# PROGRAM NAME: a.d.n. nursing department Authoring Team contact: Dr. jane leach

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**GUIDELINES**

**Time Frames:**

* **Scope**:

The time frame of program review is five years, including the year of the review.

Data being reviewed for any item should go back the previous five years, unless not available.

* **Deadline Dates**:

January 15th – Program Review Document due to Department Dean for review  
January 31st – Program Review Document due to Program Review Steering Committee

* **Years:**

Years 1 & 3 – Implement Action Plan of (CIP) and collect data

Years 2 & 4 – Analyze data and findings from previous year, Update Action Plan

Year 5 – Write Program Review of past 5 years; Write Continuous Improvement Plan (CIP) and create new Action Plan

**LENGTH OF RESPONSES:** Information provided to each question may vary but should be generally kept in the range of 1-2 pages.

**EVIDENCE GUIDELINES:** In the following sections, you will be asked to provide evidence for assertions made.

1. **Sources**: This evidence may come from various sources including professional accreditation reviews, THECB, Texas Workforce Commission’s CREWS, Collin’s Institutional Research Office (IRO), National Student Clearinghouse, IPEDS, JobsEQ, and may be quantitative and/or qualitative. If you are unfamiliar with any of these information sources, contact the Institutional Research Office at: [effectiveness@collin.edu](mailto:effectiveness@collin.edu). Use of additional reliable and valid data sources of which you are aware is encouraged.
2. **Examples of Evidence Statements**:
3. Poor example: Core values are integrated into coursework. (Not verifiable)
4. Good example: Core values are integrated into coursework through written reflections. (Verifiable, but general)
5. Better example: Core values are integrating into coursework through written reflections asking the student to describe how s/he will demonstrate each of the core values in his or her professional life and demonstrated through service learning opportunities. (Replicable, Verifiable)

**THE PROGRAM REVIEW PORTAL** can be found at <http://inside.collin.edu/institutionaleffect/Program_Review_Process.html>. Any further questions regarding Program Review should be addressed to the Institutional Research Office ([effectiveness@collin.edu](mailto:effectiveness@collin.edu), 972.599.3102).

**E**xecutive Summary:

**Briefly summarize the topics that are addressed in this self-study, including areas of strengths and areas of concern.** (Information to address this Executive Summary may come from later sections of this document; therefore, this summary may be written after these sections have been completed.) Using the questions in the template as headings in the Executive Summary can provide structure to the overview document.

Section I. Are We Doing the Right Things?

**1.** What does your workforce program do?

**What is the program and its context?**This section is used to provide an overview description of the program, its relationship to the college and the community it serves. **Keep in mind the reviewer may not be familiar with your area**. Therefore, provide adequate explanation as needed to ensure understanding.

The mission of the nursing program is to prepare graduate professional nurses who are life-long learners actively involved in service, and members of an interdisciplinary health care team, use clinical judgment to provide safe, evidence-based, patient-centered care to promote quality of life. In accordance with the mission statement of Collin College, nursing faculty provide a quality nursing program in a learning-centered environment committed to developing skills, strengthening character, and challenging the intellect to meet the educational needs of students in our service and surrounding areas. Successful completion of the associate of applied science degree program curriculum leads to the acquisition of skills, knowledge, and attitudes necessary for employment, thereby preparing graduates for clinical practice within the community served by Collin College.

The Nursing Program is a selective admission program that includes didactic, clinical, skills lab, and simulation educational experiences. After successful completion of the four-semester program, students earn an Associate of Applied Science Degree in Nursing and are eligible to take the National Council Licensure Examination (NCLEX)-Registered Nurse examination to earn an RN license.

Nursing graduates are well prepared for their licensure examination as evidence of a licensure rate average of 88.64, which exceeds the five-year average Texas state and national average of 86.95 and 85.14, respectively; a current retention rate of 99%; and a program growth rate of 53% over the past three-year period. Averaged over the last five-year period, employment rates for nursing students at the time of graduation is 89%. Due to the majority of regional hospitals pursuant of or credentialed as Magnet status, a baccalaureate education in nursing is preferred. Collin graduates delay looking for jobs post-graduation due to progression into a BSN program such as Texas Tech or Texas Woman’s University where they offer concurrent enrollment partnership programs with Collin College, or in Collin’s new RN-to-BSN program.

The program meets the regulatory standards and criteria of the Accreditation Commission for Education in Nursing (ACEN), Texas Board of Nursing, and all Workforce Education Course criteria of the Texas Higher Education Coordinating Board standards during implementation of the curriculum.

End-of-program outcomes for the program include: 1) Use clinical reasoning and knowledge based on the nursing program of study, evidence-based practice outcomes, and research studies as the bases for decision-making and comprehensive, safe patient/client care to improve quality of life; 2) Demonstrate skills in using patient/client care technologies and information systems that support safe nursing practice; 3) Promote safety and quality improvement as an advocate and manager of nursing care; 4) Coordinate, collaborate, and communicate with diverse patients/clients, families, and the interdisciplinary health care team to plan, deliver, and evaluate care; 5) Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse; 6) Demonstrate knowledge of delegation, management, and leadership skills; and 7) Demonstrate behavior that reflects the values and ethics of the nursing profession.

The Nursing Program appropriately prepares students through an excellent curriculum and clinical experiences as evidenced by the National League of Nursing (NLN) designation as a Center of Excellence in nursing program since 2009.

## 2. Why do we do the things we do: Program relationship to the College Mission & Strategic Plan

* **Provide program-specific evidence of actions that document how the program supports the College’s** [**mission statement**](https://www.collin.edu/aboutus/)**:** “*Collin County Community College District is a student and community-centered institution committed to developing skills, strengthening character, and challenging the intellect.”*

The mission of the nursing program melds with the College’s by asserting that students are educated with integrity, provided with the ability for occupational enhancement, and provided the opportunity to achieve personal goals. Outcomes that demonstrate effective fulfillment of the vision and values of a committed faculty are evident in the nursing department’s sustained first-time pass rate for the National Council Licensure Examination-Registered Nurse (NCLEX-RN) licensure rate average of 88.64, which exceeds the five-year average Texas state and national average of 86.95 and 85.14, respectively; a current retention rate of 99%; and a program growth rate of 53% over the past three-year period.

Nursing faculty members are acutely aware of evolving the social constructivist perspective of learning, incorporating new ideas into the curriculum, and directing students to future trends in nursing. Inclusive in the comprehensive plan of the nursing division to encourage students to embrace nursing theory and research is role modeling through faculty contribution in community service, professional organization involvement, and continuing education. An impressive one hundred percent of Collin faculty members actively participate in community service to meet local needs by serving at local health clinics, immunization and influenza health clinics, and emergency medical organizations, as well as other organizations.

The mission and philosophy of the Nursing Program are implemented through the concept-based curriculum and are congruent with the College mission and core values as noted below.

|  |  |
| --- | --- |
| **Collin College Mission and Core Values** | **Associate Degree Nursing Philosophy: Concept-Based Curriculum** |
| Student and Community Centered, Culturally Rich | The study of nursing arises out of a sensitivity and responsiveness to the needs of the community served by Collin College. The students and recipients of nursing care include individuals, families, and populations within various ethnic and cultural groups. |
| Develop Skills, Learning | Nursing is a theory-guided, evidence-based discipline, which builds on a foundation of knowledge from the biological, social, and behavioral science. It is a concept-based curriculum program of study that prepares the graduate for the entry level practice of nursing and for lifelong learning and professional development. |
| Academic Excellence, Challenge the Intellect | The use of active learning activities in the didactic setting, simulated laboratory experiences with strong debriefing components, clinical experience, and active student participation are structured to facilitate the student’s application of theoretical knowledge to practical healthcare situations. These modalities are designed to promote adaptive student participatory learning during the educational program and for lifelong learning. |
| Service and Involvement | The scope of associate degree nursing practice includes the roles of member of the profession to function within the scope of practice, provider of patient-centered care to meet the needs of individuals and families in organized nursing services, patient safety advocate to implement a quality and safe environment, and member of the health care team to communicate and collaborate with patients, families, and interdisciplinary health care team. Service-learning projects are incorporated in the nursing program to promote collaboration, service, and involvement in the community. Advocacy and legal/ethical issues are also examined in this arena. |
| Creativity and Innovation, Technologically Advanced | Nursing is a dynamic and highly technical discipline. The use of creative, innovative and technologically advanced teaching methods in the classroom such as active learning activities in face-to-face and online or distance learning environments promote creativity, innovation and technology in nursing. Students demonstrate creativity, innovation and use of technology in project components of the nursing education program. |
| Dignity and Respect | Each individual has rights, dignity and worth. The individual is a unique being who interacts, changes, and adapts within the environment. The nurse is an advocate for the individual on personal, local and national levels. |
| Strengthen Character, Integrity | Nursing education provides the student with the opportunity to develop as a contributing member of the profession. Legal and ethical dimensions of practice that include the accountability for one’s own actions demonstrate this. |
| Source: *Collin College Catalog 2018-2019,* page 12 | Source: *Collin College Nursing Department Student Handbook 2018,* page 7 |

* **Provide program-specific evidence that documents how the program supports the College’s strategic plan**: <https://www.collin.edu/aboutus/strategic_goals.html>

Emphasizing student achievement in service learning and increasing outreach to the community, faculty encourage student involvement in nursing associations as preface to developing professional participation, and the nursing student body is dynamically involved in the Collin Student Nurse Association (CNSA). The CNSA is an active, vibrant student organization as a direct result of student participation. While having a student organization may not be uncommon, the high degree of student involvement of Collin nursing students is significant. Collin students are very active in the local CNSA, the state Texas Nursing Students’ Association (TNSA), and the National Student Nurses’ Association (NSNA), as evidenced by students currently holding multiple officer positions. Students presently hold positions as Nominating and Elections Chair in TNSA, as Northern Regional Director in TSNA, and as a member of the NSNA Health Policy Task Force.

In addition to demonstrating professional involvement through state and national leadership positions, Collin CNSA students exhibit commitment to professional involvement by directly supporting local community needs. CNSA students provide extensive service to several community agencies, including: providing over 100 coats and backpacks to an area homeless shelter and early childhood education program; obtaining personal items, clothing, and school supplies for clients of an area community health clinic; collecting activity games and puzzles for an area psychiatric hospital facility; providing education and collection of specimens during an area bone marrow drive; and conducting health screenings to citizens attending the Collin College Health and Safety Fair. Beyond the program requirement of a minimum of twelve hours of community service each semester, CNSA students complete an average of five additional hours of service to local facilities per semester, with some students exceeding thirty hours of additional service to the community.

Validating the significance of professional involvement to students, Collin faculty have presented at several conferences, including the annual 2019 TNSA Conference. The subject matter at the 2019 conference relates to time management. The presentation, “*Time Management for Nursing Students’*, provide methods to manage time in nursing school and during clinical rotation. The discussion focuses on improving student outcomes by improving time management skills to ultimately better prepare students and future nurses. Additionally, Collin faculty demonstrate professional involvement by presenting at the 2019 TNSA Council of Schools. The presentation, ‘*Tips for* *Using Plain English in Patient Education’* enforced the importance of using plain language, as opposed to medical jargon, when speaking to patients, thereby improving student outcomes through education on the importance of proper communication with patients and families. Additional Collin faculty presentations to the Council of Schools include current nursing concerns regarding vaping, substance abuse in nurses, and medical marijuana through sessions entitled, ‘*Vaping and It’s Affects’*, ‘*Substance Use Disuse In Nurses: Causes, Signs of Abuse, and Common Misconceptions’*, and ‘*Medical Marijuana- Is It a Wonder Drug?’*, respectively. The importance of professional involvement is demonstrated by Collin graduates’ survey results which indicate that 75% of graduates concur that being a part of a governing organization during nursing school has made them more inclined to join professional organizations as a practicing nurse.

Demonstrating the importance of participating in nursing associations, Collin faculty role model professionalism through membership in various professional organizations, including: the National League for Nursing (NLN), Texas League for Nursing, American Nurses’ Association (ANA), and multiple specialty organizations including: International Nursing Association for Clinical Nursing Simulation (INASCL), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Pediatric Nurses Association, National Association of Nurse Practitioners, Psychiatric Nurses Association, and National Association of Mental Illness. One hundred percent of Collin nursing faculty are involved in professional organizations in general and/or in the areas of their expertise.

Thirty-seven percent of Collin faculty have presented at workshops, conferences, and classes highlighting teaching trends and technology that enhance student learning. Collin College Faculty Presentations illustrates a sampling of faculty presentations which highlight teaching trends and technology that enhance student learning.

