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Memorandum

To: Oregon State Board of Nursing Members

From: Joy Ingwerson, RN, MSN, Nursing Education Consultant

Date: March 26, 2012

Re: Southwestern Oregon Community College Survey Visit Report

A survey visit was made March 12-14, 2012 to the Southwestern Oregon Community College associate degree nursing program to evaluate continued compliance with the Division 21 standards. The following pages include a summary of commendations and recommendations to the program. There was one deficiency identified related to documentation of faculty academic qualifications through official transcripts. This was a finding from the last survey visit, as well. The expected correction for this deficiency is outlined in the survey visit report and will be due to the Board for the November, 2012 meeting.

The program was last surveyed in 2006 and received approval for up to five years at that time. Several recommendations at that time were associated with the curriculum and the anticipated adoption of the OCNE curriculum which has been fully implemented. There were also recommendations noting the need for structure with faculty meetings and policies which were found to be fully in place.

The college needs to be thanked for their flexibility with the survey schedule necessitated by a snow storm with extensive power outages on the second day of the visit. The extra effort made to ensure that the visit could be completed is very much appreciated.

Suggested motion:

MSC that the Southwestern Oregon Community College Associate Degree Nursing program (be/not be) approved for up to five (5) years to March, 2017 with a report due to the Board in November, 2012 addressing the processes in place to confirm faculty academic preparation through official transcripts.

OREGON STATE BOARD OF NURSING

REPORT OF SURVEY VISIT
SOUTHWESTERN OREGON COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
Review dates: March 12-14, 2012

The Southwestern Oregon Community College (SOCC) Associate Degree Nursing Program survey was conducted March 12-14, 2012 by Joy Ingwerson, RN, MSN, Nursing Education Consultant.

Southwestern Oregon Community College was founded in May of 1961. The Associate Degree program in nursing began in 1975 with the addition of a second year to the then existing practical nurse program. The program was initially approved by the Oregon State Board of Nursing in 1977. SOCC is a full member of the Oregon Consortium for Nursing Education (OCNE), adopting the OCNE nursing curriculum in the first wave of schools. The program enrolls 24 students each year for the Coos Bay campus, 5 for the Curry Campus, and 4 for the Coquille program. At the time of the survey, the program had 57 students enrolled.

Interviews were conducted with the following individuals/groups.

Administration:
Linda Kridelbaugh, Vice President of Administrative Services
Phill Anderson, Interim Vice President of Instruction
Diane Schab, Associate Dean of Learning
Robin Bunnell, Institutional Researcher
Ron Olson, Special Projects/Accounting Manager

Support Services Representatives:
Barbara Schreckengost, Admissions Representative
Avena Singh, Director of Financial Aid
Tim Dailey, Director of Educational Support Programs
Shawn Liggett, Registrar
Smita Avasthi, Librarian
Julia Hancock, Transcript Evaluator

Nursing Faculty Members:
Darla Hickerson
Theresa Lovasik
Renee Menkens
Kathy Walsh
Pam Wick

Students:
21 first year nursing students
25 second year nursing students

Clinical Facility Representatives:
Lori Krenos, Chief Patient Care Services Officer, Bay Area Hospital
Patrice Parrott, Clinical Nurse Specialist, Bay Area Hospital

Diana Wall, Manager of Education, Hospital
Debi Lane, Director of Nursing Services, Avamere Hearthside

Inspection of physical facilities included:
Classrooms, skills laboratory, simulation laboratory, and nursing faculty offices
Campus Library
First Stop Student Services Center

The report presents all standards for approval of schools of nursing from OAR 851-21-040 through 070. Each standard is evaluated as "met", "partially met" or "not met." The surveyor's comments are included for most standards and in every case when a standard was partially met or not met.

In all cases, standards partially met were deemed sufficiently met to merit the recommendation for approval. Recommendations are intended as advisory to the nursing program and college. "Advisory" means that the recommendations, or alternative means to meet the same standard, are intended to be implemented but do not require a formal report to the Board.

A follow-up report is required for any noted deficiencies (see pages 5 and 11)

Based on the findings, the surveyor recommends:

that the Southwestern Oregon Community College Associate Degree Nursing program be approved for up to five (5) years to March, 2017 with a follow-up report on validation of faculty qualifications through official transcripts for the November 2012 Board meeting.

Summary from 2011 Survey Visit

Commendations

- To Susan Walker for her steady leadership and on-going efforts to maintain strong relationships with community partners. [OAR 851-021-0040(4)]

- To the faculty for their commitment to student success through advising and using a wide variety of teaching strategies. [OAR 851-021-0045(11)(d)]

- To the nursing program for maintaining well-organized student files.
  [OAR 851-021-0060(2)]

Recommendations

1. Evaluate the impact on time required to perform functions of the nurse administrator position related to the addition of allied health programs to responsibilities.
   [OAR 851-021-0040(6)]

2. Analyze adequacy of full-time nursing faculty to fulfill all role responsibilities as required by the Board of Nursing and to formulate action plans for student retention and success on NCLEX®.
   [OAR 851-021-0045(1)]

3. Revise the "Criteria for Clinical Faculty to Student Ratio" policy to include faculty considerations for when a lower ratio is appropriate and the acceptable ratio during final clinical practica.
   [OAR 851-021-0045(10)(a) and (c)(E)]

4. Review curriculum outcomes and course objectives for patient safety content specifically focusing on promoting safety and linking patient safety to communication, reflection, collaboration, leadership, and quality improvement.
   [OAR 851-021-0050(4)(c)A)]

5. Continue to evaluate the adequacy of staffing to meet student needs in key service areas such as advising, financial aid, First Stop, etc. [OAR 851-021-0055(3)]

6. Prioritize continued work on planning for new/remodeled space for nursing skills and simulation laboratory experiences. [OAR 851-021-0065(1)(a)]

7. Conduct an analysis of the adequacy of access to nursing periodicals with anticipated changes to database offerings. [OAR 851-021-0065(2)(b)]

8. Evaluate student perceptions of adequacy of support for use of ANGEL system and functionality of nursing course files. [OAR 851-021-0065(3)]

9. Ensure all Clinical Affiliation Agreements include reference to the use of Clinical Teaching Associates (CTAs) and the need to maintain all required operating licenses/accreditations.
   [OAR 851-021-0065(5)(b)(c)]

10. Ensure that the elements of the Comprehensive Plan for Evaluation are scheduled for review and documented when conducted. [OAR 851-021-0070(2)]

Deficiency

Clear policies and procedures for verification of faculty education through official transcripts within a defined time period were not found.   [OAR 851-021-0045(2)]

Deficiency Follow-Up Report Required for November 2012 Board Meeting

1. Provide a written policy/procedure for verification of faculty education through official transcripts that includes the time frame within which these documents must be on file at the college.
2. Submit a tracking tool showing the official transcripts currently on file for nursing faculty.   **Note:** A site visit may be conducted to validate the tracking/file contents.

Standards for Approval: Organization and Administration
851-021-0040

(1)   *The controlling body shall be accredited by an appropriate regional or national accrediting association or agency and meet all current standards of the accreditor.*

    (a)   *Institutions offering registered nurse programs shall be approved as a degree-granting institution of higher education in Oregon, and*

    (b)   *Accredited by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA).*

Standard: **Met**

Evidence:
> Letter from the Northwest Commission on Colleges and Universities (NWCCU) dated August 11, 2011 affirming continued accreditation status

Comments:
> Recommendations identified by the NWCCU focused on factors for assessment of student success. The areas for improvement were not linked specifically to the nursing program. The college anticipates a site visit from NWCCU in April of 2012.

(2)   *There shall be a description or organizational chart that clearly illustrates communication and decision making processes within the nursing program, and accountability and communication of the nursing program to the controlling body.*

Standard: **Met**

Evidence:
> Organizational Chart dated February 2, 2011
> Nursing Administrative Structure
> Instructional Organization Description
> Interview nursing program director
> Interview Vice President of Instruction, Vice President of Administrative Services, Associate Dean of Learning, Institutional Researcher, and Special Projects/Accounting Manager

Comments:
> The organizational chart shows the Director of Nursing and Allied Health reporting to the Associate Dean of Learning, and the Vice President of Instruction. Within the administrative structure, the director of nursing has access to various members of the administrative team, as needed. Ms. Walker has direct responsibility for the nursing faculty and support staff in nursing and allied health.

(3)   *There shall be adequate financial support for the development, implementation, stability and continuation of the program, including required prerequisite and support courses if applicable.*

Standard: **Met**

Evidence:
> Adopted budget 2011-2012, 2010-2011
> Nursing budget summaries
> Interview program director
> Interview Vice President of Instruction, Vice President of Administrative Services
> Interview nursing faculty

Comments:

Funding for the nursing program has remained mostly stable although the amount of state funding to the college has been declining. Tuition has increased and fees have been added to the nursing program to help offset costs. Dollars allocated to faculty have stayed relatively stable although some allocated funds have been shifted from full-time tenure track to full-time adjunct.

