which are split between one full-time and one part-time instructor.

In addition, there are now more schools of nursing competing for the limited hospital placements for clinical practice.

Our nursing program is vigorously trying to be able to offer simulation experiences on campus, which are Board of Nursing approved learning experiences, as a mechanism for managing the hospital placement issue. Funding of a simulation facilitator, even part time, is an issue.

III.A Program Success: Since the last review, the success rates (compared to last year) for most of the targeted populations is up.

Groups:	Nursing Success Rates:
African Americans	77% (up from 71%)
Latinx	80% (up from 73%)
Filipinx	88% (up from 82%)
Pacific Islander	61% (down from 88%) (Note: low number of actual students)

III.B Enrollment Trends - Equity Lens: In the last five years in the Nursing Program:
-African American enrollment: has ranged between 4 and 2% (Currently 3%) (Note: College enrollment last year 4%)
-Latinx enrollment: has ranged from 20% to 34% (Currently 34%)- steadily increasing over the years (Note: College enrollment last year 24%)
-Filipinx enrollment: has ranged from 17% to 12% (Currently 12%) (Note: College enrollment last year 6%)
-Pacific Islander enrollment: has ranged between 2 and 0% (Currently 1%)- remains consistently low (Note: College enrollment last year 1%)

Our older students consistently make up of our population, with 67% in the 25 to 40 year age bracket. This indicates a population with much more responsibility outside the school arena, as most are caring for young families and aging parents, while going to school and often working to support or supplement the family income. However, this older population of students have usually had some life experiences which makes them more grounded and translates well to the ability and desire to care for patients.

Our students are also now coming with previous education. Those entering the program with an Associate Degree make up 24% of our students (as compared to 15-25% in past), and those with a only high school equivalent has dropped from 63% to 56% currently. Those with a Bachelor or higher degree has stayed between 23 to 18%. Although having a previous degree or educational background might indicate that students are familiar with the education process, it often indicates that students have preexisting loans which necessitate students working significant hours during the academic year, reducing their chance of success in the very demanding nursing program.

III.C Success, Non-Success and Withdraw Rates: Our equity gap has decreased each consecutive year from 2016-2017 / 2017-2018/ 2018-2019 for African American students only. (77%- 71%- 77%) Our other targeted populations have had minimal changes over the same period of time.   Filipinx (88%-82%-88%) and Latinx (74%- 73%-80%)
Non-targeted populations have remained fairly consistent.

III.D Equity Planning and Support: Our evaluation of our equity results indicate that perhaps we are not 'reaching' our target populations as best we can.
Outreach supplies- brochures and information packets developed for our targeted populations might make a difference.

III.E Departmental Equity Planning and Progress: Enhanced support for students and clinical practice coaching:

A simulation facilitator would help make the transition from theory to clinical practice in a controlled and safe environment. This experience would help by providing the opportunity to practice assessment, clinical judgement and skill performance in a non-threatening and controlled environment.

We have the simulation equipment- we just need someone to facilitate it's use. Currently, the instructor must schedule an entire clinical day in order for each student to do one simulation. Students do other work while waiting for their turn. This is not the best or ideal use of clinical time. With a simulation facilitator, the instructor could schedule several students for simulation each day while supervising the rest of the students in the hospital. Simulation students could complete numerous simulations with the facilitator.

III.F Assistance Needed to close Equity Gap: Yes

IV. A. SLOAC Summary:

IV.B Assessment Planning:

V.A Budget Trends: Our enrollment is fixed, but we continue to work at decreasing the equity gap. To do so we will need additional funding to support all our students and especially our target populations.

V.B Funding Impact on Enrollment Trends: Funding will not be able to change our enrollment rates since that is controlled by the hospitals we use for clinical practice. However, funding might be able to help with retention and success once the students are IN the program, by better serving their learning needs.

For example, funding might provide a simulation facilitator. This person works in the nursing lab setting and assists students with simulated skill performance, clinical assessments, legalities of procedures and documentation AND clinical judgment. All of this is within a SAFE learning environment, bolstering student success in their clinical practice.

Funding might also provide the 'tablet' utilized by many departments in education, utilizing student strengths in learning. Offering tablets to nursing students would afford:
- in class utilization of unfolding case studies in individual and/or group activities
-in class simulation, recommended by the National Council of State Boards of Nursing, as a mechanism for teaching clinical judgment
-facilitating on-line interaction with instructors and group forums
-facilitating viewing of additional resources (such as learning tools specially created for nursing students- adaptive quizzing to meet specialized nursing content and testing requirements, on-line case studies. NCLEX review and practice exam questions.