Collin College Faculty Presentations

|  |  |  |
| --- | --- | --- |
| Presentation | Location | Author |
| *Incorporating Service Learning into the Classroom* | Collin College, McKinney, TX | Long, 2017 & 2018 |
|  |  |  |
| *Game Changer: Novel Approaches for Student Engagement* | Elsevier Nursing Education Conference, Los Vegas, Nevada | Matranga, Masar, & Romo, 2018 |
|  |  |  |
| *Tips for Using Plain English in Patient Education* | TNSA Council of Schools, Austin, TX | Wilson, 2018 |
|  |  |  |
| *Service Excellence- The Importance of Service with Purpose* | TNSA Council of Schools, Austin, TX | Long, 2018 |
|  |  |  |
| *Moulage: Imagine the Possibilities* | Bangalore Baptist Hospital, Bengaluru, India | Kamath, 2018 |
|  |  |  |
| *Collaborate, Construct, Communicate, Culture: A Makerspace Learning Activity* | Texas Community College Teachers Association, Frisco, TX | Sizemore, 2018 |
|  |  |  |
| *Point of Care Services for Physical and Mental Rural Healthcare Needs* | Mind Matters Psychiatric Advanced Practice Nurses Conference, Houston, TX | Chapman, 2019 |
|  |  |  |
| *The Synthesized Classroom: A Merging of Simulation and Didactic Teaching Strategies in Nursing Education* | Nurse Tim Nuts & Bolts for Nurse Educators Conference Minneapolis, MN | Amerson & Hunsaker, 2019 |
|  |  |  |
| *The Synthesized Classroom: A Merging of Simulation and Didactic Teaching Strategies in Nursing Education* | 2019 NLN Education Summit, National Harbor, MD | Hunsaker & Amerson, 2019 |
|  |  |  |
| *Service Excellence- The Importance of Service with Purpose* | Gulf South Summit, Huntsville, TX | Long, 2019 |
|  |  |  |
| *Vaping and It’s Affects* | TNSA Council of Schools, Austin, TX | Wilson, 2019 |
|  |  |  |
| *Substance Use Disuse In Nurses: Causes, Signs of Abuse, and Common Misconceptions* | TNSA Council of Schools, Austin, TX | Denny, 2019 |
|  |  |  |
| *Medical Marijuana- Is It a Wonder Drug?* | TNSA Council of Schools, Austin, TX | Larson, 2019 |

## 3. Why we do the things we do: Program relationship to student demand

## Make a case with evidence to show that students want the Degree or Certificate and are able to complete the program.

According to Fraher, Belsky, Gaul, & Carpenter (2010), approximately 58% of students entering associate degree nursing programs will complete the degree. Collin nursing retention rates exceed the data noted by said authors commandingly and can be attributed, in part, to explicit faculty commitment to student success. Each semester, Collin faculty advisors are assigned small, manageable groups of 15 students so individual support can be provided to each student. The faculty advisor is responsible for contacting students at the first sign of academic difficulty to provide academic advising and counseling. Advisors provide individualized test-taking skills instruction, specific attention for navigating the challenges of nursing school, conflict resolution, problem-solving, goal setting, and time management, and advisors provide close attention to enhancing success and retention. Subsequently, close student advising has contributed to the attainment of the excellent retention rates experienced by the college. Success of students while progressing through the program and following graduation is attributed to ongoing self-evaluation and accreditation, as well as evaluation by students, faculty, and community. The Collin College A.D.N. program takes great pride in sustaining a program centered on excellence, and the ability to recognize the need for change and growth to nursing education and professional nursing.

Additionally, the Collin nursing program growth rate has shown a commendable increase in student enrollment while maintaining a demonstration of high quality, evidenced-based nursing education. See Collin College Nursing Program Growth Rate illustrating the exceptional 64% growth of the program while maintaining the standard of excellence that is hallmark to the Collin nursing department.

Innovative learning techniques, student flexibility, collaboration on curriculum with peers and clinical partners, currency and relevancy in curricular offerings and activities all contribute to the excellent outcomes experienced at Collin College. The strong commitment to student needs and student outcomes by the entire faculty is the driving force behind the faculty’s commitment to an excellent curriculum and educational support offered at Collin.

**Collin College Nursing Program Growth Rate**

Validation of the high quality and evidence-based practice of the nursing program is demonstrated by a current averaged retention rate of 99% as noted on the Collin College Nursing Program Retention Rate table. This high retention helps students’ attainment of their goals by increasing their chances of success once they enter the program.

**Collin College Nursing Program Retention Rate**

Student support is provided early in the degree plan by the Nursing Retention Recruiter and administrative support staff for students enrolled in the program.

**4. Why we do the things we do: Program relationship to market demand**

**Make a case with evidence to show that employers need and hire the program’s graduates.**

**Some resources to utilize for information could be Texas Workforce Commission, JobsEQ, O-Net, TexasLMI**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Registered Nurses (29-1141)** | | | | | |
| **Region** | **Entry Level Wage** | **Mean Wage** | **Experienced Wage** | **Current Employment** | **Total 5 Year Forecast Demand** | **1 Year Forecast Growth Rate** |
| **Collin County, Texas** | $57,200 | $75,800 | $85,100 | 5,319 | 2,568 | 4.0% |
| **Dallas-Fort Worth-Arlington, TX MSA** | $56,200 | $74,200 | $83,200 | 56,345 | 23,347 | 2.7% |
| **USA** | $53,000 | $75,500 | $86,800 | 3,050,760 | 1,021,907 | 1.4% |
|  |  |  |  |  |  |  |
| Exported on Friday, November 1, 2019 | | |  |  |  |  |
| [Source: JobsEQ®](http://www.chmuraecon.com/jobseq) |  |  |  |  |  |  |
| Note: Figures may not sum due to rounding | | |  |  |  |  |
| Employment data as of 2019Q2. Demand data reflect place-of-work employment | | | | | |  |
| Wage data are as of 2018 and represent the average for all Covered Employment | | | | | |  |

For the last academic year, 177 of 181 graduates (98%) had jobs upon graduation. One hundred percent of graduates report being employed one year from graduation over the last five years.

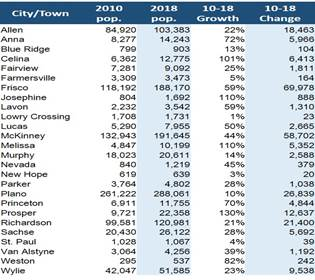
Collin College has articulation agreements with two universities, Texas Tech University (TTU) and Texas Woman’s University (TWU) which offer concurrent enrollment to Collin nursing students. All articulation agreements are current, reliable, and maintained with biannual evaluations obtained from the facility. The agreements allow the student to transition into the TTU or TWU School of Nursing RN to BSN program upon successful completion of the A.D.N. program. Articulation agreements with schools of higher education promote excellence in nursing education, enhance the profession, and benefit the community.

A National Nursing Workforce Study done in 2017 by the National Council of State Boards of Nursing revealed that the average age of an RN was 51 years old. (<https://www.ncsbn.org/workforce.htm>) Secondary to these ages, the American Association of Colleges of Nursing predicts that one-quarter (25%) of the current nationwide nursing workforce will retire within the next ten to fifteen years, leaving a shortage even greater than the one being experienced now. Because of a shortage of nursing schools and faculty, the number of new graduate nurses will not replace the number retiring ([www.aacn.org](http://www.aacn.org)).

Healthcare facilities in Collin County currently experience extreme difficulty filling the nursing positions necessary to provide quality healthcare for the county’s rapidly expanding population.  According to an Indeed job search, there are currently more than 712 vacancies for RNs in Collin County and 1957 entry-level RN vacancies in the Dallas-Fort Worth metropolis (Indeed, 2019).  The need for nurses is expected to grow as the county population continues to increase, driven in large part by the influx of corporate headquarter offices.  The 2018 population in Collin County was more than one million people (1,005,146 people) which was a 3.47% growth rate in just the one year.  In 2010, the county population was 216,715 which reveals a 463% increase over the past ten years. (<http://worldpopulationreview.com/us-counties/tx/collin-county-population/>)

According to Collin County statistics ([www.collincountytx.gov](http://www.collincountytx.gov/)), shown below, area municipalities have had substantial population growth from 2010 to 2018.

**Population Growth in Collin County**



Section II. Are We Doing Things Right?

**5. How effective is our curriculum, and how do we know?**

**A. Make a case with evidence that there are no curricular barriers to completion. Review data related to course enrollments, course retention rates, course success rates, and the frequency with which courses are scheduled to identify barriers to program completion.**

Validation of the high quality and evidence-based practice of the nursing program is demonstrated by a current averaged retention rate of 99% as noted on the Collin College Nursing Program Retention Rate table below. This high retention helps students’ attainment of their goals by increasing their chances of success once they enter the program. Maintaining extraordinary retention rates are accomplished through a combination of engaging, relevant, flexible teaching and close student advising.

**Collin College Nursing Program Retention Rate**

**B. Show evidence that the institutional standards listed below have been met. For any standard not met, describe the plan for bringing the program into compliance.**

1. **Completers Standard: Average 25 completers over the last five years or an average of at least five completers per year.**

Evidence that the program is meeting institutional standards over the last five years includes the number of completers of the A.D.N. Program. The date range used to calculate completers is September 1st through August 31st, which is different than the total number of graduates for the year. The first number in the table is the number of graduates from the A.D.N. Program over the last five years. The second number is the number of completers over the last five years that took state board licensure exam.

|  |  |  |
| --- | --- | --- |
|  | **Graduates** | **Completers** |
| 2019 | 189 | 201 |
| 2018 | 168 | 157 |
| 2017 | 156 | 157 |
| 2016 | 124 | 126 |
| 2015 | 105 | 105 |

The average number of completers over the last five years in the Nursing Program is 742, which exceeds the institutional standard.

If below the state standard, attach a plan for raising the number of completers by addressing barriers to completion and/or by increasing the number of students enrolled in the program. Definition of completer—Student has met the requirements for a degree or certificate (Level I or II)

1. **Licensure Standard: 90% of test takers pass licensure exams.**If applicable, include the licensure pass rate. For any pass rate below 90%, describe a plan for raising the pass rate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Collin College** | **Texas Average** | **National Average** |
| 2019 | 89.42% (169/189) | NA | NA |
| 2018 | 82.74 (139/168) | 91.62 | 88.56 |
| 2017 | 93.59 (146/156) | 89.14 | 86.94 |
| 2016 | 90.32 (112/124) | 87.14 | 84.30 |
| 2015 | 86.91 (91/105) | 85.22 | 84.18 |

The Nursing Program average for the five-year first-time NCLEX-RN pass rates of 88.64%.

Examination of the state of Texas and nationwide data related to first-time pass rate for NCLEX-RN for licensure as compared to the Collin College nursing program, show the commendable achievement of the program and its ranking amongst other nursing programs. When calculating an average over the five-year period, Collin College nursing program’s average NCLEX\_RN pass rate is 88.64%, which exceeds both state and national average for the five-year first-time NCLEX-RN pass rates of 86.95% and 85.14%, respectively.

1. **Retention Standard: 78% of students enrolled in program courses on the census date should still be enrolled on the last class day (grades of A through F).**Include the retention rate. If the retention rate is below 78%, describe a plan for raising the course completion rate.

The retention rate for the Nursing Program is a 98% retention rate.

Validation of the high quality and evidence-based practice of the nursing program is demonstrated by a current averaged retention rate of 99% as noted on the Collin College Nursing Program Retention Rate table below.

**Collin College Nursing Program Retention Rate**

**C. Make a case with evidence that the program curriculum is current.**

See Appendix A for the Accreditation Commission for Education in Nursing (ACEN) confirmation of accreditation for the A.D.N. program on page 42.

Since the original National League of Nursing (NLN) Center of Excellence designation in 2009, Collin has changed the curriculum to keep pace with the dynamic changes in the health care arena. The framework for the new concept-based curriculum is an outgrowth of the faculty philosophy which is based on components of the National League for Nursing Educational Competencies Model. Integrating concepts are drawn from the Quality and Safety Education for Nurses (QSEN) knowledge, skills, and attitude competencies for graduation. These values integrate fully with Collin College’s core values of Learning, Service and Involvement, Creativity and Innovation, Academic Excellence, Dignity and Respect, and Integrity. Since the original Center of Excellence report, Collin has continued the tradition of evidence-based decision-making in a student-centered learning environment.

Dynamic Curricula

Recognizing the perpetual need to respond to the changing student body and health care industry, including the charges from the NLN Call to Reform, (2003) and the Institute of Medicine (IOM) report To Err is Human, written by Kohn, Corrigan, & Donaldson, (2000), Collin nursing faculty have identified on-going developments in health care that have made it necessary for students to develop clinical reasoning skills earlier and provide for increased safety for patients in a rapidly changing environment. In response to this growing body of evidence, Collin collaborated with six other colleges to form a consortium and was awarded a Nursing Innovation Grant under the Texas Board of Nursing (BON) to design and implement a concept-based curriculum. NLN’s Call to Reform asked faculty to engage in intensive dialogue with peers, students, and nursing service colleagues about the nature of reform in nursing education; explore new pedagogies and new ways of thinking about nursing education; utilize current local and national health care trends to make informed decisions about program reform and pedagogical innovations; re-think clinical education in order to design new methods that meet students’ needs to learn practice; and prepare graduates to thrive in today’s health care environments (NLN Call to Reform, 2003). All these contributing factors were incorporated into the new curriculum development.

Concept-based curricula were being implemented across the country and the consortium reviewed processes and findings from various programs to develop concepts and exemplars for the Texas Concept-Based Curriculum. As leaders in nursing education, Collin nursing faculty were asked to author the development of the Safety and Ethics & Legal Precepts concepts for the Texas Concept-Based Curriculum. Collaboration with the consortium of colleges allowed Collin to broaden its view and collaborate with academic and clinical stakeholders.