The college and the nursing program have been able to secure additional funds through donations from community partners. These donations have been monetary and "in kind" supporting the acquisition of equipment directly from clinical facilities or through clinical purchasing agreements. **It is important for the college to consider building the budget for the nursing program without these donations so that the true cost of the program is evident.** On-going challenges with funding are present and impact decisions regarding student services, library holdings, and faculty.

(4)   The authority and responsibility for the direction of the program shall be vested in a qualified nurse administrator as specified in OAR 851-021-0045.

Standard: **Met**

Evidence:

Program director personnel file
S Walker curriculum vitae

Comments:

Ms. Walker has been directing the program since 2008, first in an interim role and then as director in 2009. The collaborative working relationship between the nursing program, other healthcare programs, and the various student support services is evident. Community partners and college administration noted the efforts made to foster strong relationships with healthcare agencies in the community. Ms. Walker has led the faculty in addressing performance improvement efforts geared toward the NCLEX-RN® pass rate. She supports faculty involvement in OCNE committees.

(5)   The nurse administrator shall have institutional authority and administrative responsibility for the program, including:
(a)   Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum and instructional delivery;
(b)   Creation and maintenance of an environment conducive to teaching and learning, including coordination and support of faculty assignments;
(c)   Liaison with executive administrators and administrative and student service units of the institution;
(d)   Participation in institutional policy and program decisions that affect teaching and learning within the nursing program;
(e)   Participation in preparation of the budget;
(f)   Administration of the budget;
(g)   Facilitation of faculty and faculty member development;
(h)   Participation in faculty member performance review;
(i)   Recommendation for faculty member appointment, promotion, tenure and retention;
(j)   Liaison with the Board related to the program's continuing compliance with the required elements of these rules.

Standard: **Met**

Evidence:
>	Position description for director of nursing
>	Interview nursing program director
>	Interview faculty, VP of instruction, VP of administrative services
>	Interview students
>	Interview clinical partners
>	Advisory Board Meeting minutes

Comments:
>	The role of the nursing program director is inclusive of the role elements listed above. Not all elements are clearly included in the position description but examples of carrying out these functions was provided. Ms. Walker is involved in providing input on the budget and has influenced an increase in dollars allocated for supplies and equipment repair. She is a member of key committees on campus and is a part of the OCNE Coordinating Council.

>	Ms. Walker meets with students as a group and individually to address issues, when appropriate. She maintains open communication with students and faculty on the extended campuses. Review of faculty performance and faculty observations are conducted by Ms. Walker.

>	Of note, the current position description for the program director includes minimum qualifications that are less than those required in the Oregon Administrative Rules. **While the program is not currently recruiting for this position, it would be helpful to ensure that the document includes minimum qualifications that are equal to those required by the Board of Nursing for years of experience and areas of expertise.**

Commendation:
>	**To Susan Walker for her steady leadership and on-going efforts to maintain strong relationships with community partners.**

(6)	*The nurse administrator shall have sufficient time provided for carrying out administrative responsibilities. Instructional responsibilities and responsibilities for administration of other programs shall be consistent with the scope of the administrative responsibility for the nursing program.*

Standard:	**Met**

Evidence:
>	Interview nursing program director
>	Interview faculty

Comments:
>	The nursing program director is a full time administrative position with responsibilities for the nursing program along with several allied health programs including: pharmacy technician, medical assisting, phlebotomy, and nursing assistant. Some programs are not offered every term or every year. Currently, the allied health programs have strong faculty who manage the programs. The addition of these allied health programs has been a relatively recent change with the Medical Assistant Program and Pharmacy Technician added most recently. Nursing students and faculty are in place on three campuses which requires coordination and presents challenges with distance.

>	Since the addition of new responsibilities has been more recent, it is advisable to plan for evaluation of these changes from the perspective of the faculty and students in each program. It is anticipated that the program will need to recruit new faculty in the coming year which will lead to added work associated with orientation and mentoring.

Recommendation:
> **Evaluate the impact on time required to perform functions of the nurse administrator position related to the addition of allied health programs to responsibilities.**

(7)   *Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically.*

Standard:	**Met**

Evidence:
> Nursing Program Student Handbook
> College website – Nursing Program section
> Nursing Policy Manual

Comments:
> Nursing policies are congruent with college-wide policies and appropriately developed, as needed for the nursing program. The student handbook is reviewed annually by the faculty. Several policies were recently developed so there was no clear indication of on-going review. The Comprehensive Plan for Evaluation includes a review of policies annually at the start of the academic year.

Standards for Approval: Nursing Faculty
851-021-0045

(1)   The faculty shall include a sufficient number of qualified nurse educators and nurse educator associates to meet the identified learning outcomes of the nursing education program.

Standard: **Partially Met**

Evidence:
> Interview faculty
> Faculty Files
> Faculty Tracking Table (Self Study Appendix D)

Comments:
> The current faculty includes three full-time and seven part-time nurse educators who work a variety of hours. One clinical laboratory teaching assistant is in place. Although the majority of the faculty have backgrounds in medical-surgical nursing, there are faculty members with clinical expertise in maternal-child, pediatrics, community health, and mental health. The program director and faculty self-identity a need for a faculty member with expertise in maternal-child health.

> A full-time nursing position was actually allocated to a nursing faculty member in a dean position in the past year. This person is no longer at the college and the funding for this full-time position is not available for recruiting. While the faculty are working at the expected workload credits, there needs to be consideration of the expectation for faculty to focus on student retention and improving the NCLEX-RN® pass rate, in addition to the full faculty role expectations.

> The program utilizes part-time faculty for clinical coverage in several areas. Several part-time faculty hold staff nurse positions in the facility where they supervise students.

> A support person is in place to coordinate activities and supplies for the skills and simulation laboratory which allows the qualified faculty to focus on evaluating students and supporting their learning.

Recommendation:
> **Analyze the adequacy of full-time nursing faculty to fulfill all role responsibilities as required by the Board of Nursing and to formulate action plans for student retention and success on the national licensing examination.**

(2)   The nurse administrator and each nurse faculty member shall hold a current, unencumbered license to practice as a registered nurse in Oregon and be academically and experientially qualified for the position to which she/he is appointed.

Standard: Not Met

Evidence:
> OSBN license verification records
> OSBN faculty approval verifications
> Nursing faculty files in Human Resources Department
> Faculty Tracking Table (Self Study Appendix D)

Comments:
> All nursing licenses can be verified through the OSBN system and the program has a process in place to look at license expiration dates monthly. Reminders are provided to faculty with upcoming license expirations. The full-time faculty hold master's degrees in nursing and two of the nurse educator associates have master's degrees in nursing. The remainder hold bachelor's

degrees in nursing. One faculty member has a post-master's certificate in nursing education. Two faculty members are pursuing additional nursing degrees.

Faculty educational qualifications are not currently validated by official transcripts. The hiring process allows for unofficial transcripts to be submitted with an application with an expectation that official transcripts are provided upon hire. At this time, there is no process in place to ensure that this step is completed. Eight faculty files were reviewed during the survey. Six files did not have official transcripts for the required degrees. One file had an official transcript for the BSN but not the MSN. A clear process for tracking missing file items was not found. This was a finding in the 2006 survey process, as well. The report states that "several" faculty files did not include official transcripts.

Deficiency:
> **Clear policies and procedures for verification of faculty education through official transcripts within a defined time period were not found.**

Deficiency Follow-Up Report Required for November 2012 Board Meeting

1. Provide a written policy/procedure for verification of faculty education through official transcripts that includes the time frame within which these documents must be on file at the college.
2. Submit a tracking tool showing the official transcripts currently on file for nursing faculty.
   Note: A site visit may be conducted to validate the tracking/file contents.

(3)   Faculty teaching in clinical settings shall also hold a registered nurse license to practice and meet requirements in the state in which the clinical experience is occurring.

Standard:	**Not applicable – no clinicals conducted outside Oregon**

(4)   Each non-nurse faculty member shall be academically and experientially qualified for his/her responsibilities.

Standard:	**Not applicable**

Comments:
> No non-nurse faculty teach nursing courses.

