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☰
▼

🏠 Home (/tracdat/fac...

🏛️ **Department**
▼

Program Review
▶

Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)

✎ Department Planning

📅 Reports
▼

📁 Documents
▼

⏪

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

i Department Chairs/Program Leads: Please press the edit symbol in the right-hand corner to update. Below, the text in bold corresponds both to the name of the box when editing this page and also to the first-column on the APRU worksheet. If you have questions, please contact: papemary@fhda.edu. ✕

▼ 🏛️ **Dept - (BHES) Nursing**

2018-19 Annual Program Review Update Submitted By:

Catherine Hrycyk

APRU Complete for: 2017-18

Program Mission Statement: 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:

1. Recognition of commonalities and uniqueness in individuals involved in the teaching and learning process.
2. Promotion of development of individual's potential and individual's contribution to society.
3. Providing society with professional nurses capable of providing safe, effective nursing care.
4. Facilitate inclusion and success of underserved populations within our program and the larger Nursing community.
5. Encourage students to transfer to UC and CSU systems to obtain their Bachelor's and/or Master's degree

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

Career/Technical

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

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

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☰
▼

Home (/tracdat/fac...

Department ▼

Program Review

Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)

Department Planning ✓

Reports ▼

Documents ▼

⏪

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: 43

I.B.5 Strategies to Increase Awards :

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:

- started 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.

- Deborah Taylor, Screening and Admission Specialist for the Nursing Department, does out reach 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 region in the last year, there was an average monthly posting of 2,577 postings for nursing positions in Feb 2018-2019 time frame.

The current number of Registered Nursing jobs (17,403) is expected to increase between the next 5 years (2019-2024) by 1,953 positions- which is an 11.2% change. Clearly the positions are out there and will continue to be there.

Salaries range between \$48 per hour to \$75 per hour, which significantly improves the quality of life for our graduates, their families and the community.

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🏠
Home (/tracdat/fac...

🏛️
Department
⌵

⋮
Program Review
▶

⋮
Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)

✎
Department Planning
✓

📅
Reports
⌵

📁
Documents
⌵

⏪

Our graduates ARE getting jobs. We are working diligently to make ALL our students successful within the program and once graduated.

I.C.2 CTE Programs: Labor Market Demand and Industry

Trends :: Some of the 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 on-line programs and Thomas Edison programs to facilitate an easy transition into BSN programs, thus increasing student ability to apply for nursing positions!
2. Increase student exposure to outpatient service as an alternative to hospital nursing. Many of our students students are now introduced to more community-based health care settings, like outpatient surgical centers, 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.
4. Foster critical thinking skills in the nursing coursework. This is done through on-line 'unfolding' case studies, 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

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

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☰
⌵

🏠
Home (/tracdat/fac...

🏛️
Department
⌵

⋮
Program Review
▶

⋮
Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)

✎
Department Planning
✓

📅
Reports
⌵

📁
Documents
⌵

⏪

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): 156

I.E.2 #Student Employees:

I.E.3 Ratio % of Full -time Faculty Compared to % Part-time Faculty Teaching: 1.07

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: slight increase in the number of males

-Target Populations: Significant increase in Latinx and Native American students; Decrease in African American and Pacific Islanders

-Age: Stable trend in age, with the largest percentage for 20-40 year olds

-Educational Level on Entry: Stable with a slight increase in number of students with Associate Degrees on entry

II.B Overall Success Rate: Over the last three years, success rates within our program have dropped slightly from 85% to 81%.

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 individual units 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 limits 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

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⌵

🏠 Home (/tracdat/fac...

🏛️ **Department**
⌵

⋮ Program Review
▶

⋮ Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)

✎ Department Planning
✓

📁 Reports
⌵

📁 Documents
⌵

⏪

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.1 Growth and Decline of Targeted Student Populations: 2017-18 Enrollment: In the last year, the percentage enrollment of the following groups compared to their population in the college as a total is:

-African Americans enrollment:	Nursing 3%	College 4%
-Latinx enrollment:	Nursing 27%	College 25%
-Filipinx enrollment:	Nursing 15%	College 7%
-Pacific Islander enrollment:	Nursing 0%	College 1%

III.A.2 Targeted Student Populations: Growth and Decline: In the last five years in the Nursing Program:

- African American enrollment: has stayed between 4 and 3% (Currently 3%)
- Latinx enrollment: has increased from a low of 14% to a high of 27% (Currently 27%)
- Filipinx enrollment: has been consistently around 14% with a one year high of 18% (Currently 15%)
- Pacific Islander enrollment: has stayed between 2 and 1% (Currently 0%)

Our students are now older, with 84% 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.

Our students are also now coming with previous education. Those entering the program with an Associate Degree make up 33% of our students (as compared to 19% in past), and those with a high school equivalent has dropped from 54% to 41% currently. Those with a Bachelor or higher degree has stayed between 24 to 27%. 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.B.1 Closing the Student Equity Gap: Success Rates: Our equity gap has decreased each consecutive year from 2014-2015 to 2016-2017 for African American students only. (90%- 82%- 77%) Our other targeted populations have had minimal changes over

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Home (/tracdat/fac...▼

Department▼

Program Review▶

Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)▼

Department Planning✓

Reports▼

Documents▼

⏪

the same period of time. Filipinos (83%-81%-88%) and Latino/as (78%- 79%-74%)

Non-targeted populations have remained fairly consistent.