As the dynamic, unfolding curriculum was developed by a wide variety of faculty in the consortium, the pedagogical approach to classroom and clinical instruction and structure was left to the discretion of each program and individual schools implemented the concept curriculum in accordance with the philosophy of their unique college. Collin College’s values of Learning, Service and Involvement, Creativity and Innovation, Academic Excellence, Dignity and Respect, and Integrity are a perfect fit for a concept-based, student-centered, innovative curriculum tailored for ongoing change and flexibility. Nursing faculty recognize that a curriculum preparing professionals for a changing workplace cannot remain static. With this knowledge, Collin faculty maintain a standing curriculum committee that addresses curriculum issues and engages in dynamic decision-making to solve problems on a monthly basis.

Following the concept-based curriculum philosophy, faculty members at Collin College believe that nursing education is a theory-guided, evidence-based discipline, which builds on a foundation of knowledge from the biological, social, and behavioral science. A concept-based curriculum is ideal for overcoming content saturation in nursing education by categorizing and organizing information into broader principles, or concepts. For students, this means going beyond simply memorizing facts to understanding the larger patterns and relationships that define patient care and patient illness. This foundation of knowledge is developed within the learner through active learning activities in the didactic setting, simulation, and hospital clinical experiences, and on-campus hospital lab using simple to complex learning principles and varied learning strategies. The delivery method and curriculum that the Collin faculty have implemented with the concept-based curriculum incorporates active learning principles across the curriculum.

The curriculum is operationalized through Health Care Concepts courses involving the concepts related to physical and psychosocial patient needs; Professional Nursing Concepts courses that address the professional issues surrounding the nursing career; and clinical courses that incorporate all concepts in both the acute hospital setting and practice environment by utilizing simulated patients. Each course has allotted time for didactic instruction and simulated didactic learning activities which apply the concepts to related clinical exemplars.

The Collin nursing program’s concept-based curriculum is presented in a manner where instructional time is divided into three major areas; one-fifth of teaching is traditional instructional time; one-fifth of teaching is interactive learning activities, and three-fifths of teaching is clinical time. Didactic instructional time is focused on traditional face-to-face instruction using innovative methodologies, including a minority portion of the course delivered in an online format. Classroom time is dedicated to understanding, applying, analyzing, evaluating, and creating concepts related to clinical situations. Using a blended learning style for teaching in the classroom allows faculty adequate class time for interactive, engaging pedagogy providing students the opportunity to apply the concepts at a high level of understanding. Class time is spent on clinical topics related to the concept and exemplars presented within the unit. Depending on the type of concept presented, instruction is focused on health care concepts or professional development concepts. Learning activities, including didactic simulation learning activities, pertain to the concept or exemplars presented and vary due to nursing practice variations by site, focus, or patient and institutional needs. In examples detailed earlier in the narrative, learning activities may include experiences such as simulations, case studies, and small group activities, in addition to poster presentations, teaching presentations, letters to legislators, and literature searches. Additionally, focused clinical activities further emphasize these concepts and exemplars in the clinical setting. The active, collaborative activities allow students to apply clinical experiences and clinical topics in a student-centered learning environment which enhances student responsibility for content mastery. The balance of instructional time is in a clinical setting. The variety of instructional styles and the focus on application of the information ensures the curriculum remains engaging for students and easily adapted to changing standards and evidence in practice.

Clinical reasoning is a hallmark in the concept-based curriculum because it is the ability to reason that allows students to grow in the profession and adapt to the changing patient status and workplace environment. Koharchik, Caputi, Robb, & Culleiton (2015), express that sound clinical reasoning is essential for preserving the standards of the nursing profession and promoting good patient outcomes. The Collin nursing program has incorporated instructional techniques to promote and advance clinical reasoning skills in all students, including first year, first semester students. Collin embraces a hybrid of traditional education and a blended learning method of instruction by utilizing the flipped classroom method of instruction. Flipped learning is a pedagogical approach in which direct instruction moves from the group learning space to the individual learning space, and the resulting group space is transformed into a dynamic, interactive learning environment where the educator guides students as they apply concepts and engage creatively in the subject matter (Talbert, 2015). Dynamic learning strategies are transforming faculty lectures and affording learning opportunities to students while giving students a greater responsibility for their own learning. With this increase in student responsibility, faculty see an increase in learning and the development of knowledge through refection and collaboration (Teck, 2006). Many of the prerequisite courses taken at Collin prior to the nursing curricula have also used a flipped method of instruction, so students have experienced this instructional style of learning and understand the importance of individual preparation responsibilities for the course. Use of a blended learning methods avoids the tendency to merely place coursework on-line, but increases student engagement. Collin nursing faculty begin the instruction by discussing the need to not only obtain information, but the necessity of understanding the information and complications, applying problem-solving strategies, analyzing those strategies, evaluating decisions made, and creating constructs for patient care with the information obtained. Faculty intentionally select instructional clinical situations that are based on exemplars of the concepts to build reasoning skills. Examples of these types of exemplars include medication management, priority setting, and communicating with the interdisciplinary team. Topics that develop reasoning skills allow students to grow in the curriculum and apply realistic situations that require problem solving.

In addition to face-to-face instruction, several areas of lecture are placed online on the College’s Canvas Learning Management System, including various technology tools available through the College technical and instructional support departments for student use. Video instruction, animation, voice-over PowerPoint, discussion boards, and other online methodologies are utilized to present basic content essential for understanding. Some content, at varying levels of complexity, are taught in a traditional format where instructors use Socratic style questioning to enhance student understanding of concepts difficult to master through listening, reading, and note-taking. The Collin classroom methodology presents students with opportunities for understanding, applying, analyzing, evaluating, and creating that can be mastered in small group discussion, research, and problem-solving. Having the opportunity to initiate learning outside of class time and manipulate the information in the manner best suited for the learner, gives students the advantage to master the content. Classroom time is spent applying each conceptual unit across the curriculum to realistic clinical situations. Small group work that emphasizes teamwork, collaboration and shared problem-solving, are commonly utilized during didactic learning activities. This teaching methodology, with advancing cognition requirements, allows for development of clinical reasoning related to challenging and multifaceted nursing situations found in the modern healthcare arena. All strategies develop clinical judgment, clinical reasoning, and critical thinking and support a dynamic and relevant nursing curriculum.

Tanner (2006) discusses how teaching clinical reasoning requires intentional, specific thought and intervention on the part of the clinical and classroom instructor. Clinical reasoning is intentionally and specifically embedded throughout the nursing curriculum targeting specific concepts, exemplars, and situations intended to develop this skill and is integrated in every semester and course beginning with the introduction of fundamentals in the first week of classes, progressing to complex problem-solving by the final weeks of the program.

Flexible Curricula

Collin nursing curricula is current, flexible, and empowers students to achieve personal goals and interests. The nursing standing Curriculum Committee monitors placement of concepts and exemplars and responds to needed changes as indicated, preventing problems from becoming imbedded and effecting student learning outcomes. An example of a needed change to support a flexible curriculum presented to the curriculum committee was the discovery by clinical faculty that students needed increased exposure to mental health exemplars, including suicide, taught later in the program, to be introduced earlier in the curriculum than designed. After gathering information from the instructional level and clinical instructors that identified the deficiency, the topic was discussed in committee with representation across all semesters, and subsequently by the entire faculty. The consequences of the change to students, ramifications to the entire curriculum and clinical sites, and evaluation of the change were discussed. A plan for change, agreed upon within the same semester the problem was identified, was implemented keeping student outcomes and curriculum current and flexible. Flexibility requires the curriculum to bend and adapt to students’ need, without breaking much needed systems to support excellence in instruction. Collin embraces the importance to remain flexible and is committed to a remarkable level of flexibility, but only makes changes as a result of data collection, outcome measurement, and input from stakeholders. As changes are made, the structure that supports excellence is maintained, ensuring students, curriculum, and outcomes are evaluated appropriately.

Flexibility also comprises responding to students’ needs. The nursing curriculum at Collin College adapts to changing practice, health care environmental needs, regulatory demands, as well as faculty and student needs. Technology resources available to faculty use are current and immense. Students avail themselves to the scope of HESI online skills videos and electronic instructional modules. The skills videos assure that skills education is available 24 hours a day, seven days a week for students’ reference. Continuous access allows students to be more prepared for clinical skills, peer-collaboration and evaluation. The available electronic resources include a variety of modalities, ensuring all types of adult learners have access to their individualized style of education needed for psychomotor learning. Collin nursing students also have access to eBooks on VitalSource® through Elsevier© publishers. This tool contains electronic versions of required textbooks encouraging students to utilize all available resources and tools to meet their learning needs conveniently. All Elsevier© journals are available in this tool, which encourages students to use scholarly references that are current and relevant and advance their knowledge in the practice of nursing. Availability to the extensive electronic Collin College resources for students is ensured by student access to ninety laptops, if needed, for use within the program for class assignments as well as several fully functional computer labs. The ready availability of technology to avail students of these tools encourages their use in a dynamic and flexible learning environment.

Simulation has an established place in nursing education and integrating it in the nursing curriculum provides a flexible, dynamic, current, and relevant educational component to enhance students’ learning and advance their knowledge in the nursing practice. The combination of high-fidelity simulation coupled with clinical intensives that expose students to the real world of nursing promotes confidence and competence as students’ progress through the program (Stull and Harper, 2012). Students work individually in a simulated, clinical environment to develop and apply critical thinking, clinical reasoning, and clinical judgment utilizing patient scenarios that are clinically focused and appropriate to the students’ progression in the program. The simulation environment encourages students to make decisions in a safe setting where patient outcomes can be changed along with student behaviors. The high-fidelity simulation environment provides faculty the ability to change patient responses, based on students’ interventions. By simulating the same patient scenario, a second time, students are offered the opportunity to change their interventions if best practice was not implemented. The simulation format illustrates a flexible methodology of instruction that meets individual needs, rather than a set curriculum and activity that only responds in a programmed way.

Within the nursing program’s flexible and current educational environment, faculty frequently assign students interactive, online projects relevant to health care concepts as an opportunity to research current information through professional websites. The Quality and Safety Education for Nurses (QSEN) website, Texas Board of Nursing website, and the Agency for Health Care Research and Quality website are all examples where students can gain current information relevant to their practice now and in the future and are identified in course syllabi. The use of professional websites allow students to see the standard for practicing nurses and validates the information presented in their course work. These sites are current, relevant and change as the workplace and standards change. Students learn the skills needed in the workplace to recognize safe and reliable websites, discern professional sites from consumer sites, and validate the decisions based on research findings in the literature.

The Canvas Learning Management System has become a mainstay for Collin College students. Students utilize Canvas for all class information to access learning activities and content for all course assignments. In addition to acquiring information, students complete assignments online and participate in discussions through Canvas. Online learning, whether utilized as a total experience or in support of face-to-face instruction, engages students, creates personalized learning experiences, and provides flexibility that complements all learning styles.

Nursing faculty also utilize the teaching methodology of storytelling to increase student interest and engagement. The Collin faculty’s extensive experience in nursing practice enhances the impact of storytelling and enables students to reflect on the meaning of the story, while learning the nursing process of the concept exemplars. Leng (2010), concurs that this method of teaching is beneficial by noting that storytelling is a way of linking the students’ emotional response with intellectual inquiry. Storytelling in nursing education, as noted by Hunter (2008), integrates art and science, allowing nursing students to see themselves one day as caring nurses. Collin faculty often weave their experiences and patient cases throughout lecture, integrating the story into assessment, diagnostics, problem-solving, pharmacotherapy, psychosocial considerations and patient responses to patient-centered care. Storytelling facilitates dialogue, in-depth discussion, and reflections on the meaning of the story and brings learning to a personal level for students.

Narrative thinking is an additional flexible and challenging instructional technique used by Collin faculty in class and clinical settings. Narrative thinking is often used in conjunction with storytelling. With narrative pedagogy, teachers focus on thinking anew about the experiences they co-create with students, rather than on the activities common in conventional pedagogies such as outcomes or competency-based education (Ironside, 2014). Instructors interpret experiences and problems with students by either thinking aloud to model effective reasoning and problem-solving skills, or by remaining quiet, allowing students to think aloud and solve the problem (Ironside, 2014). Narrative thinking allows instructors an opportunity to identify errors in reasoning and intervene to correct students’ thinking. This methodology of instruction requires great flexibility as responses must correspond to the discussion and the thoughts expressed by students. Each group and activity become unique, with the instructor leading the group toward meeting the desired outcomes, and often additional outcomes that evolved in the problem-solving discussion.

The wide range of instructional tools utilized at Collin demonstrates flexibility to students by allowing them to be adaptable in their acquisition of learning. The ability to incorporate various styles and techniques facilitates retention of knowledge and transfer of information and teaches students that diversity of methods and styles is acceptable and preferred for better outcomes. Students and faculty prodigiously agree and confirm that the flexible curriculum empowers students to achieve their personal goals and advance their knowledge in nursing practice.

To ensure the curriculum is dynamic, current, and relevant, the Collin nursing department is committed in supporting all faculty in the use of creative and innovative instructional techniques, as well as enhancing student reasoning skills. To provide a personalized support system for new full- and part-time faculty, experienced faculty have used their collective talents to develop a mentoring program that supplements the general college information provided in orientation. In addition to being mentored by the clinical coordinator or experienced faculty, new faculty members are assigned a full-time faculty mentor who provides teaching strategies for success during their first year of teaching. Mentoring is started prior to the beginning of the semester and electronic resources are provided as a source of familiarization and understanding of the nursing program. Information related to the history and philosophy of the program, concept-based curriculum, calendars and syllabi, and access to the college Canvas Learning Management System are provided. Additionally, clinical assistance in developing expectations and rotations, grading required paperwork, completing evaluations, and promoting critical thinking among students is included in the mentoring program. Finally, scenarios are presented as examples of behavior situations that may impact Collin College’s civility contract as illustrations of possible student situations. New faculty to Collin College confirm the benefits of collegiality provided through the nursing mentoring program.