(5)   The nurse administrator and each faculty member shall demonstrate professional competence and continued development in nursing, nursing education, and assigned teaching responsibilities.
> *(a)   The nurse administrator and each faculty member shall periodically review assigned teaching responsibilities, evaluating and revising professional development plans as indicated.*
> *(b)   The institution and nurse administrator shall support faculty in developing and maintaining competence in assigned teaching responsibilities.*

Standard:	**Met**

Evidence:
> Faculty files retained in Human Resources
> Nursing department faculty professional development notebook
> Interview faculty

Comments:
> Evidence was found of professional development in the faculty professional development

notebook for all current faculty. Continuing education activities associated with OCNE projects were noted for full-time faculty. Clinical faculty had development activities linked to clinical expertise and course work for those seeking additional degrees. Specific professional development activities to aid new faculty in learning the teaching role were limited although mentoring by the program director and full-time faculty was described. It would be helpful for the program to plan for supporting novice faculty in taking advantage of professional development activities that promote teaching expertise.

All files included evidence of performance evaluation which for some was only an observation by the nursing program director. Compiled student evaluations were included in the file for faculty in place longer than a year and student evaluations of faculty were available in the evidence room. Tenured faculty had complete portfolios submitted within the required time schedule.

(6)   Qualifications for practical nurse programs:

Standard:	**Not applicable – RN program**

(7)   Qualifications for registered nurse programs:
(a)   The nurse administrator shall:
(A)   Hold at least a master's degree in nursing with documentation of preparation and/or experience in curriculum and teaching. In addition, for baccalaureate degree nursing programs, the nurse administrator shall hold an earned doctorate degree;
(B)   Have at least five years of nursing experience, of which three years shall have been in a nurse educator or administrative position in a nursing education program.

Standard:	**Met**

Evidence:
Nursing program director personnel file and vitae
OSBN Appointment Form

Comments:
Ms. Walker holds a master's degree in nursing and has multiple years of experience as faculty and in leadership. She has directed the program since 2009.

(b)   Each nurse educator shall:
(A)   Hold at least a master's degree in nursing or a baccalaureate degree in nursing, and master's in a related field with a post-master's certificate in nursing from a program that is at least two semesters or three quarters in length;
(B)   Have at least three years of nursing experience.

Standard:	**Met**

Evidence:
Faculty vitae
OSBN Appointment Forms

Comments:
All faculty currently designated as nurse educators hold appropriate degrees and years of experience.

(c)   Each nurse educator associate shall hold at least a bachelor's degree in nursing with no

less than two years of nursing experience.

Standard:	**Met**

Evidence:
    Faculty vitae
    OSBN Appointment Forms

Comments:
    The faculty designated as nurse educator associates meet the requirements for education and experience.

    (d)   Each clinical lab teaching assistant shall:
        (A)   Hold at least the educational level of preparation for which students are being taught; and
        (B)   Have at least two years of nursing experience.

Standard:	**Met**

Evidence:
    Faculty vitae
    OSBN Appointment Form

Comments:
    One clinical lab teaching assistant is currently working on obtaining her bachelor's degree in nursing.

(8)   Any exceptions to subsections (6)(a), (b), (c), (d), (e) and (7)(a), (b), (c), (d) of this rule shall be submitted in writing to the Board and shall include rationale for the request. The Board may grant exceptions for any of the following circumstances:
    (a)   The education and experience qualifications are deemed equivalent to the requirements; or
    (b)   The individual has a baccalaureate in nursing, a masters or doctorate in a related field, and relevant nursing experience. The background of the individual is related to the teaching assignment and is complementary to the faculty mix, or
    (c)   Substantial effort has been made to recruit a qualified faculty member, and the appointed individual is pursuing the needed qualifications; or
    (d)   Substantial effort has been made to recruit a qualified faculty member, and the individual without full qualification is appointed for one year. The exception may be extended for one year with documentation of either continued and unsuccessful recruitment for a qualified replacement, or a plan to establish eligibility under exception (c) above.

Standard:	**Not applicable – no faculty appointed by exception**

(9)   Special Provision for Nursing Faculty. Nurse administrators and faculty members employed as such in Oregon during the 1984-85 academic year may be appointed after September 1, 1985 without meeting new requirements under paragraphs 6(a)(A), (6)(b)(A), (7)(a)(A) and (7)(b)(A) of this rule.

Standard:	**Not applicable – no faculty appointed under this exception**

(10)   Faculty Member/Student Ratio:
    (a)   The number of faculty members appointed shall be not less than one faculty member to every eight students having experience in one or more practice sites at any given time. A

lower ratio shall apply when nursing faculty determine that student/client safety and learning effectiveness warrant.

Standard:	**Partially Met**

Evidence:
Interview faculty
Interview students
Interview clinical representatives
Policy: Criteria for Clinical Faculty to Student Ratio (dated October, 2011)
Clinical Placement Schedules
Community Clinical Placement Schedules

Comments:
The college has a ratio of 1:8 for instructor-led clinical experiences. Students, faculty and clinical representatives describe adequate supervision for students in clinical settings and ready access to faculty, when needed. Learning lab experiences have ratios of 2:8 in Coos Bay and 1:5 (at a maximum) on the extended campuses.

See recommendation below

(b)   Factors to be considered in determining the faculty member/student ratio shall be:
(A)   Objectives to be achieved;
(B)   Preparation and expertise of faculty member;
(C)   Use of clinical teaching associates;
(D)   Level of students;
(E)   Number, type and condition of clients;
(F)   Number, type, and location of practice sites; and
(G)   Adequacy of the ratio for nurse faculty to:
(i)   Assess students' capability to function safely within the practice situation;
(ii)   Select and guide student experience; and
(iii)   Evaluate student performance.

Standard:	**Partially Met**

Evidence:
Policy: Criteria for Clinical Faculty to Student Ratio (dated October, 2011)
Clinical Placement Schedules
Community Clinical Placement Schedules
Interview faculty

Comments:
There is a formal policy defining the determination of the ratio for faculty to students. The policy lists the elements of rule noted above. The policy does not specify criteria linked to when a lower faculty:student ratio would be needed (intensive evaluation of a student, for example) nor the acceptable ratio for the final clinical practica students.

Recommendation:
Revise the "Criteria for Clinical Faculty to Student Ratio" policy to include faculty considerations for when a lower ratio is appropriate and the acceptable ratio during final clinical practica.

(c)   Clinical teaching associates may be used within the following guidelines:
(A)   There shall be a written plan for the clinical learning experience consistent with

these rules;

(B) *Clinical teaching associates shall be selected according to written criteria developed by faculty, and agreed to by responsible person(s) in the practice site;*

(C) *A faculty member shall be available to the clinical teaching associate(s) while students are involved in a clinical learning experience;*

(D) *The faculty member shall confer with each clinical teaching associate and student (individually or in groups) regularly during the clinical learning experience;*

(E) *Use of clinical teaching associates does not modify the requirement for faculty member/student ratio, except that the ratio may be modified for final practica.*

Standard:	**Met**

Evidence:

Clinical Teaching Associate (CTA) Handbook
CTA On-Line Training Module
OCNE Guidelines for Integrative Practicum
Interview faculty
Interview students
Interview clinical representatives

Comments:

Requirements for CTA training, and faculty/CTA responsibilities are found in the CTA Handbook. Criteria and expectations for clinical preceptors are defined in this document. The CTA has a responsibility to participate in evaluation of student achievement but the faculty responsibility for summative evaluation is clear.

During precepted experiences in the final semester, an instructor may have a ratio of 1:11 students assigned 1:1 with a CTA. Faculty members see students each week and communicate with CTAs frequently. Guidelines for this experience are well-developed and available through multiple sources. The CTAs complete the OCNE on-line module or receive 1:1 guidance from the practicum coordinator.

See above for recommendation regarding clarification of the faculty:student ratio for the final integrated practicum.