III.B.2 Closing the Student Equity Gap: Withdrawal Rates:

Withdrawal rates:

- African American: 10%
- Latinx: 7%
- Filipinx; 7%
- Pacific Islander: 0%
- Asian: 5%
- White; 3%

III.B.3 Closing the Student Equity Gap: 2017-18 Gap: Success

Gap for the last five years:

- Af. Amer. + Latinx + Filipinx + Pacific Is = Consistent drop over 5 years (Af. Amer: -15%; Latinx: -10%; Filipinx: -8%; Pacific Is: -5%)
- Asian + White + Consistent drop over 5 years (Asian: -12%; White: -4%)

These rates reflect total success statistics, but actual student number vary significantly. (ie. Pacific Islander courses in 5 years is only 102 vs Asian courses in 5 years is 1623)

III.C Action Plan for Targeted Group(s): 1. We have started 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.

2. Deborah Taylor, Screening and Admission Specialist for the Nursing Department, does out reach to try to encourage the target populations to enter our program.

3. 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)

III.D Departmental Equity Planning and Progress: A simulation facilitator would greatly help in student performance in clinical practice by providing the opportunity to practice assessment, clinical judgement and skill performance in a non-threatening environment.

III.E Assistance Needed to close Equity Gap: Yes

III.F Integrated Plan goals: current student equity data and

action plan: 1. Improve transfer and graduation rates for disproportionately impacted students.

IV.A Cycle 2 PLOAC Summary (since June 30, 2014): 100%

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☰
⌵

🏠 Home (/tracdat/fac...

🏛️ **Department**
⌵

Program Review
▶

Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)

✎ Department Planning
✓

📅 Reports
⌵

📁 Documents
⌵

⏪

IV.B Cycle 2 SLOAC Summary (since June 30, 2014): 104%

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 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

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 subject matter. It is unrealistic to think that she can continue to fill this teaching position 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 advisory committees and CTE meetings, maintaining contracts between college/district/ and hospital sites,

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i
☰
⌵

🏠 Home (/tracdat/fac...

🏛️ **Department**
⌵

Program Review
▶

Personnel (/tracdat/faces/assessment/assessment_unit/personnel.xhtml)

✎ Department Planning
✓

📁 Reports
⌵

📁 Documents
⌵

⏪

and dealing with students issues.)

We also have a faculty member who teaches Psychiatric/ Mental Health, retiring in June. She is another of our content experts and with her retirement, we will again be in need of a faculty member.

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.1 Equipment Requests: Over \$1,000

V.E.2 Equipment Title, Description, and Quantity: Replacement: Update our video/DVD library- our nursing lab library resources are all extremely old and many are outdated. We have roughly 150 videos/DVDs that need updating. They are used extensively by the students on a daily basis for a number of reasons:

- reinforce concepts that were not clear in lectures
- demonstrate skills/ procedures
- afford review and extra time for ESL students, students with learning disabilities, and students struggling with concept integration

New: Thirty iPads for in-class simulation exercises. Since actual clinical time is starting to be difficult due to high competition for placements, recommended learning is using unfolding patient simulation cases facilitated in the classroom. These iPads would be 'loaned' to the students for the class activity and would afford them the opportunity to assess patient situations and make clinical judgements on plans of care. (Clinical judgement is THE new item stressed in the RN licensing exam and the one area that hospitals who hire new graduates, say is lacking). This definitely correlates to our PLO of graduates performing in the role of graduate nurse safely.

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☰
⌵

🏠
Home (/tracdat/fac...

🏛️
Department
⌵

⋮
Program Review
▶

⋮
Personnel (/tracdat
/faces/assessment
/assessment_unit
/personnel.xhtml)

✎
Department Planning
✓

📅
Reports
⌵

📁
Documents
⌵

⏪

Replacement equipment that simulate clinical experiences including: Pyxis medication dispensing devices system, durable medical equipment (ten over-bed tables). This equipment has an expected life span of 5-8 years.

No new or renovated infrastructure for this equipment is required.

V.E.3 Equipment Justification: According to the SLO and PLOS students upon graduation must provide competent nursing care as novice RNs in multiple healthcare settings. The equipment in the lab facilitates student practice and fosters confidence in using the equipment they will encounter in the different working facilities. If the students don't have the equipment to practice their level of competence will be severely disrupted and will decrease their chances to be successful in their clinical rotations and future employment.

The equipment will assist students to reach the college mission by increasing their intellect, realizing their academic goals, and improving their critical thinking skills.

V.F.1 Facility Request: Most of our classroom furnishings are fine. Some classroom computers will need upgrading per the De Anza schedule.

V.F.2 Facility Justification:

V.G Equity Planning and Support:

V.H.1 Other Needed Resources:

V.H.2 Other Needed Resources Justification:

V.J. "B" Budget Augmentation: The only budgetary source for the nursing department is the budget provided by the college, or money from the Perkins/ Strong Workforce fund. Without these sources of financial support the nursing program will not be able to meet SLO and PLO.

V.K.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, nurtures, engage, and value students during their academic accomplishments. This development is needed bot 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

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☰
▼

🏠
Home (/tracdat/fac...

🏛️
Department ▼

⋮
Program Review ▶

⋮
Personnel (/tracdat
/faces/assessment
/assessment_unit
/personnel.xhtml)

✎
Department Planning ✓

📅
Reports ▼

📁
Documents ▼

⏪

had already been depleted).

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

V.K.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.

V.L 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.

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 there 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: 03/16/2019

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