Relevant Curricula

The nursing curriculum is relevant to today’s practice expectations. As previously detailed, Collin faculty engaged with a consortium of schools and professional faculty members to develop a concept-based curriculum with relevant exemplars. The goal of the curriculum change was eliminating curriculum overload and focusing on relevant concepts that students could transfer to patient situations in a changing practice environment.

Prior to initiation of the concept-based curriculum, the Collin nursing program taught an integrated style of teaching. Incorporated within the previous curriculum was approximately 12% of curriculum presented as a problem-based learning (PBL) format. Highlighted as one of the cornerstones of excellence in Collin’s curriculum in the first report, the PBL design defined the patient problem as the structure for the learning environment. Research completed by a former Collin faculty supported the teaching strategy as an effective learning style (Swegle, 2008). The PBL teaching method employs real patient problems which concentrates the students’ prior knowledge to formulate the understanding of vital concepts. The development of learning that occurs in students enhances new knowledge through the reinforcement of important concepts and immediate decision-making through a seamless group collaboration process. Based on faculty research, the PBL design of instruction has continued to be integrated within the nursing curriculum. In a recent survey of current students, a noteworthy 95% strongly agree that innovative teaching methods, including PBLs and didactic learning activities facilitate clinical decision-making skills. Faculty and students recognize the value of clinical instruction in the classroom and the student-centered approach to problem-solving as students are engaged and transfer learning effectively. With the initiation of the concept-based curriculum and the commitment to a flipped classroom, the PBL methodology and didactic simulation learning activities became the foundation for learning activities.

The philosophy of concept-based instruction is a multistep process of instruction of the concept in the didactic setting through concepts and exemplars, application to relevant nursing practice in the classroom through learning activities, and application to clinical practice through focused clinical activities (FCAs). FCAs are utilized to link concepts to patient care by weaving the concepts into comprehensive plans of care. Each clinical experience incorporates FCAs through a variety of topics such as lab work, diagnostic testing, discharge planning, communication, equipment uses, assessment, and technology, and are related to the health care, physical, psychosocial, or professional concerns affecting patients. Students must also relate the FCA to safety for their patients, discuss their clinical judgment and reasoning, and the relevance to patients’ outcomes. Active learning is unique to each clinical agency and is pertinent to patient type and level of the student.

As an ongoing commitment to a relevant curriculum, clinical reasoning is embedded in learning activities, clinical practice, and evaluation throughout the program. The nursing department adopted the clinical reasoning model based on Tanner’s Clinical Judgment (2006) research which includes noticing, interpreting, responding and reflecting in and on the action. Weaved through the curriculum, students are required to reflect in and on their didactic discussion assignments, didactic simulation learning activities, simulation, and clinical experiences to build clinical reasoning skills. Tanner’s model (2006) is integrated throughout the curriculum prior to clinical experiences, where students reflect on their skills performance as preparation for clinical experiences.

The Collin hospital lab provides a non-threatening environment for Collin students to integrate nursing, problem-solving, and clinical reasoning skills. The 30-bed hospital lab is a functioning hospital lab equipped with low- to mid-fidelity manikins that provide practice opportunities on anatomical, skeletal, and skills training models. Nursing faculty ensure the hospital lab is open and available for students to practice skills at convenient times during evenings outside of scheduled class time. All skills are mastered in the first year, first semester to allow students the opportunity to perform skills in any level of clinical experience. As part of the concept-based curriculum, scenarios replicating the healthcare setting are utilized to validate mastery of skills.

Collin’s skills validation process is unique and realistic, cultivating critical thinking by utilizing scenarios that replicate actual clinical situations. Students are required to make critical decisions based on the information provided in a descriptive patient scenario appropriate to the skill, on the day of validation. Students role-play the nurse-patient interaction at the bedside while testing face-to-face with an evaluating faculty, in the allotted time specific to the skill and grading rubric. Role-playing scenarios provide the opportunity for students to demonstrate proficiency in skill technique, patient safety, time management, prioritization of care, critical thinking, communication, and documentation. Following the skills validation enactments, students reflect on their actions to realize what knowledge gains have been acquired from their experiences and reflect in action on their response to their nursing interventions and needed adjustments to their interventions. Engaging in reflection after skills examination enables students to connect their actions with outcomes (Tanner, 2006). Post examination, students also receive feedback from faculty with review of positive actions and areas for needed improvement. Emphasis during all skills practice and performance is on professional behaviors, flexibility, accountability, safety, patient advocacy, teaching, and the application of conceptual learning, rather than just basic performance. Clinical reasoning is embedded in the process as students adjust to changing equipment, assessing patient status, reviewing health care provider orders, and encountering complications during the practice and mastery of skills procedures.

Reflective thinking in action also occurs during the clinical day as instructors encourage students to discuss their thinking and problem-solving skills while engaged in the care of actual patients. Specific to clinical rotations, clarifying and correcting errant thinking occurs during the inaction reflection of the clinical judgment process. Reflection on action in the clinical setting occurs as students discuss their reflection in the form of narrative thinking in post-conference or in journaling during clinical as preparation for post-conference discussion. The reflective practice builds students’ experience, judgment, and decision-making skills (Koharchik, Caputi, Robb & Culleiton, 2015), and will be relevant throughout their nursing careers.

Relevant practice related to safety standards, including environmental and psychosocial safety, is a concentrated focus in the curriculum from the first days of class through graduation. Every course has specific safety considerations threaded throughout the coursework. Collin clinical faculty collaborate with hospital staff preceptors in the clinical setting during the last 60 hours of the second year, final semester prior to graduation, to provide realistic life experiences for students by caring for multiple patients. Managing the care of patients from the onset of the shift to hand-off at the end of shift, students work alongside preceptors to assume responsibility of patients, to include developing plans of care, preforming interventions, administering medications, and documenting on all assigned patients. As students advance through the program, responsibility in the number of patients assigned increases from one patient per six-hour clinical rotation in the first year, first semester to four patients per twelve-hour clinical rotation in the second year, fourth semester, with the last clinical rotation culminating in the preceptor type of clinical experiences. During the last semester, students work closely with staff nurses to build relationships required for effective learning during the transition experience. In collaboration with Collin nursing faculty, agency preceptors specifically focus on identifying students’ strengths and weaknesses and emphasizing their focus on the students’ abilities to provide safe and effective care, an essential part of advancing their knowledge of the nursing profession. The Collin Nursing Department recognizes the research of Vaismoradi, Salsali, & Marck (2011) related to preceptorship, noting nurse administrators and practicing nurses need to actively mentor nursing students in clinical settings and work with other team members to recognize unsafe acts, report unsafe conditions and implement safety actions as required.

A measure that the Collin Nursing Department uses to validate the advancement of students’ knowledge in the practice of nursing is measuring students’ outcomes employing Comprehensive Exams. The exams allow faculty the ability to consistently and authoritatively evaluate their students’ learning, give direction for remediation, and evaluate the strength of the curricula. Standardized national exams provide the program with successful measures for benchmarking program outcomes, measuring student achievement, and guiding remediation prior to licensure candidacy. As part of a required component of the second year, final semester, students complete an Online Review for the NCLEX-RN® Examination which provides a unique comprehensive review experience with the convenience and interactivity of an online format. Designed as a self-paced study tool, it features key nursing content organized by NCLEX Client Needs to prepare for the NCLEX-RN® examination. A diagnostic pre-test taken at the beginning of the course provides students with a study calendar as guidance through the content modules. Each module is followed by a quiz to determine mastery of the content. A comprehensive exam at the end of the course gives students a breakdown of their strengths and weaknesses. Numerous studies support the practice of NCLEX review products as relevant curricula in the acquisition of key nursing information including completion of national assessment tools such as the HESI/Saunders Online Review.

**D. Present evidence from advisory committee minutes, attendance, and composition that the advisory committee includes employers who are actively engaged on the committee and who are representative of area employers.**

The Nursing Program Community Advisory Board consists of 16 members comprising alumni, university partners and representatives from agencies utilized for clinical sites. The advisory board meets twice a year, once each semester, to provide input into the program’s curriculum and strengths. Advisory members are listed below.

|  |  |
| --- | --- |
| **Name and Title** | **Name and Title** |
| Linda Tjiong  Director, Education & Research  Baylor McKinney | Susie Arrendell  Professional Development Specialist  Baylor McKinney |
| John Summers  Chief Nursing Officer  Texas Health Allen | Staci Jones  Chief Nursing Officer  Methodist McKinney |
| Robin Winebar  Director Quality Control  Methodist McKinney | Kathryn Griffin  Chief Nursing Officer  Terrell State Hospital |
| Tricia Scott  Director of Academic Partnerships  Medical City Healthcare | Laura Nix  Chief Nursing Officer  Wysong |
| Gary Huey  Learning Institute Manager  Medical City Healthcare | Randi Elliott  Chief Nursing Officer  Baylor Frisco |
| Calee Travis  Chief Nursing Officer  Baylor Centennial | Joyce Soule  Chief Nursing Officer  Medical City Dallas |
| JoAnn Stankus  Program Coordinator  TWU RN to BS/MS | Derrick Echoles  Director of Nursing Admissions  TWU |
| Melissa Winter  Chief Nursing Officer  Baylor McKinney | Cassidi Roberts  Chief Nursing Officer  Medical City McKinney |
| Joseph Berumen  Vice President of Patient Care Services  Baylor Centennial | Christy Escandon  Chief Nursing Officer  Texas Health Plano |
| Susan Moats  Chief Nursing Officer  Baylor Heart / Baylor Plano | Tonya Fagan  Chief Nursing Officer  Select Specialty |

1. How many employers does your advisory committee have?

20 community employer members

2. How many employers attended the last two meetings?

5-6 community members

3. How has the advisory committee impacted the program over the last five years (including latest trends, and insights into latest technologies)?

Advisory committee community members have impacted program decisions through suggestions related to empathy and compassion in nursing, healthcare infection control, and safety and professionalism demonstrated through dress code attire.

4. Briefly summarize the curriculum recommendations made by the advisory committee over the last five years.

Hospital advisory partners note clinical competence with a focus on the technical component of nursing is evident in Collin graduates, however, suggest nursing empathy and compassion have diminished most recently. As a result of the community suggestion, the inclusion of mindfulness practice and principles, with coaching on developing states of nonjudgmental awareness and acceptance of self-thoughts and emotions, was added to the curriculum. Additionally, the on-line Assessment Technology Institute (ATI)® learning tool ‘Nurse Touch’ resource that assists the student to fully develop each student’s “professional touch” for their future has also been incorporated in the nursing curriculum.

A suggestion related to healthcare infection control in the hospital setting by community advisory members also prohibits the use of wheelchairs, crutches, canes, casts, or walking boots to prevent cross-contamination of microorganisms between patients and staff. Additional infection control measures relevant to nursing faculty/student immunization non-compliance due to personal beliefs were also discussed by the advisory members. Community partners shared nursing performance standards for infection from their facilities for incorporation of the standards in our nursing program. Additional curriculum changes to the nursing program for adequate infection control include requiring faculty/students to wear protective facial masks during clinical experiences and/or offering observation or alternative assignments as infection prevention.

Dress code attire suggestions that focus on nursing student, faculty, and patient safety and professionalism by the advisory committee stressed the importance of maintaining standards for all individuals. Limitations in wearing daith jewelry, use of small headwear that matches hair color, and the covering of all tattoos has been added to the clinical dress code requirements in the program student handbook.

**E. For any required program courses where there is a pattern of low enrollment (fewer than 15 students), explain your plan to grow enrollment and/or revise the curriculum.**

Not applicable

### F. Make a case with evidence that the program is well-managed.

The average class size over the last five years in the Nursing Program is 16.5 students. While didactic class includes large numbers of students (58-80 students per cohort), smaller clinical group ratios are maintained to promote individualized learning and patient safety in the clinical setting. Per Texas Board of Nursing guidelines, a ratio of 10 students to 1 nursing faculty is mandated. The average clinical group ratio for the program is 6-7 students: 1 faculty. The A.D.N. program is well managed through the use of 23 full-time and 34 part-time associate faculty to provide consistency in didactic-to-clinical instruction throughout the curriculum.

Additionally, well-managed and focused learning is utilized through small group instruction applying learning activities in the didactic venue. Learning activities are unique cadres of learning experiences that work in concert to focus the responsibility of learning on students through methodologies incorporated into the classroom to promote active learning. Average group size of 10 students provide application of content and deeper learning.