(11) *Principal responsibilities of the faculty shall be to:*

(a) *Develop, implement and evaluate the organizing framework and learning outcomes of the program;*

(b) *Construct, implement, evaluate and revise the curriculum;*

(c) *Develop, implement and evaluate policies and standards for the advising, selection, admission, advanced placement, progression and graduation of nursing students within the framework of the policies of the educational institution;*

(d) *Develop, integrate and evaluate student learning experiences including selection of learning activities, appropriate use of emerging teaching and learning methodologies, assessment and guidance of the student and evaluation of client and student safety;*

(e) *Develop, implement and evaluate policies for assessing student achievement in terms of course and program learning outcomes;*

(f) *Evaluate student learning and performance, assign grades for courses according to policies, determine student progression within the program, and recommend successful candidates for the degree or certificate;*

(g) *Develop, implement and evaluate policies and procedures necessary for the operation of the program;*

(h) *Provide for student evaluation of teaching effectiveness;*

(i) *Provide for evaluation of faculty members within the framework of the educational institution;*

(j)   *Orient and provide on-going guidance to nurse educator associates, clinical teaching associates, and nursing staff in practice sites related to the program goals, learning outcomes and expected competencies of the students;*
(k)   *Participate in review of the total nursing program;*
(l)   *Participate in determining academic policies and procedures of the institution;*
(m)   *Participate cooperatively with other nursing programs and agencies to develop appropriate and equitable access to practice sites; and*
(n)   *Provide mechanisms for student input into and/or participation in decisions related to the nursing program.*

Standard:	**Met**

Evidence:
>   Interview faculty
>   Interview nursing program director
>   Interview students (including designated class representatives)
>   Instructor position description
>   Clinical/Lab Instructor position description
>   Standardized Test Scores – Compiled Results
>   Clinical Evaluation Tools
>   Student Self Evaluation Tools and Rubrics
>   Nursing Program Student Handbook
>   Listing of Faculty appointments on committees
>   Faculty Evaluation and Tenure Manual

Comments:
>   While the current position description does not clearly list all elements above, the faculty discussed their involvement in all aspects of the program. Examples of how the faculty demonstrate fulfillment of their responsibilities were provided. Policies and handbooks reflect the decisions of faculty on admission, advancement, and grading. Student representatives are selected for each year of the program and are invited to meet with faculty on a regular basis. Discussions of key elements of program evaluation have been held pertinent to determining factors associated with the current NCLEX® pass rate. Faculty members have had an on-going role in working on the OCNE curriculum.
>
>   Faculty members are involved in a variety of college-level committees addressing policies that impact the program, faculty, and students. The faculty have increased the contact with advisees in the past year to promote student success and retention. The involvement of full-time faculty in orienting and mentoring part-time clinical faculty was described by clinical faculty. The faculty discuss student progress as a group and define learning activities that may be employed to assist learning.
>
>   Students reported several concerns regarding testing and accuracy of materials faculty post in writing or through ANGEL. Incorrect spelling and grammar has been seen on tests and reading lists do not always show pages or chapters for the most recent book editions. Concerns were noted with how skills are taught with demonstrations to the entire group (24 students) and then limited practice time in lab before being checked off. Faculty members were aware of these concerns. It would be advisable to ensure that no tests are given to students until checked completely for spelling and grammar by more than one person. **A response to students addressing these concerns may be needed again to provide closure.**
>
>   Faculty members provide a variety of clinical experiences for students within the acute care setting and in community-based settings. Student clinical learning is promoted through reflection and developing a portfolio.

The college should consider updating the instructor position description to be more inclusive of the elements required in OSBN rule and to more fully reflect the full scope of responsibilities expected of the nursing faculty.

Commendation:

To the nursing faculty for their commitment to student success through advising and using a wide variety of teaching strategies.

(12)   Faculty Organization:

(a)   The nursing faculty shall participate through faculty meetings or other methods in developing, implementing and evaluating the program and curriculum and other responsibilities of the faculty;

(b)   Minutes of faculty and committee meetings, including actions taken, shall be recorded and available for reference;

(c)   Faculty participation in decisions related to developing, implementing, and evaluating the curriculum, and to establishing or modifying nursing program policies shall be documented.

Standard:	**Met**

Evidence:

Faculty Meeting minutes
Nursing Program Student Handbook
Interview faculty

Comments:

Faculty meetings are held weekly and are well-attended by full-time faculty. The faculty have made changes to meeting schedules to allow for more part-time faculty members to attend. Clear documentation is found of faculty participation in decisions impacting the program. Minutes are posted electronically with confidential posting of meeting decisions related to students. The format of minutes does show topics and discussion but is not always clear on decisions and areas that require follow-up. **Ensuring that the minutes show the outcome of discussions and decisions reached or the need to carry a topic over to another meeting would be helpful for tracking.**

Standards for Approval: Curriculum
851-021-0050

(1)   Curriculum shall:

    (a)   Prepare the student to achieve the nursing competencies necessary for safe practice based on current standards of care;

    (b)   Reflect the identified mission, goals, and learning outcomes of the nursing education program; and

    (c)   Be consistent with the law governing the practice of nursing.

Standard:	**Met**

Evidence:
    Program Outcomes (OCNE Competencies)
    Nursing Program Student Handbook
    Interview clinical partners

Comments:
    SOCC has been offering the competency-based curriculum of the Oregon Consortium for Nursing Education (OCNE) since 2006. The program reflects links to the overall college outcomes, as well. The curriculum was developed from competencies identified by nurse leaders in Oregon, and is consistent with the Oregon Nurse Practice Act.

    Representatives from the SOCC nursing faculty have continued to have a role in review and revision of the OCNE curriculum through participation on committees with decision-making authority for the consortium.

(2)   Curriculum plan shall identify:

    (a)   Competencies or learning outcomes at the course and program level;

Standard:	**Met**

Evidence:
    OCNE competency rubrics and benchmarks
    Nursing Program Outcomes
    Year Long Course Planning Guide
    Course syllabi

Comments:
    OCNE competencies are well developed, with rubrics to identify desired competency achievement for completion of each level (year) of the curriculum. Course objectives that link to the program outcomes are identified in course syllabi. The Course Planning Guide allows for tracking of concepts and content from quarter to quarter.

    (b)   Learning activities to develop identified competencies. Courses, learning activities and clinical practicum shall be organized in such a manner to have sufficient proximity in time to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and deliberate practice;

        (A)   Clinical practica shall include sufficient direct patient care hours to achieve identified competencies, course and program outcomes.

        (B)   All clinical practica shall be directed and supervised by a nurse educator or nurse educator associate.

        (C)   All programs shall include no less than six (6) contact hours of learning activities related to pain management.

Standard:	**Met**

Evidence:
Nursing course syllabi
Interview nursing faculty
Interview students
Interview clinical partners
Clinical schedules
Pain Management Curriculum Table

Comments:
SOCC has adopted the OCNE clinical development model, integrating case-based learning, simulation, concept-based learning activities, focused direct care and integrative practice components. All clinical experiences, including the final integrative practicum are directly or indirectly supervised by nursing faculty. Simulation and skills development provide preparatory learning for students related to clinical competencies.

Clinical partners have provided input to the faculty related to concerns with student clinical that may, at times, focus too much on one aspect of the client health picture (such as one disease process). A need for students to be more expansive in their understanding of the client healthcare situation was identified. The clinical partners also expressed support for requiring that nursing students be certified nursing assistants before admission to support a level of basic skills upon which to build. Open discussion on curricular issues is encouraged during the Advisory Council meetings.

Content related to pain management is included in acute and chronic nursing care courses as well as required pathophysiology and pharmacology courses. There are at least nine hours of content related to pain management shown on the Pain Management Curriculum Table.

(c)   Requirements of the educational institution for graduation; and
(d)   Total units required for graduation.

Standard: **Met**

Evidence:
College catalog
College website

Comments:
The nursing curriculum, with pre-requisites and electives, meets all institutional requirements for the associate of applied science degree.

(3)   Practical Nurse Programs:

Standard: NA – RN program

(4)   Registered Nurse Program:
(a)   Registered nurse curricula shall meet all institutional requirements for and culminate in the award of an associate, baccalaureate, masters, or doctoral degree.

Standard: **Met**

Evidence:
College catalog
College website

Comments:

    The nursing program culminates in the associate of applied science degree. Students are co-enrolled at Oregon Health Sciences University (OHSU) on admission into the nursing program to allow for a smooth transition to continue to the baccalaureate degree. Students may exit the program before degree completion, moving directly into the OHSU BS with a major in nursing program without completing the AAS degree, if desired. The courses required to be completed before this exit are defined.

    (b)   In registered nurse programs, the course content and clinical experience required shall be a minimum of 84 quarter units or 56 semester units including:

        (A)   Physical, biological, social and behavioral sciences and humanities: minimum of 36 quarter units or 24 semester units; and

        (B)   Nursing: minimum of 48 quarter units or 32 semester units of which no less than 24 quarter units or 16 semester units shall be clinical experience.

Standard: **Met**

Evidence:

    College catalog
    College website
    Nursing course syllabi
    Nursing Program Application

Comments:

    The completion of the nursing curriculum requires a minimum of 135 quarter units including 50 quarter credits of pre-admission requisites and/or pre-program courses encompassing physical, biological, social and behavioral sciences and humanities. Of the total required credits, 60 quarter units are nursing courses, including 25 quarter units of clinical experience. The program exceeds the minimum numbers of credits for a nursing program. The basic sciences required provide the foundation for moving forward with completion of the baccalaureate degree.

