

Long Beach City College - Program Review

Program Review 2015-16 - Vocational Nursing - LVN

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PR 2A - Enrollment Data:

Enrollment data from 2012-15 shows a decrease from a high of 1,173 to a low of 901, thus reflecting the general college wide drop in student enrollment. A variety of factors included less sections offered, no summer session, and compounded by the fact we had a faculty member on-loan to the RN program each year, a retirement, an a FT faculty member out on sick leave. when looking at the percent of enrollment by gender, a decrease in the male population (15% to %10 to 8%), an inverse relationship was noted in the percentage of female students. Enrollment by ethnicity shows a slight dip in the Asian population (28.8% to 20.9% , Black/African American rates steady about 13%, and a 10% jump in the Latino population from 32% to 42%. Our program is attractive to special populations as we structured the program to build on stackable credentials from our pre-requisite course nursing assistant upward to the VN and RN role. Students can obtain an entry level nursing job and work in the field while attending the program. While I see a gain in the Hispanic population, I need to see the same reflected in the other groups represented.

Program Load (WSCH/FTES) for fall 2013= 870.21, fall 2014=791.90, and spring 2015=893. This number shows t we are growing, and we did implement the new home health aide program last semester as well as offer additional sections in nursing assistant coursework at PCC campus. Full time equivalent students (FTES) for fall 2013=82.1, fall 2014=69.95, and spring 2015=78.16. Although we see a drop in the fall 2014 number, we see that full time students are recovering in spring 2015. Again, the data may be explaining that more students are out there taking pre-requisite classes and working instead of being a full time student. I believe this also mirrors some college wide data. Weekly student contact hours (WSCH) in fall 2013=2644, fall 2014=2252.87, and spring 2015=2517.19. Again we lost student contact hours in fall 2014 but appear to gaining by spring 2015. Career & Technical Education(CTE) Load for fall 2013=1084, fall 2014=1028, and spring 2015=985. I cannot explain the drop in spring 2015 for we had more students in spring 2015 than previous data for fall 2014.

PR 2B - Achievement Data:

Average success rates increased from 85% to 88%, and retention rates remained pretty steady between 93-94%. Data reflecting rates by location (off campus clinical components) indicate retention rates of 100%. This can be explained due to the fact they must first pass the theory component to achieve a clinical-laboratory grade. Success rates for this special location reflect pretty much the same at 100%. It is important to note that since we have been mandated by clinical facilities to change the student to instructor ratio from 15 student/1 instructor to 10 student/1 instructor, our overall success rate in 2012 jumped from 89% to 100%. I believe we can explain this phenomenon with the instructor giving more personalized instruction and monitoring at the clinical site, thus, increase in overall success and achievement. Success rates for Blacks increased from 69% to 84% and Hispanics from 85% to 88%. Retention rates for the same groups are 83% to 89% for Blacks, and 91% to 94% for Hispanics...Although Blacks & Hispanics have a lower success rate compared to the White population at 94%, we note steady gains in the retention of these two student populations.

Overall, we see an increase in enrollment at our PCC campus. Currently we do not have any web-based courses offered during this time. Past data reflects that our entry level student population generally speaking is not ready for this type of instruction. Annual enrollment by mode of instruction is typically combination lecture/ laboratory or lecture. Both success and or retention rates remain pretty stable over the past three years, with success rates between 88% to 87%, and retention rates starting at 96% to 88% up to 93%. The biggest drop was in the pure lecture classes, which tend to be a majority of pre-requisite coursework. All our graduates earn a career certificate in vocational/practical nursing and or an associate degree (A.A. or A.S.). A total of 145 certificates and or degrees were granted over the past 3 years. Starting Fall 2015, the college will get credit for granting both nursing assistant and home health aide certificate to the role list.

National Council of Licensure Examination for Practical/Vocational Nurses (NCLEX-PN/VN) passing rates have varied over the past three years. A new national test plan was implemented in 2013-14 timeframe, and we saw a one-time dip from 90% down to 75% in 2014, and recovered as of November 2015 to 90%. Please note that the 75% rate in 2014 mirrored the national passing rate in the nation at that time. As you can see, based on our data collected so far, we have recovered nicely and expect to stay on this trajectory. In addition, about 90% of our students one year (12 mos.) post graduation have found employment in nursing, with a entry level salary of about \$21-22/hour or higher.