### The unduplicated, actual, annual enrollment data as noted below supports an adequate number of nursing students enrolled in the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Term** |  | **Count of Enrolled**  **Nursing RN Majors "Pre-" Majors** | |
|  | **FY2015** |  | |
| Fall 2014 |  | #N/A | \* |
| Spring 2015 |  | #N/A | \* |
| Summer 2015 |  | #N/A | \* |
|  | **FY2016** |  | |
| Fall 2015 |  | #N/A | \* |
| Winter 2015 |  | #N/A | **\*** |
| Spring 2016 |  | #N/A | **\*** |
| Summer 2016 |  | #N/A | **\*** |
|  | **FY2017** |  | |
| Fall 2016 |  | #N/A | 234 |
| Winter 2016 |  | #N/A | 24 |
| Spring 2017 |  | #N/A | 337 |
| Summer 2017 |  | #N/A | 415 |
|  | **FY2018** |  | |
| Fall 2017 |  | #N/A | 717 |
| Winter 2017 |  | #N/A | 52 |
| Spring 2018 |  | #N/A | 775 |
| Summer 2018 |  | #N/A | 635 |
|  | **FY2019** |  | |
| Fall 2018 |  | #N/A | 1026 |
| Winter 2018 |  | #N/A | 75 |
| Spring 2019 |  | #N/A | 1,012 |
| Summer 2019 |  | #N/A | 648 |

Grade distribution across nursing courses over the last five years identify clinical and professional nursing courses with an average failure rate (Grade of an F) range of 1% to 3%. Didactic courses over the same time period indicate an average failure rate range of 2% to 5%, with two courses, RNSG 1324 and 2539 with 5% failure rates. Adjustments in course delivery of content for the didactic course RNSG 1324 (Paramedic/Medic/LVN-to RN Bridge) is currently ongoing review due to the highest failure rate and lower first-time pass rates on the NCLEX-RN licensure exam as compared to traditional graduate pass-rates. During the program review, enrollment in RNSG 1324 is on hold. For the didactic fourth semester course, RNSG 2539, a change in student textbook resources to the Assessment Technology Institute (ATI)® learning tool, The ATI Capstone Content Review, has been initiated to provide comprehensive review of the program content, including fourth semester content, as preparation for program completion and NCLEX-RN licensure examination. Through the curriculum format of concept-based methodology, deeper knowledge acquisition of didactic and professional knowledge can be realized and applied in the clinical setting. The program incorporates learning activities in the classroom and focused clinical activities in the hospital setting for each of the curriculum concepts for application of course content. Pre-requisite courses BIOL 2401 and 2402 (Anatomy & Physiology I & II, respectively) indicate an average rate of 3-11% over the last five years. The pre-requisite course PSYC 2314 Life-Span Growth and Development notes an average failure rate of 7%. All pre-requisites are related to success in the nursing program and information accentuating their importance to success in the program will be highlighted during information sessions and on the nursing website. The use of library and student services for advisement and strategies for college success will be suggested and emphasized during contact with potential nursing students.

Success rates across nursing courses in the program average 90% to 100% over the last five years. Success rate for the pre-requisite course PSYC 2314 is 85% which meets the College standard. Success rates for pre-requisite courses, BIOL 2401 and BIOL 2402, respectively, indicate an average of 69% and 74%. Microbiology is also an important pre-requisite for the nursing program; faculty will continue to relate and accentuate microbiology content in the nursing curriculum and utilize learning activities that apply didactic microbiology knowledge to clinical experiences.

In addition to the Natural Sciences courses of Anatomy & Physiology I and II and Microbiology, the student completes 12 of the 60 hours of the Nursing Degree in the General Education core. The pre-requisite and general education courses comprise 45% of the total credits for the Associate of Applied Sciences (AAS) Degree, and, excluding Natural Sciences, may be completed concurrently with the nursing courses. These credit hours include Composition I (ENGL 1301, 3 credits), General Psychology (PSYC 2301, 3 credits), Life-Span Growth and Development (PSYC 2314, 3 credits), and Introduction to the Humanities (HUMA 1301, 3 credits). The degree also allows for a substitution of any number of courses such as art or music courses for the Introduction to the Humanities requirement.

Contact Hours Taught by Nursing Division

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full-Time Faculty | | | | Part-Time Faculty | |  | Growth | Full-Time | Faculty |
| Division | Department | Number | % | Number | % | Total |  | Number | Average FT Contact Hours |
| Nursing | Nursing | 60,368 | 65% | 31,984 | 35% | 92,352 | 95,123 | 21 | 2,875 |

Student satisfaction with the nursing program has declined from the 2015 survey result of 4.39 out of 5 to the 2019 survey result of 3.22 out of 5 scale. On course evaluation, students are surveyed to rate mastery of course content and preparedness in progressing in the curriculum or profession. The decline in student satisfaction relates to the initiation of the summer semester in the program, which compressed content into a 14-week versus 16-week semester timeline. An administrative decision was made to suspend summer enrollment in the nursing program after the current student cohort graduates, due in part to declining student satisfaction survey results.

No appreciable student program complaints have been reported to the Dean/Director.

**6. How effectively do we communicate, and how do we know?**

**A. Make a case with evidence that the program literature and electronic sites are current, provide an accurate representation of the program, and support the program’s recruitment plan, retention plan and completion plan.**

One of the premier additions at Collin College that supports students’ learning for achievement of personal goals and interests or advancing their knowledge in the practice of nursing is the 46,000 square foot contemporary library, which provides a quiet, comfortable atmosphere for study seven days per week for students, including evening and weekend hours. The Collin College McKinney Campus Library, also known as the Consumer Health Information Center, has achieved national recognition by offering a wide variety of health-related materials, resources, and services to the community and providing support to the health science programs of the College. The importance of available educational resources for students cannot be understated, and Collin College is committed to providing exceptional resources for community college students; resources often more commonly available in a university setting. The policy of the library is to promote learning within the college by making available informational services and providing a collection of materials that enrich and support the curriculum. The resources are selected to address the needs of students and faculty in areas of reference, undergraduate level study, research, and recreation. The nursing faculty work in conjunction with the library staff to select and maintain learning resources.

The library offerings on the McKinney campus afford students web-based access to nursing journals, articles, live streaming videos on more than 150 nursing topics, a library of cultural health practices for more than 30 ethnic groups, interlibrary loans of material, and over 9,700 print volumes, videos, and software items within the nursing index. Exemplary resources for Collin students include over 200 available databases for articles from magazines, journals, and books. Databases specifically concerted for nursing students include more than 70 electronic databanks through the Collin library services, including excellent healthcare resources such as CINAHL Complete, Cochrane Library, Health and Medicine, Health Source- Nursing/Academic Edition, JoVE Science Education, Lexicomp Online, and ProQuest. The library is inviting and conducive to reading, studying and learning, and has multiple areas for student study groups, including isolated rooms. Collin students are afforded excellence in library resources as the nursing program has an expertly qualified, designated librarian who supports students and faculty in specific nursing-related inquiries and assignments. Nursing students throughout the program can enlist the expertise of the librarian for customized assistance in evidence-based literature searches on campus or through a remote access ‘Ask a librarian’ on-line chat service 24-hours-by-7-days a week. Students are offered classes conducted by the health science librarian with instruction on accessing evidenced-based nursing research articles, writing in American Psychological Association (APA) style, utilizing the APA Academic Writer database, and various other needs of students.

Empowering Curriculum

The nursing curriculum empowers Collin nursing students to meet their goals through various means. The curriculum has 24 credits of general education courses that are selected for the purpose of transferability in the Nursing Field of Study and as support for end-of-program outcomes. Faculty believe that nursing is theory guided and evidence-based, building on biological social and behavioral sciences. The selected courses are essential in building a strong foundation for nursing students. Skills acquired in core courses, English composition, Anatomy and Physiology, Microbiology, and Psychology are used daily to support the basic skills essential of a graduate professional nurse. Students are expected to maintain and use all components of the core courses in the nursing coursework to enable success.

As noted in the commendable Collin nursing retention rate of 99% and an outstanding first-time pass rate for the National Council Licensure Examination-Registered Nurse (NCLEX-RN) licensure rate average of 88.64, which exceeds the five-year average Texas state and national average of 86.95 and 85.14, respectively, and a program growth rate of 53% over the past three-year, students experience high retention and success in both program completion and licensure attainment. Once admitted to the program, students’ goals are focused on program completion, successful attainment of licensure, and ultimately, entering the workforce as a professional nurse. Although program completion and licensure are paramount to student success, additional goals include altruism within the community, enhancement of academic degrees, and transfer to baccalaureate or graduate education.

According to the Texas Higher Education Coordinating Board (THECB), graduation rates are determined based upon admission and graduation within time and a half (i.e., three years for Collin College nursing students). The nursing department maintains a list of admission, attrition with cause, and graduation rates. Collin College prides itself in providing our students with a top-quality education and has been recognized as an exemplary program by the THECB for best practices in retention and graduation as well as licensure success. The THECB has a grant fund specifically designed to address the nursing shortage and provide additional funding to programs that increase enrollments while maintaining greater than 70% retention and over 80% success on the NCLEX-RN for first-time test takers. Collin College has qualified for this funding twelve years in a row and is the only community college in Texas to achieve this accomplishment. In 2018, the THECB grant awarded to the nursing department for best practices in retention and licensure success totaled over $350,000. Including the grant funds received in 2018, the current funds awarded to the nursing department from the THECB to aid the nursing shortage reduction is $1,023,306, which empowers the curriculum for Collin nursing students.

The Dean of Nursing is responsible for monitoring and maintaining the program’s website to ensure information is current, accurate, relevant, and available for the community. Additions to the website will include the NCLEX-RN first-time pass rates and program retention rates to follow accreditation standards.

**B. In the following Program Literature Review Table, document that the elements of information listed on the website and in brochures (current academic calendars, grading policies, course syllabi, program handouts, program tuition costs and additional fees, description of articulation agreements, availability of courses and awards, and local job demand in related fields) were verified for currency, accuracy, relevance, and are readily available to students and the public.**

All information communicated to the community is current, accurate, relevant, and readily available to the public and students. Additional information to be added by the Dean to the Nursing Department website includes articulation agreement information and local job demands for RN nursing positions.

### Program Literature Review Table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Type (i.e. URLs, brochures, handouts, etc.) | Date of Last Review/Update |  | Responsible Party |
| Collin College Catalog | <http://www.collin.edu/academics/2018-19%20Collin%20College%20Catalog.pdf>  Included: Mission and Vision; Core Values; Accreditation status and bodies; College academic calendars; Grading policies; Tuition costs; Additional fees; Availability of courses and awards; Academic policies; Student enrollment services; Learning Opportunities; and Degree plans | 2018-2019 | X Current  X Accurate  X Relevant  X Available | Interim Director Matranga |
| Collin College Student Handbook | <https://www.collin.edu/studentresources/personal/studenthandbook.html>  Includes: Accreditation status; Mission and Vision; Core values; Academic calendar; Definition of terms; and Policies, procedures, & services | 2018-2019 | X Current  X Accurate  X Relevant  X Available | Interim Director Matranga |
| Castle Branch: Background Check & Compliance Management | <https://discover.castlebranch.com/>  Includes: Immunizations; CPR certification; Influenza; and Consent for Drug Testing and Release of Information | 2019 | X Current  X Accurate  X Relevant  X Available | Interim Director Matranga |
| Canvas Learning Management System | <https://collin.instructure.com/>  Includes: Support services; Semester calendar; Course syllabi (Didactic and Clinical); Computer requirements and support; Collin College Strategies of Behavioral Intervention (SOBI); Student handbook; Grading information; Course content readings and assignments; Clinical schedule; Clinical faculty pages; Service-learning information; | 2019 | X Current  X Accurate  X Relevant  X Available | Interim Director Matranga |
| Nursing Department Student Handbook | Handbook posted to each Canvas course shell  Includes: Accreditation information; Philosophy; Definitions of terms; Organization structure; Grading policies; Department procedures; Program expectations; Financial aid; Drug testing procedures; Service learning; A.D.N. Differentiated Essential Competencies; and Program handouts | 9/2019 | X Current  X Accurate  X Relevant  X Available | Interim Director Matranga |
| Nursing Department Website | <https://www.collin.edu/nursing/>  Includes: Accreditation standards and link; Immunizations; Information sessions; Program costs; Graduation statistics; Advising link; Administration contacts; National League of Nursing website; and Texas Board of Nursing website | 8/2019 | X Current  X Accurate  X Relevant  X Available | Dean Leach |
| Texas Tech University Articulation Agreement | Texas Tech University (TTU) offers concurrent enrollment to Collin nursing students. All articulation agreements are current, reliable, and maintained with biannual evaluations obtained from the facility. The agreements allow the student to transition into the TTU School of Nursing RN to BSN program upon successful completion of the A.D.N program. | 2019 | X Current  X Accurate  X Relevant  X Available | Interim Director Matranga |
| Texas Woman’s University Articulation Agreement | Texas Woman’s University (TWU) offers concurrent enrollment to Collin nursing students. All articulation agreements are current, reliable, and maintained with biannual evaluations obtained from the facility. The agreements allow the student to transition into the TWU School of Nursing RN to BSN program upon successful completion of the A.D.N program. | 2019 | X Current  X Accurate  X Relevant  X Available | Interim Director Matranga |

## 7. How well are we leveraging partnership resources and building relationships, and how do we know?

**Partnership Resources: On the table below, list any business, industry, government, college, university, community, and/or consultant partnerships, including internal Collin departments, to advance the service unit outcomes.**