    (c)   The Registered Nurse program shall provide theory and faculty-supervised clinical practice in nursing to develop competencies at the registered nursing scope of practice related to:

        (A)   Creating and maintaining a safe environment of care;

        (B)   Demonstrating professional, ethical and legal behavior in nursing practice;

        (C)   Using problem-solving skills, reflection, and clinical judgment in nursing practice;

        (D)   Prescribing/directing, managing, delegating and supervising nursing care for individuals, families, or groups;

        (E)   Providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness or for a palliation across the lifespan and settings of care;

        (F)   Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for individuals, families and groups;

        (G)   Participating within and providing leadership for an interdisciplinary team;

        (H)   Applying leadership skills to identify the need for and to promote change;

        (I)   Using communication and information technology effectively and appropriately;

        (J)   Applying and integrating principles of community health and community-based care into practice; and

        (K)   Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery.

Standard: **Met**

Evidence:
 Course outlines and syllabi
 Clinical evaluation tools
 Year Long Course Planning Guide
 Nursing Program Student Handbook
 Community Clinical Placement Schedules
 Interview faculty
 Interview students

Comments:
 With the exception of (A) above, the adopted OCNE curriculum and curriculum threads clearly address all of the above competencies in classroom and clinical learning settings. While objectives related to patient safety and safe nursing practice are integrated in the curriculum, the topic is not clearly seen in course objectives. The Nursing Program Student Handbook does include a section defining what is considered unsafe clinical performance (pages 46-47). Specific learning objectives that show planning to prevent injury and promotion of safe environments are not clearly seen. Students verbalize that patient safety is emphasized through skills and clinical learning.

 Concepts related to leadership, resource utilization, and quality improvement are included in the curriculum but have limited emphasis. A review of additional ways to incorporate these concepts would be helpful as part of the on-going curriculum review processes for OCNE. Referencing the recommended knowledge, skills and attitudes as defined by Quality and Safety Education for Nurses (QSEN) should assist this development.

Recommendation:
 Review curriculum outcomes and course objectives for patient safety content specifically focusing on promoting safety and linking patient safety to communication, reflection, collaboration, leadership, and quality improvement.

> *(L)* *Baccalaureate and basic masters or doctoral programs shall also include competencies related to:*
> *(i)* *Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;*
> *(ii)* *Assuming leadership and effecting change through participation in teams and beginning application of management knowledge;*
> *(iii)* *Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;*
> *(iv)* *Using the principles and practice of research to validate and improve nursing care for individuals, families, and groups; and*
> *(v)* *Using teaching-learning principles to assist colleagues and healthcare providers to improve nursing care quality.*

Standard:	NA – Associate degree program

(5) *Programs providing distance nursing education shall:*
> *(a)* *Deliver the approved curriculum through learning activities designed to allow students to achieve stated learning outcomes or competencies;*
> *(b)* *Provide learning activities that are sufficiently comprehensive to achieve stated program outcomes and competencies; and*
> *(c)* *Support instructor-student interaction and meaningful student interaction.*

Standard:	**Met**

Evidence:
  ANGEL on-line course information
  Guidelines and on-line tutorials for navigating ANGEL

Comments:
  Courses are supported by use of ANGEL as a platform for sharing information and materials with students. No courses are offered strictly in an on-line format. Students receive orientation to the use of ANGEL and there are various tutorials available. Students have access to computers on the campus. Learning assessment methods include on-line tools in addition to on-campus activities. Students on the extended campuses complete skills laboratory activities on their assigned campus. Use of IPTV allows the students on extended campuses to be involved in faculty presentations in real time and address questions directly to faculty. See notations under OAR 851-021-0065(3) regarding the need to evaluate student perceptions of adequacy of support for use of the systems.

(6) *Programs that provide for advanced placement of students shall develop and use policies designed to assure that such students meet the equivalent of the program's current curriculum and competencies.*

Standard:	**Met**

Evidence:
  LPN-RN OCNE Advanced Placement Information Packet
  LPN-RN OCNE Advanced Placement Timeline
  LPN-RN OCNE Application Packet and Checklist
  Nursing Program Student Handbook page 20-22
  Interview program director

Comments:
  The program has identified those requirements for LPN entry into the program. At this time, no LPNs have been placed under the advanced placement policies. The LPN can have up to 15 credits applied to the first year nursing classes from their LPN-level nursing courses. A bridge course is required.

  The handbook clearly delineates the prioritization for re-entry of students to the program and the placement of students requesting transfer to this program. Guidelines are present specific to students who may desire a transfer from another OCNE program.

Standards for Approval: Students
851-021-0055
The program in nursing is accountable to students by providing that:
(1)   Admission, readmission, transfer, progression, retention, dismissal and graduation requirements
*   are available to the students in written form and are consistent with those of the sponsoring*
*   institution. Where necessary, policies specific to nursing students may be adopted if justified by*
*   the nature and purposes of the nursing program.*

Standard: **Met**

Evidence:
>   Nursing Program Application
>   Nursing Program Information Packet Fall 2012
>   Prerequisite Planning Chart
>   College catalog
>   College website
>   Nursing Program Student Handbook
>   Nursing course syllabi
>   Learning Lab Guidelines
>   Clinical Probation Policy
>   Interview Admissions representative
>   Interview Educational Support Program and Services representative
>   Interview Transcript Evaluator
>   Interview faculty
>   Interview students

Comments:
>   Published information regarding admission, progression, and graduation requirements generally
>   is accurate and consistent. The application packet and forms for prospective students include
>   clear instructions and address frequent areas of questions. These are available in printed form
>   near the nursing classroom and on the website. The current WebAdvisor software does not
>   include "pre-nursing" as a plan of study so the students and advisors utilize the Prerequisite
>   Planning Chart. It is anticipated that the new advising software could have a defined pre-nursing
>   plan for ease of tracking.
>
>   The nursing program specific policies are clearly linked to unique aspects of the nursing program
>   and include items such as clinical probation and learning lab guidelines. Student support
>   departments were aware of various policies and standards specific to nursing applicants and
>   students.

(2)   Students are admitted without discrimination as to age, race, religion, gender, sexual preference,
*   national origin or marital status.*

Standard: **Met**

Evidence:
>   College catalog
>   College website

(3)   Facilities and services of the program and its sponsoring institution are documented and available
*   to students.*

Standard: **Partially Met**

Evidence:
>   College catalog

College website
Nursing Program Student Handbook
Student Handbook
Interview Admissions representative
Interview Educational Support Program and Services (ESPS) representative
Interview Financial Aid representative
Interview students

Comments:

Printed materials and website postings describe a network of support services available to the students. Students are oriented to the available services. Students related concerns with lack of consistent information received from financial aid representatives and challenges in receiving responses to queries. Department representatives describe changes to staffing in the past couple of years and the need to seek more efficiencies in addressing student needs. The estimated time to get an appointment, if needed, was one day or less.

The students are surveyed regarding services through the First Stop area which can be completed on-line or on paper. The focus of the key departments has been to reduce turnaround time which has been successful. The ESPS staff provide courses to promote student success which nursing students are encouraged to take. The staff are working on additional ways to handle advising through e-mail, Skype®, etc. The general advising load has been impacted by a decrease in the number of full-time faculty who carry an advising group.

Students referenced the Nursing Program Student Handbook as a frequently consulted resource. It was understood that nursing program-specific policies were included in this document. The catalog, website, and handbooks were described as resources to answer questions.

Recommendation:

Continue to evaluate the adequacy of staffing to meet student needs in key service areas such as advising, financial aid, First Stop, etc.

(4)   Distance Nursing education programs are effectively supported through accessible modes of delivery, resources, and student support.

Standard: **Met**

Evidence:

ANGEL course materials

Comments:

While this is mainly an on-campus program, ANGEL is used as a major communication platform and is used for access to course materials. There is technical support for distance learning and on-line tutorials on use of the ANGEL platform. Students report access to assistance with set-up issues.

Students on the Curry Campus and those enrolled in Coquille are connected through the IPTV system. Some instances of system access being compromised were described. Alternate access by attending in person or accessing course materials at a later time have been used.

(5)   Student rights and responsibilities are available in written form.

Standard: **Met**

Evidence:

College catalog
College website

Nursing Program Student Handbook pages 25-32 and 47-48
Student Handbook pages 30-33

Comments:

Due process specifically linked to clinical evaluation is defined for the nursing students which covers faculty and student responsibilities and addresses student rights to write objections and access the college grievance process.

(6)   *Students are required to submit to a criminal background check to identify criminal convictions that may:*
        (a)   *Pose a risk to public safety;*
        (b)   *Preclude the ability to complete required clinical practicum; or*
        (c)   *Result in Notice to Deny Licensure on application for initial licensure in Oregon.*

Standard:	**Met**

Evidence:

Nursing Program Application
Nursing Program Student Handbook
Criminal Background Check Statement of Understanding form

Comments:

The program utilizes the criminal background exclusion list from the OSBN Division 45 rules and a listing with criminal activity selected for exclusion by the program based, in part, on the list of crimes preventing employment under the Department of Human Services Rules, Division 7. The completion of the criminal background check is required for all provisionally accepted students. If determined to be ineligible for clinical experiences, the student admission is denied. The background check is national and the Oregon State Police provide a report to the program if the student is eligible for admission or not. A negative drug screen is also a condition before clinical experiences.