V.C.1 Faculty Position(s) Needed: Replace due to vacancy

V.C.2 Justification for Faculty Position(s): Pediatric nursing is a specialty area in nursing. Per the Board of Registered Nursing, in order for a program to receive and maintain approval, students must receive instruction in Pediatric Nursing from a Board approved and qualified content expert instructor. At present, the program Director is the only qualified person on the nursing faculty who is approved to teach the theory subject matter.   IN ADDITION, the program Director is also teaching the Fundamentals course at present. (Due to Board of Nursing regulations, only Master's prepared faculty are allowed to teach theory courses). It is unrealistic to think that she can

continue to fill this teaching role while being responsible for maintaining approval of the nursing program by the BRN. (that is: overseeing scheduling, faculty and staff positions, relationships and scheduling of students at clinical sites, budget/needs of the department, student compliance with hospital/BRN requirements, representation of department at college meetings, advisory committees and CTE meetings, maintaining contracts between college/district/ and hospital sites, dealing with students, faculty and program issues, tenure committee (required participation, part-time faculty evaluations, writiing multiple reports for college, CTE, BRN and more).

We also have a faculty member who retired last June, so the Psychiatric/ Mental Health position is being covered by part-time faculty. This is a suitable temporary fix at best.

Another faculty in Medical- Surgical Nursing has expressed her desire to leave De Anza College. She will stay to teach clinical ONLY until a replacement can be found.

What makes hiring faculty so difficult, is that we are not competitive with salaries offered in hospital positions. Many skilled practitioners with the qualifications needed for the faculty position tell us that they cannot take the decrease in salary that is inherent in FT teaching at De Anza. Conversations with other Directors at other schools of nursing about this issue have indicated that other schools give faculty 'credit' for their years of clinical experience when placing the candidate on the pay scale. They state that in order for a nurse to become a clinical expert, it takes years of experience, and that placement for these candidates should not be the same as for those with just the academic credits.

V.D.1 Staff Position(s) Needed: None needed unless vacancy

V.D.2 Justification for Staff Position(s)::

V.E Equipment Requests: Equipment resource requests listed on spreadsheet
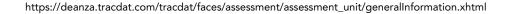
V.F Facility Request:

V.G Other Needed Resources:

V.H.1 Staff Development Needs: Staff development is a priority for nursing faculty. The money provides the means for faculty to attend conferences or courses in order to update or refresh their knowledge in their specific areas of expertise. A better and more 'current' prepared faculty function to increase the De Anza values related to developing human capacity to direct, nurture, engage, and value students during their academic accomplishments. This development is needed for both faculty and staff in our department. (eg. a recently hired instructional assistant was not able to attend a conference directly related to his required activities because funds through the Staff Revitalization Committee had already been depleted).

It also serves the institutional core competences by maintaining information literacy, increasing critical thinking abilities, and improving civic capacity.

V.H.2 Staff Development Needs Justification: One of the conferences that our instructional assistant was hoping to attend was related to simulation. Since we do not have a simulation facilitator, he would be able to assist faculty with running them. Due to lack of funding, he now cannot.

As mentioned several times in this report, simulation is SO important to increase critical thinking skills and application of knowledge in the performing of patient care in a nonthreatening and safe environment for students.

If we want to retain current part-time faculty and encourage them to apply for full-time positions, we need to foster their comfort and growth within the teaching roles. Attendance at nursing faculty conferences, teaching 'bootcamps' and workshops is mandatory.

V.I Closing the Loop: The biggest indicator of success (the outcome of receiving the resources listed above) is our student pass rate for the NCLEX (National licensing exam given to graduates to become RNs). We receive quarterly reports from the BRN (Board of Registered Nursing) on the success rates of first-time test takers.   If we could supplement learning opportunities for our students, target and non-target populations alike, we could maximize the best outcomes for ALL of our students.

Another indicator of success for us is the feedback we receive from representatives from the clinical agencies that hire our graduates. At our last Community Advisory Meeting, representatives from local hospitals and facilities gave glowing reports about our graduates who are now employed as RNs. They stated that they felt they were the 'most prepared' new grads and that they were able to handle the demanding workload easily". They also said that they are the first to be moved up to more challenging roles within the hospital because of their training.

Finally, our annual survey of graduates indicate overwhelmingly that they feel well-prepared to take on the role of the novice nurse in various clinical settings

Last Updated: 01/29/2020

#SLO STATEMENTS Archived from ECMS: 0