### Partnership Resources Table

|  |  |  |
| --- | --- | --- |
| Partner | Description (See Points to Consider) | How is it Valuable to the Program |
| Advising Department | Define and develop realistic educational career plans through schedule planning for each semester | Assist in developing plan for transferring to a four‐year college/university, review degree plans, & assist in completing associate degree |
| Financial Aide Department | Define the types of federal and state aid available for students | Help students achieve their educational potential by helping award and disburse monetary resources |
| Testing Center | Coordinates the test scheduling process and test materials, including Psychological Services Bureau (PSB) testing sessions | Provide students access to a comfortable, secure test environment designed to facilitate their personal and professional educational goals |
| Dean of Students | Promotes student success within an inclusive and respectful community | Implement and enforce school regulations and policies, coordinate programs with other school departments, meet with students who have exhibited poor conduct, and resolve problems accordingly |
| Community partners- See Community Advisory Board committee members Table on page 21 | Provide support and advice to academic programs, assist in the development of new programs, and identify best practice standards | Consisting of members of local stakeholders to keep the curriculum up to date in determining learning needs and also foster job placement opportunities for graduates |
| Registrar Office | Official authorized keeper of the student records; Plan, organize and manage all of the activities related to the Records and Registration Department | Assist in adding and/or dropping classes |
| Concept-Based Consortium | Association of nursing schools with the objective of participating in a common activity | Development of concepts, exemplars, and learning activities in curriculum, identify placement of content within semester levels |
| ACCESS Office | Provides support to eliminate barriers by offering a variety of services that offer equal opportunities for qualified students with a disability | Provides students through support with self-advocacy; Testing accommodations; Note taking, scribes, readers; Text in alternate format/enlarged text; CART/Sign Language Interpreters; Assistive technology; and Classroom accessibility |
| Assessment Technologies Institute (ATI) Nursing Education program | Electronic platform educational program for didactic and clinical content | Education platform designed to improve program completion, pass rates, and placement success through curriculum development and mapping, and testing strategies |
| Community Clinical Partners: Medical City Plano, Medical City Lewisville, Medical City Dallas, Baylor Heart Hospital, Baylor Hospital Frisco, Baylor Hospital McKinney, Medical City McKinney, Medical City Fort Worth, Medical City North Hills, Presbyterian Hospital Allen, Presbyterian Hospital Plano, Wysong Hospital, Terrill State Hospital, Allen Independent School District (ISD), Lovejoy ISD, Children’s Hospital Dallas, Children’s Hospital Legacy Plano, Lifecare Hospital, Methodist Richardson Medical Center | Hospital locations for student clinical rotations | Provide learning experiences for student practice to actual patients |

8. What professional developmental opportunities add value to your program? Provide a List of professional development activities employees have participated in since your last program review**.**

Collin nursing faculty have obtained a vast range of professional development through continuing education units (CEUs) which has benefitted faculty growth and student outcomes. Of those reported, full-time faculty have obtained 1030 hours collectively and part-time faculty have obtained 365 hours for a total of 1395 hours of continuing education units. Among the full-time faculty, seven have earned their terminal degrees, including two faculty members with PhDs, one faculty with an EdD. and four nursing faculty with completed doctors of nursing practice (DNP). Currently, five faculty members are in process of completing their terminal degrees, with three working toward a DNPs and two working toward EdD. degree.

Collin College also has a robust online training program for faculty professional development called the Faculty Start Line. The purpose of the platform is to assist full-time and part-time faculty in understanding and negotiating all aspects of employment and responsibilities as faculty. The resource includes information related to required paperwork, access to forms, and contact information. The Faculty Start Line is a one-stop source of information, can be used as needed, and is utilized as part of the nursing orientation process for new faculty.

Additional resources for faculty development in the Nursing Program include an online course, housed in Canvas, that provides supplementary training for new faculty and a paid subscription resource, Nurse Tim©, related to nursing education. Nurse Tim© provides workshops, webinars, and online training for nursing faculty. Benefits of the subscription resource provides a financial savings for faculty on required continuing education assigned by the Nursing Division and Board of Nursing licensure requirements.

Numerous other professional developments activities completed by faculty include: Elsevier Education, International Nursing Association for Clinical Simulation & Learning (INACSL) Simulation StandardsTM, Cultural competencies, Lesson Planning: Creating Classes That Foster Student Learning Webinar, Examsoft Assessment of Tour , Harnessing Brain Potential in the Classroom, HeartCode® BLS Online Portion, Test Item Writing: From Knowledge to Analysis, Student Success 6-pack, Directors and Chairs: Leadership Strategies for Survival, Leadership Insights: Lessons from the Field, Certified Nurse Educator® Prep Course, Ignatavicius’s Next Generation NCLEX® (NGN) Camp, How to Succeed as a Nurse Educator in a Faculty Role, Lesson Planning: Creating Classes That Foster Student Learning, Leadership Success: Ten Tips for Academic Leaders. Care of the Elderly, Legal and Ethical Issues, Documentation Max Knowledge, American Association Nurse Practitioners (AANP), National Council of State Board of Nursing (NCSBN), Elite, nursece4less, National League for Nursing (NLN), Accreditation Commission for Education in Nursing (ACEN), and Institute for Healthcare Improvement (IHI) professional development courses.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Role in Program | Professional Development Summary | How is it Valuable to Program |
| See Appendix B on page 44 |  |  |  |

**Employee Resources Table**

\*\*For convenience, if providing a listing of professional development activities, this list may be included in this document as an appendix.

**9. Are facilities, equipment, and funding sufficient to support the program? If not, please explain.**

**Make a case with evidence that current deficiencies or potential deficiencies related to facilities, equipment, maintenance, replacement, plans, or budgets pose important barriers to the service unit or student success.**

There are no facility deficiencies or potential deficiencies within the Nursing Program.

**Equipment/Technology Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Significant Pieces of Equipment | Description  (i.e. Special Characteristics) | Meets Needs (Y or N):  Current For Next 5 Years | | Analysis of Equipment Utilization |
| Not Applicable |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Financial Resources Table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of Funds (i.e. college budget, grant, etc.) | Meets Needs (Y or N):  Current For Next 5 Years | | For any no in columns 2 or 3, explain why | For any no in columns 2 or 3, identify expected source of additional funds |
| Not Applicable |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Section III. Continuous Improvement Plan (CIP)

**10. How have past Continuous improvement plans contributed to success?**

**Please describe how you have used your continuous improvement plan (CIP) to make the following improvements to your program over the past 4 years (your last program review can be found on the Program Review Portal):**

* 1. **Student Learning Outcomes**
  2. **Overall improvements to your program**

Within the last four years, the Nursing Division has moved to the new Health Sciences Building. Although the building offered the latest technology for improved student outcomes, structural limitations which impeded student learning, were evident in relation to the large size of nursing cohorts. Classroom size did not accommodate cohorts of 50-60 students without dividing the same cohort into multiple rooms. A Tandberg audio/video recording system was utilized to stream live faculty lecture into additional classrooms, however, student dissatisfaction remained high. Improvement to the program was achieved with a structural adjustment to two classrooms; a connecting wall was removed to allow the entire cohort to share the same room (H353) in which the faculty was lecturing.

Due to the large number of clinical groups needed in each cohort, simulation space in the Health Sciences building was limited to one Simulation Center with eleven patient beds. As each clinical group in the nursing program rotates to simulation twice per semester, the Simulation Center was an inadequate size to accommodate the large nursing cohorts. Improvement to the nursing program was attained by outfitting one of the nursing labs, H102, into a simulation lab. High-fidelity manikins, ExacqVision, an audio/video system, visual barriers, and other simulated equipment were installed to be used as a second simulation lab. Currently, both simulation labs are utilized simultaneously for clinical rotations with positive student outcomes in simulation experiences.

A program improvement focused on bettering student outcomes was initiated in the Professional Nursing Concepts course (RNSG 1137) through the restructure of the scheduling of exams in the course. In fall 2016, previously scheduled two exams, consisting of 100 questions each, were utilized in the course, which lead to poor student outcomes. Students communicated dissatisfaction on the vast amount of knowledge presented on each exam (3 of 5 concepts on exam one and 2 of 5 concepts on exam two) and fatigue from remaining focused throughout the lengthy exam. Statistics for the two 100-question exams demonstrated undesirable results with mean scores of 77% and 75%, respectively. An improvement plan to schedule five exams, comprised of 20 questions on each exam, with a target mean score of 78-80% or higher to reduce content overload and fatigue was initiated in spring 2018 with positive student outcomes. Statistics in spring 2018 yielded average mean scores of 95% on exams during the semester and in summer 2018, mean scores of 90% on exams were recorded. Adjustments to the number and length of exams for RNSG 1137 has demonstrated an overall improvement in the nursing program.

Over the last four years, due to several program improvements, the Nursing Division has received approval without considerations for continued accreditation through the Accreditation Commission for Education in Nursing (ACEN) and maintained designation as a National League for Nursing (NLN) Center of Excellence in nursing education.

See CIP Tables in Appendix C: Continuous Improvement Plan for Year 2016-2017 and Appendix D: Continuous Improvement Plan for Year 2017-2018 on pages 46 and 50, respectively.

**\*Please attach previous CIP Tables in the appendix**

**11. How Will we evaluate our success?**

As part of the fifth year Program Review, the program should use the observations and data generated by this process along with data from other relevant assessment activities to develop the program’s CIP and an action plan for the next two years. At the conclusion of the first two years, data collected from the first year, plus any other relevant data that was collected in the interim, should be used to build on the accomplishments of those first two years by developing another two-year action plan for the CIP to help the program accomplish the expected outcomes established in its CIP or by implementing one of your other plans.

**Based on the information, analysis, and discussion that have been presented up to this point, summarize the strengths and weaknesses of this program. There should be no surprise issues here! This response should be based on information from prior sections of this document. Describe specific actions the faculty intends to take to capitalize on the strengths, mitigate the weaknesses, and improve student success.** **Provide the rationale for the expected outcomes chosen for the CIP.**

Opportunities for improvement in the A.D.N. nursing program include revisions in program realignment, entrance exam specification, and instructional resources for students.

Plans for a revision in the Mobility Program is related to the percentage of students’ first-time pass rates of the NCLEX-RN licensure examination. With the exception of spring 2017, data noted below indicates declining student outcomes for first-time pass rates of LVN-to-RN and Paramedic/Medic students in the Mobility program. Data supported the need to consider improvements for these learners in the program. From summer 2017 through fall 2018, averages pass rates for this cohort indicated they scored lower than the program’s ACEN accreditation benchmark of 80% pass rate and the College licensure pass rate of 90%. The Nursing Strategic Planning committee recommended a review of the entire mobility program to better meet the learning needs of students. The nursing faculty completed a survey during the summer of 2019 with 71.43% of faculty reporting the need for the Mobility Program to be realigned from the current format of instruction. Additionally, 75% of faculty surveyed reported that the LVN- and Paramedic/Medic-to-RN students would benefit from a distinct pathway to program completion. Faculty report that mobility students describe feeling “as the stepchildren of the nursing program” which differs from the Collin College values of a welcoming learning environment. As further support for realignment, the number of applicants seeking admission to the Mobility program has experienced a drop to a level that resulted in not admitting a new cohort of students for the last two semesters.

LVN-to-RN and Paramedic/Medic Student Mobility Graduates

|  |  |
| --- | --- |
| Semester Graduated | NCLEX-RN Pass Rate |
| Spring 2017 | 4/4 = 100% |
| Summer 2017 | 6/9 = 66% |
| Fall 2017 | 7/11 = 63% |
| Summer 2018 | 13/17 = 76% |
| Fall 2018 | 4/7 = 57% |

To correct this deficiency, the nursing program is focusing on updating the curriculum and subsequent student experience, and separating LVN students from Paramedic/Medic students in the Mobility program. The new program format will focus on LVN nurses and pause all admissions of Paramedic/Medic students to concentrate on student success. The anticipated start date for LVN-to-RN students is summer 2020. Administration supports the use of grant funds to provide a designated individual to assist the program in preparing a hybrid format using the latest instructional strategies that will be student-friendly for working nurses. This approach will provide an improved and contiguous pathway to the LVN-to-RN program for students graduating from the new Vocation Nursing Program starting on the Tech and Wylie Campuses.

In fall 2019, the nursing faculty voted to change the current electronic resource used in the curriculum to Assessment Technologies Institute (ATI) instructional resources to make program adjustments that increase program outcomes and pass rates. Use of the ATI product will assist the nursing program to be more data-driven and provide specific, trackable performance indicators for individual students. The ATI product will also assist students in measuring content mastery, tracking time students spend in tutorials, provide access to skills videos, offer relevant unfolding case studies, and provide opportunities to build critical thinking skills. In addition, the use of this product will provide predictor scores that assist with remediation to ensure success on NCLEX-RN licensure exams.

Revision to the nursing program entrance exam has also been undertaken. A change in the entrance exam from the Psychological Services Bureau (PSB) product to the ATI Test of Essential Academic Skills (TEAS) is planned for the fall 2020 cohort. The benefits of using the TEAS entrance exam includes providing a more evidence-based assessment tool to distinguish applicants in a competitive admission process. Additional benefits to students include the use of a dashboard created upon entry to the program that plots results and metrics for each student. Identifying areas of student weakness can assist program directors in targeting remediation plans individualized for student success.

In collaboration with community advisory board committee recommendations on program improvement, the nursing program is heeding community partner observations that new graduates need improvement on soft skills, including communication and empathy while providing patient care. Incorporation of the ATI product Soft Touch into the curriculum will assist students with communication skills and development of professional behaviors in area hospitals in reply to community partner concerns.