Health screening is currently conducted through the Bay Area Hospital where student records are maintained. The program is currently looking into other options for students to obtain needed health screenings before the start of clinical experiences.

(7)   *There is a signed agreement for the articulation of program graduates into the next level of nursing education:*
        (a)   *Programs leading to a certificate or degree in practical nursing shall have an agreement with an Oregon-approved program preparing candidates for licensure as a registered nurse;*
        (b)   *Programs leading to an associate degree in nursing shall have an agreement with an Oregon-approved program leading to a baccalaureate or higher degree in nursing.*

Standard:	**Met**

Evidence:
OCNE Agreement
Interview program director

Comments:
The program is a member of OCNE with students having dual admission to the OHSU program to move forward to the baccalaureate of science with a major in nursing degree completion.

Standards for Approval: Records
851-021-0060

(1)   Program records - A system of records shall be maintained and be made available to the Board representative and shall include:

      (a)   Data relating to accreditation by any agency or body;

      (b)   Course outlines;

      (c)   Minutes of faculty and committee meetings;

      (d)   Reports of standardized tests; and

      (e)   Survey reports.

Standard: **Met**

Evidence:

      Program records provided in evidence room
      Documents in shared nursing drive

Comments:

      All materials listed above were readily provided during the survey in hard copy or through electronic access. Temporary passwords were provided for surveyor access.

(2)   Record(s) shall be maintained for each student, available to the Board representative, and shall include:

      (a)   Student application;

      (b)   Student transcript, which must be maintained indefinitely;

      (c)   Current record of achievement; and

      (d)   Other records in accordance with state or federal guidelines, program or institution policy, record retention schedule or statute of limitations.

Standard: **Met**

Evidence:

      Student records
      WebAdvisor electronic files
      Interview Registrar
      Interview program director

Comments:

      Twelve student files were reviewed which showed inclusion of all required elements except evidence of achievement for those students who had graduated last year. Much of the tracking of student achievement is through their portfolio which is not retained by the program. As of this year, the program retains copies of at least the clinical evaluation tools to show progress.

      The administrative assistant has tools in place to allow for easy auditing of student files and tracking for missing elements. All files are maintained in a consistent format. Audit sheets were provided for all files.

Commendation:

      To the nursing program for maintaining well-organized student files.

(3)   The program shall make provisions for the protection of student and graduate records against loss, destruction and unauthorized use.

Standard: **Met**

Evidence:
      Student records

Interview Registrar
Interview nursing program director

Comments:
> Current and graduate student records are maintained in locked cabinets within a locked room. Limited keyed access is available to this space. Records of graduates from more than three years ago are transferred to the Registrar and maintained indefinitely. Record backups for electronic files are done nightly.

(4)   Information describing the curriculum shall be published in the college catalog, maintained in archives, and made available upon request.

Standard:	**Met**

Evidence:
> Interview Registrar
> College website

Comments:
> Paper and electronic catalog copies are maintained indefinitely. The Office of Instruction is responsible to retain hard copy catalogs and past catalogs are available on-line back to the 2005-2006 academic year. Course descriptions are available as archives on-line all the way back to the mid-60's.

Standards for Approval: Facilities and Services
851-021-0065

(1)   *Educational facilities shall include:*
    (a)   *Classrooms, laboratories and conference rooms adequate in number, size and type according to the number of students and educational purposes for which the rooms are used;*
    (b)   *Offices and conference rooms available and adequate in number and size to meet faculty needs for individual student counseling and faculty meetings;*
    (c)   *Space provided for secretarial staff, files, storage and equipment; and*
    (d)   *Telephones, computers, equipment and support adequate in number and capacity to conduct program business.*

Standard:	**Partially Met**

Evidence:
> Tour offices, skills lab, simulation lab and classrooms
> Interview faculty
> Interview students

Comments:
> Educational facilities are adequate to meet the needs of students. The main nursing classroom is large enough for the nursing students and has tables that can be configured to facilitate group work. The program has a dedicated skills laboratory with adequate storage. There is an adjacent, two-bed simulation laboratory with a control room. A separate room is set up with the birthing manikin and a simulation infant. The dedicated de-briefing space is in another room near the lab and allows for viewing of the simulation experiences. While the spaces meet the needs currently, the skills and simulation laboratory spaces are divided up and there is limited room for multiple students in some of the "rooms" within the skills/simulation lab area.

> The program has received some grant funding which will be applied to some remodeling of the current skills and simulation spaces as well as funding that may be utilized to create a new building for health professions. The students and faculty will benefit from remodeling the **current** space and can plan for similar spaces to those found on the Curry campus. The recent completion of a new building on the Curry campus has improved the facilities supporting the nursing students there.

> Full-time faculty have private offices near the nursing classrooms in Sumner Hall. There is space for part-time faculty in an adjacent building but most are clinical faculty and are on-campus for limited amounts of time. These spaces include phones and computers.

> The dean of nursing and the program assistant have private office spaces near the faculty and classrooms. Faculty use the classroom spaces in the building for meetings.

Recommendation:
> **Prioritize continued work on planning for new/remodeled space for nursing skills and simulation laboratory experiences.**

(2)   *Educational services and resources shall include:*
    (a)   *Adequate secretarial services;*
    (b)   *Adequate library services, holdings, and electronic learning resources;*
    (c)   *Adequate student support services such as academic advising, financial aid advising, and academic bookstore services;*
    (d)   *Adequate technology to support teaching and learning.*

Standard:	**Partially Met**

Evidence:
       Interview faculty
       Interview students
       Interview department representatives from Financial Aid, Registrar, Admissions, and Educational Support
       Review of library facility and holdings
       College catalog
       College website

Comments:
       The college has 1 full-time administrative assistant to support the nursing program director and her areas of responsibility. She is able to meet the needs of the current faculty and student population.

       A wide variety of electronic and shelved library resources are available to the students and faculty. Full-text journal article access is mainly through CINAHL at this time. Sources, such as interlibrary loan, are available to obtain materials that are not held in the library. The librarian helps orient new students and focuses on health information sources appropriate for nursing students. Information sheets and guidelines for students are available on-line.

       The college has been informed that the holdings of CINAHL will be changing due to contract alterations with different publishers. Several nursing periodicals published by Lippincott, Williams, and Wilkins will no longer be part of CINAHL. Embargoes limiting access for even up to a year will be in place. The librarian has been in communication with the nursing program director and the faculty regarding coming changes. The input of the faculty will be a consideration when determining whether new databases are needed. The Library budget is limited for obtaining new databases however access to MEDLINE and the Nursing Resource Center are available currently.

       The college has multiple resources available to all students as documented in the catalog. Close relationships between the nursing program and student service representatives was stated. The college has a "First Stop Center" which is intended to allow students ease of access to admissions, registrar, and financial aid. General advising is assigned to students taking nursing pre-requisites and the students are linked to a nursing faculty advisor when they enter the nursing major.

       The college has had incremental growth in the numbers of students but has had decreases in the staffing in student support services. Work has been done to find efficiencies but students do voice concerns about being able to get assistance with financial aid issues. The staff and students noted that the current software that supports advising has limitations but a switch is planned to new software that allows for easier access for all involved with student success.

       The Educational Support Programs and Services (ESPS) staff work with students with disabilities. Accommodations are communicated to faculty through the class roster, e-mail and the Green Bar report. Students note that assistance with tutoring or writing specific to nursing program requirements is limited. Multiple spaces are available on campus for students to access computers including a testing center. Testing is conducted on-line and in classrooms. Students expressed concerns with access to assistance with the ANGEL learning system which supports courses. There have been challenges for students to find materials in course files and to have updated materials loaded (such as reading lists). With the small faculty group, it may be advisable to standardize placement of documents within the course files.

Recommendation:
Conduct an analysis of the adequacy of access to nursing periodicals with anticipated changes to database offerings.

(3)   Institutions offering distance nursing education programs shall provide ongoing and appropriate technical, design, and production support for faculty members and technical support services for students.

Standard:	**Partially Met**

Evidence:
    Interview faculty
    Interview students

Comments:
    The program is supported by the use of ANGEL as a mechanism to share course information, announcements, etc, although the program is not an on-line program. Students expressed concerns with access to assistance with the ANGEL learning system which is the main mechanism for access to course documents. There have been challenges for students to find materials in course files and to have updated materials loaded (such as reading lists). With the small faculty group, it may be advisable to standardize placement of documents within the course files. On-line tutorials, as well as new faculty and student orientation address use of ANGEL.