PR 2C - HR (Staffing) Data:

Total full time equivalent faculty (FTEF) for fall 2013=8.06, fall 2014=7.89, and spring 2015=9.37. During that time we had one retirement and a FT faculty member on loan to the RN program. Currently we have 6 FT faculty member and about 8- 10 PT faculty member. Because nursing is a specialty- oriented profession where only certain member are qualified to teach a subject matter, and preparation for meeting all student & faculty clinical requirements is labor intensive; it is difficult to find

qualified people to teach at all. Compound this with a pay scale which is much lower than surrounding community colleges, make it hard to attract new talent. Over the past decade, stressors such as added state mandates, coordinating student & clinical requirements & training, etc., is an added burden to FT faculty member. With this in mind, having more FT faculty produces a smooth running, quality program overall. Data for part-time FTEF for fall 2013=1.7, fall 2014=2.03, and spring 2015=2.18. The ratio of FTES/FTEF for fall 2013=27.03, fall 2014=24.58, and spring 2015=27.75.

PR 3A - SLO - summary of collected program data:

Collected program data was marginally useful for program review. Compared to other disciplines on campus, nursing is unique for we have been conducting student and program outcomes as a result of our quarterly and annual licensure passing rates since 1960. Compound this with the state regulatory processes (Dept. of Public Health & the Board of Nursing, National test plans, etc.) we've been able to monitor and gauge our overall effectiveness, with changes made as necessary.

PR 3B - SLO - uses in program improvement :

We have reported out at the course and program level in Spring- June 2015. Many of our SLO's were modified slightly, course outcome, means of assessment/criteria/expected level of achievement, actions and follow up. In general, we were able identify several gaps in individual courses identifying specific content or learning objective. Action included fixing the learning objectives, strengthening the content, and or re-writing a test question as needed . We are fortunate to have a computerized test generating/scoring program indicating validity and reliability statistics for each question and test. Currently we are in the process of collecting SLO data over the next two years, and expect to report-out in June 2017.

Results for Program SLO #1 (synthesize theories and principles necessary for licensure as a VN) looked at (a.) predictability scores for licensure administered at the end of our program and (b.) passing rates on NCLEX-PN/VN examination (licensure scores).

Results from Program SLO #1a. (predictability scores for licensure) indicate that the comprehensive end of program predictability test (ATI) helped us identify new changes in the national test plan, strengthen content area as well as prepare students for a lengthy three (3) hours, 180 question computerized test, which mirrors the national NCLEX-PN/VN licensing exam. We had met the expected level of achievement well above the 75% criteria listed for this SLO. Student averages on ATI-predictability tests from June 2013-15 (4 semesters, total of 84 students) indicate an 83% chance of passing boards the first time. Unfortunately, data included 4 students who fail to complete the test, (stated they were too overwhelmed, too long a test, tired, etc.).

Results from Program SLO#1(b.) -(passing rates on NCLEX-PN/VN), indicate we had met our success level with first time test-takers on NCLEX-PN/VN licensing examination with a passing rate 10% or higher than the California state average of (70%) from June 2013-15. Our score indicated a pass rate of 83% during that two year period, however, this is just a "snap shot in time". As of May 2016, the official program pass rate is 87%. By the end of May 2016, we estimate the pass rate at about 90%.

Results from Program SLO #2 (development of critical thinking skills in preparation for the student's first job in VN) had some mixed reviews. On one hand, we met our expected level of achievement of 75% on our alumni survey, but just barely, for only 78% of the cohort over the past two years fully complied with the survey. However, most student (about 90%) finally self-report to the program director that they found employment between 12-15 mos. post graduation. Often students have to wait 6 mos. or more to either test or be notified of their licensure results. Often problems with finance, immigration status, or the in-depth Dept. of Justice (DOJ) background check, prevented them from receiving a license, and finding a job in a timely manner. In the end, 90% of the students surveyed felt the " program developed their critical thinking skills for their first job in nursing". Most made an entry level wage around \$21-\$22 over the two year time period from June 2013-15.

PR 3C - SLO - action/ change based on results:

Action plan for SLO#1 (synthesize theories and principles necessary for licensure as a VN) has basically remained the same with the exception of a few curricular changes that now mirror the new national NCLEX-PN/VN test plan. Moreover, we are now mandating students to purchase a self-paced computerized adaptive testing program which they can practice on-line and take measured tests which should build confidence and stamina. As a result, we expect to see a boost in the ATI predictability examination scores given on the last day of school. Lastly, we hope to identify students who may need assistance (fee's/fingerprint costs, etc.) in obtaining licensure in a timely manner. Unfortunately, students often have a variety of issues which often are out of our control.

Action plan for SLO#2 (development of critical thinking skills in preparation for the student's first job in nursing) showed a 78% respondent rate of return using our alumni survey 1 year post graduation. As mentioned above, about a 90% of self-reporting to the program director occurred by 12-15 months out. When asked, students felt the alumni survey was long and cumbersome, and often we had old phone numbers, email addresses, etc., that were incorrect, even though we had asked them to give us current data on the last day of school. In addition, we had about 10% of the students who were not ready to work due to problems with licensure, pregnancy, illness, family issues, moved out of state, or back at school taking RN pre-requisite

coursework. Faculty decided to reword SLO#2 to " development of entry level LVN job readiness skills and employment status 1 year post graduation". We streamlined the alumni survey, asked only basic questions on licensure status, job placement, hourly wages, and self reporting on a likert scale the question "LBCC prepared me for my first nursing job as an LVN". In addition, faculty has decided to contact students for current email address, phone numbers, etc. at three and six month out, so by the time they are surveyed one year post graduation, we have a better picture on program preparedness and, job placement.