**12. Complete the Continuous Improvement Plan (CIP) tables that follow.**

Within the context of the information gleaned in this review process and any other relevant data, identify program priorities for the next two years, **including at least one student learning outcome (or program competency)**, and focus on these priorities to formulate your CIP. You may also add short-term administrative, technological, assessment, resource or professional development outcomes as needed.

**Table 1. CIP Outcomes, Measures & Targets Table (focus on at least one for the next two years)**

|  |  |  |
| --- | --- | --- |
| **A. Expected Outcome(s)**  Results expected in this program  (e.g. Students will learn how to compare/contrast theories; Increase student retention in PSYC 2301) | **B. Measure(s)**  Instrument(s)/process(es) used to measure results  (e.g. surveys, end of term class results, test results, etc.) | **C. Target(s)**  Level of success expected  (e.g. 80% success rate, 25 graduates, etc.) |
| Patient Centered Care -The LVN-to-RN graduate will demonstrate the ability to analyze assessment data to identify problems, formulate goals/outcomes, and develop a plan of care for patients | Group Performance Profile on the RN Comprehensive Predictor Exam – ATI Measurement of Student Performance Nursing Process | For students in the LVN-to-RN program, the average of the aggregate subcategories scores related to the Nursing Process on the ATI Predictor exam will be 70% or greater |
| Member of the Health Care Team- The LVN-to-RN graduate will demonstrate the ability to coordinate, collaborate, and communicate with the interdisciplinary health care team to plan, deliver and evaluate patient centered care | Group Performance Profile on the RN Comprehensive Predictor Exam - ATI Measurement of Student Performance in Patient Centered care QSEN scores | For students in the LVN-to-RN program, the average of the aggregate subcategories scores related to QSEN on the ATI Predictor Exam will be 70% or greater |
| New Nursing Faculty will be prepared for a successful transition from the role of a clinician to the Nurse Educator Role | New Nursing Faculty Checklist | 90% of the items on the New Nursing Faculty Orientation Checklist will be complete by the end of the first academic year |

**Continuous Improvement Plan**

**Outcomes might not change from year to year. For example, if you have not met previous targets, you may wish to retain the same outcomes. *You must have at least one student learning outcome.* You may also add short-term administrative, technological, assessment, resource or professional development goals, as needed. Choose 1 to 2 outcomes from Table 1 above to focus on over the next two years.**

**A. Outcome(s)** -Results expected in this program (from column A on Table 1 above--e.g. Students will learn how to compare/contrast Conflict and Structural Functional theories; increase student retention in Nursing Program).

**B. Measure(s)** -Instrument(s)/process(es) used to measure results (e.g. results of essay assignment, test item questions 6 & 7 from final exam, end of term retention rates, etc.).

**C. Target(s)** -Degree of success expected (e.g. 80% success rate, 25 graduates per year, increase retention by 2% etc.).

**D. Action Plan** -Implementation of the action plan will begin during the next academic year. Based on analysis, identify actions to be taken to accomplish outcome. What will you do?  
**E. Results Summary** - Summarize the information and data collected in year 1.  
**F. Findings** - Explain how the information and data has impacted the expected outcome and program success.   
**G. Implementation of Findings** – Describe how you have used or will use your findings and analysis of the data to make program improvements.

**Table 2. CIP Outcomes 1 & 2**

|  |  |
| --- | --- |
| 1. **Expected Outcome #1**   Graduate will demonstrate the ability to analyze assessment data to identify problems, formulate goals/outcomes, and develop a plan of care for patients. | |
| 1. **Measure (Outcome #1)**   Results from the ATI Predictor Exam related to the Nursing Process | 1. **Target (Outcome #1)**   Average of the aggregate subcategories scores related to the Nursing Process on the ATI Predictor exam will be 70% or greater for each cohort |
| 1. **Action Plan (Outcome #1)**   Provide LVN-to-RN students an individualized, separate cohort that better meets their learning needs, change the entrance exam to the ATI TEAS product to increase the quality of applicants admitted, provide targeted tutoring based on identification of at-risk learners, readjust pharmacology content to better thread across the curriculum, add new instructional strategies through increased use of technology, and improve the quality of learning activities in the curriculum. | |
| 1. **Results Summary (Outcome #1) TO BE FILLED OUT IN YEAR 2** | |
| 1. **Findings (Outcome #1) TO BE FILLED OUT IN YEAR 2** | |
| 1. **Implementation of Findings (Outcome #1) TO BE FILLED OUT IN YEAR 2** | |

**Table 2. CIP Outcomes 1 & 2 (continued)**

|  |  |
| --- | --- |
| 1. **Expected Outcome #2**   Improved transition of nursing faculty from the role of a clinician to the Nurse Educator Role | |
| 1. **Measure (Outcome #2)**   New Nursing Faculty Checklist | 1. **Target (Outcome #2)**   90% of the checklist complete by the end of the first academic year |
| 1. **Action Plan (Outcome #2)**   Implement a faculty mentoring program to include development of a Faculty Orientation Course in CANVAS. Each Director will be responsible to ensure checklists have been completed. The plan will include a required seven hours of CEU’s from the Nurse Tim Subscription product related to concept-based teaching curriculums and teaching in the clinical setting in Nursing Education. | |
| 1. **Results Summary (Outcome #2) TO BE FILLED OUT IN YEAR 2** | |
| 1. **Findings (Outcome #2) TO BE FILLED OUT IN YEAR 2** | |
| 1. **Implementation of Findings (Outcome #2) TO BE FILLED OUT IN YEAR 2** | |

**What happens next? The Program Review Report Pathway**

1. **Following approval by the Steering Committee,**

* Program Review Reports will be evaluated by the Leadership Team;
* Reports will be posted on the intranet prior to fall semester;
* At any point prior to Intranet posting, reports may be sent back for additional development by the department.

1. **Program responses to the Program Review Steering Committee recommendations received by August 1st will be posted with the Program Review Report.**
2. **Leadership Team members will work with program supervisors to incorporate Program Review findings into planning and activity changes during the next five years.**

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ACEN

**Appendix A:**

Accreditation Commission for Education in Nursing

BOARD OF COMMISSIONERS

NURSING EDUCATION REPRESENTATIVES

JO ANN M. BAKER, DNP. MSN, RN, FNP

Instructional Director, Nursing

Delaware Technical Community College

Dover, Delaware

HOLLIE K. CALDWELL, PHD, RN

Dean, School of Nursing

Platt College Aurora, Colorado

AMY M. HALL, PHD, RN, CNE

Chair and Professor, Nursing and Health Sciences

University of Evansville Evansville, Indiana

JANE E. JUNE, PHD, DNP, RN

Dean of Healthcare

Quinsigamond Community College Worcester, Massachusetts

GEORGIA MCDUFFIE, PHD, MA. RN

Chair and Professor, Nursing Department

Medgar Evers College Brooklyn, NewYork

CATHERINE MCJANNET, MN, RN. CEN

Director Of Nursing & Health Occupations Programs

Southwestern College San Diego, California

DEBBIE J. RAHN, EDD MSN, RN, FABC

Director

Reading Hospital School of Health Sciences

Reading, Pennsylvania

VIVIAN M.YATES, PHD, RN. CNS

Dean of Nursing

Cuyahoga Community College Cleveland, Ohio

KATHLEEN ZAJIC, EDD. MSN, RN

Chair, Division of Health Professions

College of Saint Mary Omaha, Nebraska

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University of Minnesota Masonic Hospital Minneapolis, Minnesota

PUBLIC REPRESENTATIVES

ANDREWWALKER FULP

Dean, Educational Technology

Savannah College of Art and Design Savannah, Georgia

JOHN H. RUSSELL, PHD

St-Augustine, Florida

August 14, 2017

Donna Hatch, MSN, RN

Director of Nursing

Collin County Community College District

2200 West University Drive McKinney, TX 75070

Dear Ms. Hatch:

This letter is formal notification of the action taken by the Accreditation

Commission for Education in Nursing (ACEN) at its meeting on July 20-21 ,

20 17. Please be advised that the Board of Commissioners voted to make all Spring 2017 Accreditation Cycle decisions based on the ACEN 20 1 7 Standards and Criteria, as applicable. The Board of Commissioners voted to accept the Follow-Up Report and grant continuing accreditation to the associate nursing program with removal of conditions as the program is in compliance with all Accreditation Standards and Criteria reviewed. The Commission also affirmed the next onsite accreditation review for the Fall 2022 cycle.

Deliberations centered on the Follow-Up Report and the recommendation of the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following:

**Areas Needing Development**

**Standard 6 Outcomes, Criteria 6.1 and 6.2**

* Develop and implement strategies to ensure that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of program student learning outcome.
* Ensure licensure examination pass rate data are disaggregated by program option and date of program completion.

We look forward to continued successes for your nursing program. On behalf of the ACEN Board of Commissioners, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about ACEN policies and procedures, please contact me.

Sincerely,

Marsal P. Stoll, EdD, MSN

Chief Executive Officer

Enc. Summary of Deliberations of the Evaluation Panel

3343 Peachtree Road NE, Suite 850 | Atlanta, GA 30326 | P. 404.975.5000 | F. 404.975.5020 | www.acenursing.org

**SUMMARY OF DELIBERATIONS AND RECOMMENDATION OF THE ASSOCIATE**

**EVALUATION REVIEW PANEL**

**SPRING 2017 FOLLOW-UP REPORTS**

**COLLIN COUNTY COMMUNITY COLLEGE**

**MCKINNEY TX**

**Accreditation Status**

Program:

Last Evaluation Visit:

Last Commission Action:

Standards and Criteria Used:

Associate

Fall 2014

March 2015

Continuing accreditation with conditions as the program is in noncompliance with one ( l ) Accreditation Standard.

Follow-Up Report due in Spring 20 1 7 addressing:



Standard 6 Outcomes Criteria 6. 1 6.2 6.4.3 and 6.4.4

(20 1 3 Standards and Criteria)

Next visit in Fall 2022 if the Report is accepted by the Board of

Commissioners.

2017

**Evaluation Review Panel Summary**

**Recommendation:**

Accept the Follow-Up Report.

**Commentary:**

**Areas Needing Development**

**Standard 6 Outcomes, Criterion 6.2**

 Ensure licensure examination pass rate data are disaggregated by program option and date of program completion.

**Appendix B:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Role in Program** | **Professional Development Summary** | **How is it Valuable to Program** |
| Jane Leach | Dean of Nursing | 150 CEUs | Professional development programs through continuing education units (CEUs) are activities designed to enhance professional expertise and advance an employee’s career |
| Jennifer Matranga | Interim A.D.N. Director | DNP in progress |
| Amy Bierhup | Full-time Professor | EdD in progress |
| Audrey Krueger | Full-time Professor |  |
| Brenda Uhrig | Full-time Professor | 25 CEUs |
| Cyndie Amerson | Full-time Professor | 45 CEUs |
| Diane Schull | Full-time Professor | PhD completed |
| Heather Evarts | Full-time Professor | 60 CEUs |
| Heather Rawls | Full-time Professor | DNP completed |
| Amardeep Gill | Full-time Professor | DNP in progress |
| Amy Wilson | Full-time Professor | 50 CEUs |
| Jeni Long | Full-time Professor | DNP completed |
| Joan Hunsaker | Full-time Professor | EdD in progress |
| Joanne Duran | Full-time Professor |  |
| Johnathan Burch | Full-time Professor |  |
| Josh Sorenson | Full-time Professor |  |
| Joyce Sizemore | Full-time Professor | PhD in progress |
| Kathleen Blust | Full-time Professor | 80 CEUs |
| Kim Washington | Full-time Professor |  |
| Lisa Otis | Full-time Professor | 25 CEUs |
| Lynlee Romo | Full-time Professor | 60 CEUs |
| Michelle Denny | Full-time Professor |  |
| Patricia Rogers | Full-time Professor | DNP in progress; AGNP in progress |
| Rebekah Larson | Full-time Professor | 80 CEUs |
| Trina Masar | Full-time Professor | DNP completed |
|  |  |  |  |
| Amanda Mills | Adjunct Professor |  | Professional development programs are activities designed to enhance professional expertise and advance the employee’s career |
| Amy Madsen | Adjunct Professor |  |
| Ashley Calta | Adjunct Professor |  |
| Barbara Chapman | Adjunct Professor | 60 CEUs |
| Carmen Davis | Adjunct Professor |  |
| Chantal Bontemps-Christian | Adjunct Professor |  |
| Claudia Morales | Adjunct Professor |  |
| Courtney Rulon | Adjunct Professor |  |
| Debra Mezo | Adjunct Professor | 20 CEUs |
| Doug Wood | Adjunct Professor |  |
| Gary Huey | Adjunct Professor | EdD in progress |
| Jaime Gamboa | Adjunct Professor |  |
| Janet Singh | Adjunct Professor | 40 CEUs |
| Jennifer Weber | Adjunct Professor |  |
| Josiya Alen | Adjunct Professor | DNP in progress |
| Kathleen Mixson | Adjunct Professor | 40 CEUs |
| Kelli Rial | Adjunct Professor |  |
| Kimberly Clawson | Instructor V MSN | 60 CEUs |
| Lena Cain | Adjunct Professor |  |
| Lillian Roberts | Adjunct Professor |  |
| Linda Jimmy | Adjunct Professor |  |
| Lindsey Brown | Adjunct Professor |  |
| Liza Abraham | Adjunct Professor |  |
| Lori Rosenberg | Adjunct Professor |  |
| Mary Rembert | Adjunct Professor | 150 CEUs |
| Melissa Furay | Adjunct Professor |  |
| Nicole Muilenburg | Instructor V MSN |  |
| Pam Ratliffe-Warner | Adjunct Professor |  |
| Priya Gathings | Adjunct Professor | 25 CEUs |
| Regina Alcorn | Adjunct Professor |  |
| Saeed Niyati | Adjunct Professor |  |
| Sharon Ayala | Adjunct Professor |  |
| Sheryl Louis | Adjunct Professor |  |
| Skip Morelock | Adjunct Professor |  |
| Stephanie Podewils | Adjunct Professor |  |
| Susan Richards | Instructor V MSN | 3 CEUs |
| Suzanne Wetmore | Adjunct Professor | 100 CEUs |
| Victoria Yeatts | Instructor V MSN |  |

**Appendix C:** Continuous Improvement Plan for Year 2016-2017

Continuous Improvement Plan

Outcomes might not change from year to year. For example, if you have not met previous targets, you may wish to retain the same outcomes. *If this is an academic, workforce, or continuing education program, you must have at least one student learning outcome.* You may also add short-term administrative, technological, assessment, resource or professional development goals, as needed.