Recommendation:
Evaluate student perceptions of adequacy of support for use of ANGEL system and functionality of nursing course files.

(4)   Selection of practice sites shall be based on written criteria established by faculty.

Standard:	**Met**

Evidence:
    Policy: Selection of Clinical Practice Sites and Checklist
    Interview Faculty
    Interview students

Comments:
    Faculty have identified key criteria to utilize in making determinations about clinical practice sites. Clinical sites are evaluated against key criteria by students and faculty.

(5)   There is a written agreement that is in effect between the authorities responsible for the educational program and the nursing service or other relevant service of the practice site. The agreement shall include but not be limited to provisions that:
    (a)   Ensure that faculty members have authority and responsibility to select appropriate learning experiences in collaboration with practice site; and
    (b)   Clearly specify whether or not clinical teaching associates will be provided by the site, and how they will be selected and function.
    (c)   The practice sites shall be fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

Standard:	**Partially Met**

Evidence:
    Clinical agency affiliation agreements
    Clinical contract binder

Clinical Agreement Tracking Sheet

Comments:

A review of the clinical affiliation agreements showed all to be in place and fully executed for sites currently being used. The contract renewal dates are tracked by the administrative assistant. Two agreements not currently in date (McKenzie-Willamette and PeaceHealth) are being tracked and communication has been on-going between the parties. Neither site is being used at this time.

A variety of facility-generated agreements and the SOCC template are found. The template clearly specifies all required elements noted above. Facility-generated agreement templates do not consistently include all required elements, specifically the use of Clinical Teaching Associates (CTAs) and the need to maintain required licenses/accreditations. When a template does not include these required elements, the program may choose to address them through an addendum or a letter of understanding.

Recommendation:

Ensure all clinical affiliation agreements include reference to the use of clinical teaching associates and the need to maintain all required operating licenses/accreditations.

Standards for Approval: Evaluation
851-021-0070

(1)   *There is a comprehensive plan for evaluation of the nursing education program that includes systematic assessment and analysis of:*
   (a)   *Compliance with the OSBN Standards for Approval for nursing education programs;*
   (b)   *Internal and external measures of Graduate achievement of identified program competencies and learning outcomes;*
   (c)   *NCLEX pass rate data, trends, and contributing factors;*
   (d)   *Curriculum design, including nursing and other required courses, course sequencing and scheduling;*
   (e)   *Effectiveness of instructional strategies and methodologies;*
   (f)   *Faculty sufficient in number, preparation, experience and diversity to effectively achieve course and program outcomes and maintain client and student safety; and*
   (g)   *Resources, including human, physical, and financial resources to support the number of enrolled students, instructional delivery and achievement of program learning outcomes.*

Standard:	**Met**

Evidence:
> Comprehensive Plan for Evaluation
> Interview program director
> Interview Faculty
> Graduate Employer Surveys
> Alumni Surveys
> OCNE 6th Term Surveys
> NCLEX® Reports

Comments:
> The program has a Comprehensive Plan for Evaluation that includes required elements and other assessments defined by the faculty. The plan is organized into sections including mission, curriculum, educational effectiveness, faculty, and students. Assessment methods are described and responsibilities are shared across the faculty. The plan is dated 08/11/2011. No evidence was presented of plans in place before this date.

(2)   *There is evidence that the comprehensive plan for evaluation is being implemented and that evaluative data is used for ongoing program improvement.*

Standard:	**Partially Met**

Evidence:
> Interview program director
> Interview Faculty
> Graduate Employer Surveys
> Alumni Surveys
> OCNE 6th Term Surveys
> NCLEX® Reports
> HESI Standardized Testing Results
> Workload files
> Clinical Site Evaluations
> Clinical Preceptor Evaluations
> NCLEX® Pass Rate Action Plan
> Faculty Meeting Minutes
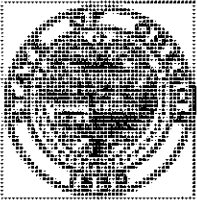> OCNE Meeting Minutes

Comments:
       Evidence of discussions of evaluative data is found in Nursing Faculty meeting minutes. Discussions of pertinent areas of evaluation are recorded but decisions and actions taken are not always clear. The faculty has focused largely on assessments pertinent to the NCLEX® pass rate in the last year. There is limited evidence of on-going review that is comprehensive and systematic and linked to the current plan. A schedule for review of required elements each term, year, etc, would help ensure that the elements are tracked on a regular basis.

       The dean and faculty have continued to participate in evaluative processes with OCNE. The program conducts the surveys required as part of the OCNE partnership and reviews results. The faculty will have access to new data to analyze with the change to using Kaplan for standardized testing.

Recommendation:
       Ensure that the elements of the Comprehensive Plan for Evaluation are scheduled for review and documented when conducted.

State of Oregon
John A. Kitzhaber, MD, Governor

Oregon State Board of Nursing
Hollis Mercer, Executive Director

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Memorandum

To: Oregon State Board of Nursing Members

From: Joy Ingwerson, RN, MSN, Nursing Education Consultant

Date: March 26, 2012

Re: Southwestern Oregon Community College NCLEX® Action Plan

At the February 17, 2011 meeting of the State Board of Nursing, the approaches planned and taken by Southwestern Oregon Community College (SOCC) to address the 2009/2010 NCLEX-RN® pass rate, which fell below the expected 85%, were reviewed. The Board directed the college to provide a more detailed plan of action focusing specifically on student achievement in the areas of medical-surgical and pathophysiology content. The Board accepted the additional action plan at the April, 2011 meeting.

SOCC has had an increase in the pass rate from 70% in 2010 to 78% in 2011. While the increase is a positive move, this level did not allow the program to rise above the required 85% on the NCLEX® two-year pass rate. The college was asked to provide another action plan showing areas from the last plan that have been implemented and any additional areas that require more attention. The plan was placed on this agenda since the program survey visit report is also scheduled.

The faculty has considered a variety of strategies to promote student learning as well as factors associate with admission criteria, grading, progression in the program, and testing remediation. These areas of focus are pertinent and clearly relate to the outcome of passing NCLEX®. Of note, all first-time takers who did not pass were able to pass the exam on the second attempt.

Suggested motion:

MSC that the Nursing Program Action Plan (2012) for the Southwestern Oregon Community College Nursing Program (be/not be) accepted as (presented/modified).

Southwestern Oregon Community College
Nursing Program Action Plan
OSBN Report

Following the OSBN meeting of February 17, 2011 nursing faculty and administration met to discuss possible curricular weaknesses in the area of pathophysiology and acute care medical-surgical concepts. Below are areas identified and an action plan with timeline to meet the following goals:

- ➤ Increase test scores in pathophysiology and medical-surgical content
- ➤ Increase scores on the HESI exit exam
- ➤ Increase NCLEX pass rate

Identified Problem Areas	Action	Timeline	Outcome	Plans
Faculty and team development	1. Continue to address Action plan at Nursing Faculty meetings.	1. Action plan addressed at weekly faculty meetings	1. Weekly meetings are critical in keeping up-to-date on program needs and issues and in identifying students concerns from both classroom and clinical aspects as well as advising issues.	1. Faculty meet weekly to review current activities in the program and review student issues including student progress in courses and advising concerns regarding students who are at risk for not meeting program requirements. Weekly faculty meetings will continue to include quality improvement.
	2. Schedule nursing faculty in-service and planning meetings for all full-time and part-time nursing faculty. a. Emphasis on strengthening medical-surgical pathophysiology integration and interventions formulated on students' assessments of assigned patients b. Increase communication between and among faculty regarding weekly curriculum focus for classroom, lab and clinical emphasis	2. Meetings planned: a. 05/07/11 with full-time nursing faculty and part-time clinical nursing faculty b. Summer planning meeting to be scheduled	2. Faculty meetings have provided opportunities for faculty to communicate about students in a timelier manner. In addition, it assists full time faculty in identifying issues that may be apparent to part time faculty and helps in development of more coordinate approaches to monitoring and supporting student learning.	2. Full-time faculty meet twice per term with part-time faculty and discuss in detail student progress in class, lab and clinical. This identifies students at risk for not meeting minimum standards in any area and provides opportunities for faculty to problem solve on action plans to support student and/or identify specific weaknesses that require additional focus. Communication with part-time faculty has increased via meetings but also through the use of the

			Faculty site on the ANGEL course management system. The site includes instructor materials, discussion forums and email. Summer planning meeting have not been implemented due to budgetary constraints. This activity will continue to be pursued and implemented as funding becomes available.