PR 4A - Projects/ Strategies-development & change:

Projects/Strategies in progress: Grow the vocational nursing program to include emphasis on the nursing assistant and home health component, with certificates, as requested by industry. We were able to be a state approved program for home health aide (HHA) as of May 2015. We did not offer additional vocational nursing courses during intercessions (summer or winter) over the last three years, with the exception of summer 2015.

In progress: Integration of scenario based simulation into the curriculum. Although in progress, we have changed many of our clinical objectives to include simulation in all core VN courses before students venture out to clinical facilities and perform nursing care. We are waiting for our new nursing building C- to be completed in January 2016. Many decisions on purchasing is dependent on the structure/room for the newly created simulation hospital. Although curriculum is fixed to accommodate the simulation, we are awaiting large specialty purchases for the sims hospital.

In progress: Clerical staff to support emerging program needs is one goal/project that has been partially filled over the past three years. We still need an AA at 45% to assist us at both campus LAC & PCC .

In progress: Prepare students for a transition to registered nursing. We have increased our program requirements especially in English preparation (English 105) to better prepare students for college level writing and assignments. We implemented this change two years ago, and students are rising to the occasion. In the past, our graduates have had difficulty passing the stringent pre-admission requirement on the test of essential academic skills (TEAS)mandated by the Chancellor's office for all RN programs. In an effort to better transition them to an advanced role, changing our program requirements and utilizing the success center where they can take practice exams and remediate as needed.

PR 4B - Projects/ Strategies - results:

We have not been able to fully implement our goal/strategy to grow the vocational nursing program with the emphasis on nursing assistant and home health aide programs. Currently we have only one FT faculty member (state- approved) to teach home health aide (HHA), and will need to eventually hire additional faculty in the near future. We offered our first course in HHA in summer 2015, and expect to offer it again in winter/summer intercession 2016. We plan to offer nursing assistant program in fall/spring and summer intercession.

We have asked to purchase simulation equipment, especially an expensive "birthing simulator" which can be used for (VN & RN program) and be housed in our new "sims-hospital". Our board of nursing wants us to show more time in simulation before they are sent out to Obstetric clinics rather than acute care facilities. We have requested this type of simulator in our department plan with the expectation it will be in place by the end of this academic year, and ready for full implementation in 2016-17.

The school was able to hire one Administrative Assistant (AA) at 100% for Math, Science, Kinesiology, Allied Health & Nursing in 2014-15 academic year. We have requested at 45% Administrative Assistant (AA) to assist nursing at LAC and PCC campus. This too has been requested in our department plan.

Our program has seen a 10% increase in the number of graduates (upon LVN licensure) transitioning to the RN program. Two years ago, we strengthened our VN pre-requisites, adding English 105 or higher and stressing student involvement at the campus Success Center. As a result, students are better prepared to complete RN pre-requisites including the dreaded- Test of Essential Academic Skills (TEAS) required for RN program acceptance.

PR 4C - Projects/ Strategies - future plans:

Future plans include settling into our new building and learning how to fully implement equipment, mannequins, simulators, etc. This is going to be a big learning curve for the first few semesters. I'm sure as the dust settles, we will be better able to fully assess our program needs/ goals/strategies. Some things are out of our program control and may affect future plans, for example, faculty retirements, clerical staff or lack of, and finding adequate clinical sites for training, and qualified applicants for our hiring pool. Moreover, many of our college-wide processes is often difficult to navigate, for example, contracts and purchasing, hiring, communication, just to name a few.

PR 5 - Dept - how does it fit into big picture?:

Our program fits seamlessly into the college's institutional goals especially for the under-represented, educationally disadvantaged student that seeks a short term course/program that career-ladders into an advanced certificate/degree, with livable wages. Our curriculum is designed especially for this type of student who in addition must work part-time while attending college. Many of our students cycle in and out of the college over several years earning nursing/ allied health certificates and degrees. Transfer students from local community colleges constitutes a large percentage of our enrollment. In addition, we have the unique distinction of being the only community college that offers a vocational nursing, home health aide or nursing assistant program in the Long Beach/Orange County area. Due to the vast geographical area that LBCC serves, combined with the healthcare employment crisis at hand, this program will continue to provide an exclusive opportunity for pursuing a vocational nursing career.

Project/ Strategy and Resource Needed