**Date:** July 10, 2019 \*\*AY17 bm **Name of Program/Unit: Nursing**

**Contact name:** Josephine LoCoco **Contact email:** jlococo@collin.edu **Contact phone:**  6675

**Table 1: CIP Outcomes, Measures & Targets Table (focus on at least one for the next two years)**

|  |  |  |
| --- | --- | --- |
| **A. Expected Outcome(s)**  Results expected in this unit  (e.g. Authorization requests will be completed more quickly; Increase client satisfaction with our services) | **B. Measure(s)**  Instrument(s)/process(es) used to measure results  (e.g. survey results, exam questions, etc.) | **C. Target(s)**  Level of success expected  (e.g. 80% approval rating, 10-day faster request turn-around time, etc.) |
| Identify any possible structural or technical challenges that may impede student learning in the new spaces that was provided. | End of semester surveys of students will be used to exam student needs and any barriers to learn due to structural or technical challenges. Gather data from students and faculty regarding any barriers to learning or any needs/items that the program would benefit from that assists with promoting student success. | Target: Over 80% of students and faculty will be satisfied with the new learning environment. |
| Identify space for specialized simulation learning needs and any possible barriers to student learning. | End of semester surveys of students regarding simulation experience and classroom experience will be used. Gather data from students and faculty regarding learning needs in simulation. | Target: Simulation will be utilized to its fullest potential the first semester of moving into the new facility. 80% of students will be satisfied with the new learning environment \*\*bm |
| Students will demonstrate skills in using patient/client care technologies and information systems that support safe nursing practice | The Testing committee collects and analyzes the data of the HESI Exit Exam and presents to the SPE committee and faculty; The Dean/ Director of Nursing reports on semester four pass rates to both the SPE committee and faculty | 90% of semester four students will achieve a 70% in their final semester courses; meet HESI Exit Exam score of 900; and 90% of semester four students will attain SLO 2 70% of the time in their clinical course |

**Description of Fields in the Following CIP Tables:**

**A. Outcome(s)** -Results expected in this program (e.g. Students will learn how to compare/contrast conflict and structural functional theories; increase student retention in Nursing Program).

**B. Measure(s)** -Instrument(s)/process(es) used to measure results

(e.g. results of surveys, test item questions 6 & 7 from final exam, end of term retention rates, etc.)

**C. Target(s)** -Degree of success expected (e.g. 80% approval rating, 25 graduates per year, increase retention by 2% etc.).

**D. Action Plan** -Based on analysis, identify actions to be taken to accomplish outcome. What will you do?

**E. Results Summary** - Summarize the information and data collected in year 1.

**F. Findings** - Explain how the information and data has impacted the expected outcome and program success.

**G. Implementation of Findings** – Describe how you have used or will use your findings and analysis of the data to make improvements.

**Table 2. CIP Outcomes 1 & 2 (FOCUS ON AT LEAST 1)**

|  |  |
| --- | --- |
| 1. **Outcome #1** Identify any possible structural or technical challenges that may impede student learning in the new spaces that was provided. | |
| 1. **Measure (Outcome #1)**   Survey of students and gathering data from faculty. | 1. **Target (Outcome #1)**   Over 80% of students will be satisfied with the new learning environment. The problem was discussed in the April 2016 faculty meeting. |
| 1. **Action Plan (Outcome #1)**   Evaluate the learning environment for potential barriers to learning and review student input. | |
| 1. **Results Summary (Outcome #1)**   Students spoke with the dean about the dissatisfaction with the Tandberg system that was used to broadcast the lecture to the other classroom. Students were divided into two classrooms and the instructor was in one of the two classrooms. The students in the second classroom had to watch a live stream of the instructor that was in the first classroom. Also the classroom did not contain any electrical or internet (lan line) access. Students were not able to utilize their computers well and this also caused a challenge for testing and having access for computers during testing. The April 2016 faculty meeting minutes addressed the faculty and student concerns with the classroom and the request to remove the wall was brought up with leadership. | |
| 1. **Findings (Outcome #1)**   Insufficient large classroom for instruction | |
| 1. **Implementation of Findings**   Results were given to leadership along with possible solutions to the problem. The solution offered was to remove one wall between the two classrooms. The removal of the wall would create one large classroom that all students in one class could be in with the instructor. It was also asked of leadership to place electrical and internet access in the classroom for optimal student testing and facilitate student learning. These finding were implemented by the college and students now are satisfied with the classroom environment and have access to outlets and internet. The nursing division meeting in August 2016 discussed how the wall was removed and they are still working on the media problem. | |

|  |  |
| --- | --- |
| 1. **Outcome #2**   Identify space for specialized simulation learning needs and any possible barriers to student learning. | |
| 1. **Measure (Outcome #2)**   Gather data from faculty regarding simulation needs and any barriers found that impede using the space provided for simulation. | 1. **Target (Outcome #2)**   Simulation will be utilized to its fullest potential the first semester of moving into the new facility. |
| 1. **Action Plan (Outcome #2)**   The new facility will be evaluated for any potential barriers to learning for simulation. | |
| 1. **Results Summary (Outcome #2)**   Many barriers to learning and conducting an optimal simulation was found in the new facility. The faculty had no place to evaluate the simulation process without the students being able to see them. Also, audio and visual live feeds were needed to better facilitate the simulation experience. There was no specific place to conduct debriefing for simulation in Lab 4 and the white board was not accessible due to the location of the mannequin controls. | |
| 1. **Findings (Outcome #1)**   Visual dividers were needed to block the view of students from the instructors so that students had an optimal simulation experience. Audio and visual live streaming was needed to facilitate faculty in viewing the students during simulation and providing information to them in the form of the patient. A white board is needed to facilitate the debriefing experience. | |
| 1. **Implementation of Findings**   Dark screen dividers were placed in the simulation room which allowed for students to have an optimal experience in caring for their simulated patients. The audio and visual equipment facilitated the faculty with providing the proper feedback to students based on their assessments of their simulation patients. A smaller white board was placed on the side wall for debriefing. These improvements did not happen in the first semester of moving into the new building. | |

**Appendix D**: Continuous Improvement Plan for Year 2017-2018

**Continuous Improvement Plan**

**Outcomes might not change from year to year. For example, if you have not met previous targets, you may wish to retain the same outcomes. *If this is an academic, workforce, or continuing education program, you must have at least one student learning outcome.* You may also add short-term administrative, technological, assessment, resource or professional development goals, as needed.**

**Date:** 1/10/19 **Name of Program/Unit: Nursing**

**Contact name:** Josephine LoCoco **Contact email:** jlococo@collin.edu **Contact phone:** 972-548-6675

**Table 1: CIP Outcomes, Measures & Targets Table (focus on at least one for the next two years)**

|  |  |  |
| --- | --- | --- |
| **A. Expected Outcome(s)**  Results expected in this unit  (e.g. Authorization requests will be completed more quickly; Increase client satisfaction with our services) | **B. Measure(s)**  Instrument(s)/process(es) used to measure results  (e.g. survey results, exam questions, etc.) | **C. Target(s)**  Level of success expected  (e.g. 80% approval rating, 10 day faster request turn-around time, etc.) |
| End of program student learning outcome: The student will be able to use clinical reasoning and knowledge based on the nursing program of study, evidence-based practice outcomes, and research studies as the bases for decision-making and comprehensive safe patient/client care to improve quality of life. | The Testing committee collects and analyzes the data of the HESI Exit Exam and presents it to the full faculty and Dean/Director of the Nursing program. Clinical course objectives are evaluated with the clinical evaluation tool. | 90% of semester four students will achieve a 70% in their final semester courses; meet HESI Exit Exam score of 900; and 90% of semester four students will attain this learning objective 70% of the time in their clinical course |
| End of course student learning outcomes for RNSG 1137: The student will be able to: discuss the scope of practice in the professional nursing roles; incorporate clinical reasoning and evidence-based practice outcomes as the basis for decision-making and providing safe patient-centered care; and identify the legal-ethical parameters for professional nursing practice as related to the selected exemplars. | RNSG 1137 has 5 modules covering professional nursing concepts. The students will have 5 exams, each with 20 questions. | The average exam score for each of the 5 exams will be 78-80% or higher. |
| Licensure examination mean pass rates at or above the state and national rates and 3-year mean representative of the whole program | Pass rates are tracked through the BON website or via graduate self-disclosure and trends data with national, state, and 3 year means for comparison; Results are communicated to the faculty. | The nursing program licensure examination rates are at least 80% for all first-time test-takers during the same 12-month period. |

**Description of Fields in the Following CIP Tables:**

**A. Outcome(s)** -Results expected in this program (e.g. Students will learn how to compare/contrast conflict and structural functional theories; increase student retention in Nursing Program).

**B. Measure(s)** -Instrument(s)/process(es) used to measure results

(e.g. results of surveys, test item questions 6 & 7 from final exam, end of term retention rates, etc.)

**C. Target(s)** -Degree of success expected (e.g. 80% approval rating, 25 graduates per year, increase retention by 2% etc.).

**D. Action Plan** -Based on analysis, identify actions to be taken to accomplish outcome. What will you do?

**E. Results Summary** - Summarize the information and data collected in year 1.

**F. Findings** - Explain how the information and data has impacted the expected outcome and program success.

**G. Implementation of Findings** – Describe how you have used or will use your findings and analysis of the data to make improvements.

**Table 2. CIP Outcomes 1 & 2 (FOCUS ON AT LEAST 1)**

|  |  |
| --- | --- |
| 1. **Outcome #1**   RNSG 1137 course outcomes | |
| 1. **Measure (Outcome #1)**   RNSG 1137 has 5 modules covering professional nursing concepts. The students will take 5 exams, each with 20 questions. | 1. **Target (Outcome #1)**   The average exam score for each of the 5 exams will be 78-80% or higher. |
| 1. **Action Plan (Outcome #1)**   The five exams in this course will cover items from each of five corresponding modules of content. Previously in this course, there were two exams totaling 100 questions that covered the modules in larger groups (i.e. exam 1 covered modules 1-3 and exam 2 covered modules 4-5). The exam statistics will be reviewed by the faculty teaching first year courses and analyzed. The results on five separate exams will be compared to the previous method (two exams) to determine if content was mastered with the new format of testing. The new testing of the course material will be implemented starting Spring 2019. Testing stats will be collected and analyzed for student outcomes. | |
| 1. **Results Summary (Outcome #1)**   Results of this program improvement as noted in the table below.  The comparison includes the previous means to recent means for student grades for the PNC III exams. The faculty of record indicates that the questions and course content were the same/similar across exams. As intended the intervention changed from only 2 large exams to 5 smaller exams.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Pre-Intervention Semesters** | **Number of Exam Takers** | **Exam 1**  **Mean**  **60 Questions** | **Exam 2**  **Mean**  **40 Questions** | **Course Exams Mean** | | Spring 2018 | 53 | 73% | 77% | 74.6% | | Summer 2018 | 59 | 72% | 75% | 73.2% | | Fall 2018 | 57 | 77% | 75% | 76.2% | | **Post-Intervention Semesters** | **Number of Exam Takers** | **Exams 1,2,3**  **Merged Mean**  **60 Questions** | **Exams 4,5**  **Merged Mean**  **40 Questions** | **Course Exams Mean** | | Spring 2019 | 54 | 77% | 82% | 79.0% | | Summer 2019 | 65 | 77% | 77% | 77.0% | | |
| 1. **Findings (Outcome #1)**   Changes in how evaluation for this class did result in improvements to the course mean on exams of 3.4 | |
| 1. **Implementation of Findings**   **The program will close the loop on this initiative and continue to monitor student success in this course.** | |

|  |  |
| --- | --- |
| 1. **Outcome #2** | |
| 1. **Measure (Outcome #2)** | 1. **Target (Outcome #2)** |
| 1. **Action Plan (Outcome #2)** | |
| 1. **Results Summary (Outcome #2)** | |
| 1. **Findings (Outcome #1)** | |
| 1. **Implementation of Findings** | |