3. Advisory meetings with clinical partners and all nursing faculty
  a. Explore better partnering between staff nurses and students
  b. Identify general issues from staff nurses that could assist in focusing on student needs for improving clinical performance
	3. Advisory meeting scheduled for 04/08/11. All clinical partners and nursing faculty have been invited	3. Advisory meeting were held in spring and fall 2011. There was good representation by the clinical agencies and SWOCC. These meetings assisted in identifying critical issues noted by clinical partners. The opportunity to talk with clinical partners helps faculty understand clinical needs and issues and identify how these issues can be emphasized in the program with students. Although specific needs may be identified by clinical partners and can then be addressed specifically, however, general concerns and issues noted across clinical partners are brought into weekly faculty meeting for problem solving approaches and emphasis in classroom, lab and clinical with students.	3. Advisory meetings will continue to be scheduled. Our next meeting is scheduled for the spring term and dates are being confirmed.

Curriculum Progression. Integration of curriculum throughout classroom, learning laboratory and clinical	1. Integrate developed client cases and case studies in classroom, learning lab, clinical and post-clinical conferences (see example below) to ensure student understanding of medical-surgical content and concepts.	1. Currently in progress	1. Faculty have worked to develop more vignettes in the learning laboratory that focus on skill development and critical thinking about patient care needs, not just performance of the skill. These vignettes guide the focus of the lab and provide a foundation for students to utilize their nursing knowledge, critical thinking and skill performance in relation to specific patient care issues.	1. Faculty discusses these vignettes in the weekly meeting when lab focus is discussed. Faculty identify main objectives to be the focus in the lab for emphasis by all faculty working with students in lab that week.
	2. Student instruction on test taking strategies	2. Instituted one hour weekly sessions on 01/05/11	2. Students have a better appreciation for how to take NCLEX questions and read and review questions stems, identify distracters and focus on appropriate responses for correct answers. NCLEX rates improved in 2011 because of this and other strategies implemented by faculty.	2. Second year students had specific focus on NCLEX test taking strategies during winter term 2011 and focused on NCLEX test question analysis during winter 2012. Students presented NCLEX test questions and analysis of the questions stem and responses for the whole class. This emphasis has been discussed to be part of each term and will be a discussion issue in weekly faculty meetings during spring 2012.
	3. Administration of HESI NCLEX predictor exam. Remediation action plan will be required for students who receive a HESI score below 850.	3. HESI exam scheduled on 3/21/11	3. In spring 2011 this action plan was developed and discussed between students and their advisor, however, students encountered barriers in implementing their action plans due to	3. HESI exam has been taken by second year nursing students in late winter term 2011 and 2012. Points are given for scores. In addition, students develop a written action plan for how to use the results of the HESI test in preparation for taking the NCLEX

			other needs of the practicum. Faculty are discussing whether to include the action plan as a graded activity for spring 2012 or not and evaluate if this improves student focus on improving their deficiencies as noted in the HESI results and improving overall pass rates for the NCLEX.	licensure examination. This action plan is reviewed with the student's advisor periodically during spring term to assess progress and issues in implementing the plan for successful completion of the licensure exam. The current second year cohort completed the HESI exam on 03/19/2012 and the results are being analyzed.

Test Development & Analysis	1. All tests reviewed prior to administration of test to students by test developer and director or nursing faculty member
	   a. Focus on test questions that support learning of materials presented in the classroom and/or expected from students through their own learning with direction from faculty
	   b. Provide specific feedback on level of test question and connection to course module content.
		1. Immediate	1. Approximately 75% of the tests have been assessed prior to administration and 90% after administration. Faculty predominately use textbook test banks and NCLEX books for developing test questions. Test questions have been evaluated to insure that they relate to the objectives or competencies and content addressed in the class. Students review their tests and specific feedback has been provided by the instructor that administered the test.	Ongoing review and evaluation of tests will be conducted throughout each term with a goal to increase the assessment and evaluation of test to 100% and increase the use of a test blueprint that will assist in creating and logically organizing questions. Specific feedback on the level of test question will also be addressed.

	2. Test development and analysis in-service	2. February 28, 2011 by Joy Ingwerson	2. Discuss testing plans at faculty meeting on 03/11/11 (use of blue print, collaborative	

			testing, test reviews, etc). Test plans have been discussed but we have not decided on a specific blue print.	

	3. Adoption of Kaplan Integrated Testing with Remediation and NCLEX Review
	   a. Provides nurse consultant 2-3 times/year or as needed to address management of testing and access logistics
	   b. Admissions/Entrance Test
	   c. End-of-Course tests with online topical remediation
	   d. Six Case Studies for teaching critical thinking
	   e. Resources such as books, online workshops
	   f. Exit tests
	   g. Kaplan Review Course
		3. Fall Term 2011	3. Students in our first year took their first End of Course Test during the final week of Fall term 2011 and their second test on 3/20/2012. Points are given for scores. Students identified areas of weaknesses and strengths, met with their advisors to discuss their findings and to discuss remediation and build on strengths. Students also have practice exams that are available throughout the term. During fall term most students accessed and utilized the practice exams. During winter term there was a decrease in the use of the practice exams.	We will continue to evaluate the use of the Kaplan product to determine if it increases student success in testing, increase their clinical reasoning skills, critical thinking skills and overall success in each course.

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Example (Respiratory Focus):

Nursing 110 (first term):

- Students learn physical assessment of respiratory system in classroom
- Respiratory assessments applied in campus learning lab on task trainers and students with focus on normal breath sounds.
- Respiratory assessment skill, and use of concept based learning techniques are applied in clinical with student assignment of client with focus on student ability to gather and analyze client data, develop a care plan addressing the concept of oxygenation, management of care, health promotion and maintenance, and physiological integrity. Clinical seminar emphasizes differences and similarities among all student clients regarding oxygenation issues and implications of assessment findings for client care.
- At the end of term students attend a simulation exercise in the campus learning lab. The focus is a head-to-toe physical assessment and application of concepts addressed in Nursing 110. The client, Harry Harrison, is a homeless gentleman with nutritional deficits, a URI and substance abuse issues. Debriefing of the simulation focuses on how assessments led to specific nursing interventions the students used in working with the client and in supporting the outcomes of the simulation.

Nursing 111 (second term):

- Respiratory concepts are readdressed in the classroom; students learn concepts of acid-base balance, fluid and electrolyte, chronic respiratory disorders such as CHF, asthma, COPD. A pediatric case study (Michael Wells) addresses multiple client need categories and subcategories such as management of care, safety and infection control, health promotion and maintenance, and physiological integrity.
- Campus learning lab includes:
  o Respiratory assessments on task trainers, identification of adventitious breath sounds, oxygen therapy and delivery, suctioning, incentive spirometry based on case scenarios that incorporate common pathophysiologic conditions.
  o Simulation exercise, client with CHF, Clarence Ripley. The focus is on specific assessments, lab data and medications support teaching to both client and wife about nutrition and diet, medications, physiological issues in self care management of the condition and general issues in relation to medication adherence and discharge planning issues.
- Assigned to a client in clinical with chronic respiratory condition, gather and analyze data, develops nursing care plan addressing priority needs of client

Nursing 112 (third term):

- Classroom content includes review of respiratory assessment and acute respiratory disorders such as pneumonia. Students are assigned a case study, Alice Brown, an elderly woman who has pneumonia. The case study addresses previously learned content, nursing interventions, pharmaceutical and other therapies and several client need categories and subcategories.
- Campus learning lab includes oxygen therapy, trach care, suctioning and simulation exercise on a client with a respiratory illness
- Students are assigned to a client with a respiratory disorder, acute or chronic, in clinical.

Nursing 222 (fourth term):

- Classroom content includes higher level of acuity for acute respiratory conditions such as pulmonary embolism, pulmonary edema, ARDS
- Campus learning lab addresses modes of oxygen delivery such as intubation, suctioning, mechanical ventilation and chest tubes

- Simulation exercise includes a client with a pulmonary embolus
- Students are assigned to a client with an acute or chronic respiratory condition on a medical-surgical unit, emergency department, or medical ICU

Nursing 221 (fifth term):
- Classroom content includes increase complex chronic illnesses, such as lung cancer, and palliative and end-of-life care. A case study and simulation exercise are assigned that addresses a client with end-stage lung cancer. All Client Needs categories and subcategories are addressed.

Nursing 224 (sixth term): Integrative Practicum
- Classroom content includes leadership and management. Students are in the classroom for three weeks
- In the campus learning lab students:
  - Develop a simulation that addresses medical-surgical content and concepts
  - Reviews and performs psychomotor skills
- Practicum includes 210 hours in a medical-surgical setting over a 7 week time frame that promotes continuity of care for several patients each shift.