This document addresses the following SACSCOC requirements: CR 2.5, CS 3.3.1, CS 3.5, and FR 4.1.

Purpose

Amarillo College instructional programs consistently review data and strive for improvement.

The purpose of this review is to demonstrate how AC instructional areas support AC's mission by "*enriching the lives of our students and our community.*"

On an annual basis the Program Review process will capture a holistic view of a department's/program's strengths, weaknesses, and improvement plans based on institutional data and assessment information.

The information collected on this form will also serve to help your division complete the information required by SACSCOC for Amarillo College's continued reaffirmation efforts.

Response Length Suggestion: Most responses should be 2-3 sentences.
If available, you may also provide a link/reference to other documentation that answers each question.

I: Identification

1. **Department or Program Title(s)** (Department Chairs List Dept.; Coordinators List Program)**:**

   Amarillo College Associate Degree Nursing Program

2. **Department and/or Program(s) Purpose Statement:**

   Mission (Purpose) of Associate Degree Nursing (ADN) Program:

   The mission of the ADN Program at AC is to prepare students for professional nurse licensure and entry-level practice in response to community needs.

   Program Goals:

   The Student and Graduate will:

   1. Value safe, competent nursing practice.
   2. Evaluate the patient's physiological and psychological health using clinical reasoning to promote harmony with mind, body and spirit.
   3. Analyze available evidence to determine best nursing practice.
   4. Assume a proactive role in the inter-disciplinary team to facilitate communication and ensure safe patient care.
   5. Manage patient care technologies in nursing practice to facilitate safe, efficient, and cost-effective nursing care.

3. Program Review Year (i.e. Most Recent Academic Year)

2014-2015

4. Date of Submission:

July 17, 2015

5. **Lead Person Responsible for this Program Review:**

Name: Richard Pullen, EdD, MSN, RN, CMSRN
Title: Program Director
E-mail: rlpullen@actx.edu
Phone Number: 806-354-6024

6. **Additional Individuals (Name and Title) Responsible for Completing this Program Review:**

NA

II: Program Enrollment and Success Data

Use baseline data that will enable you to determine the status of your program (compare the most recent data to previous year data, compare your program to any existing state standards, or consider any other relevant factors). Please use Firefox or Chrome browser to open links.

1. **Based on the most recent reported data, please evaluate your program(s).**

A .Overall Program Data (Complete this section if your dept. produces any certificate and/or terminal degree.)

(Place an 'X' in each text box that corresponds to your evaluation.)

Student Data Reported/Collected	Needs Improvement	Meets Standards	Exceeds Standards	Not Applicable
a. Employment Rates/Wages (EMSI, College Measures, CREWS, Perkins)			X	
b. Completion		X		
c. Licensure Pass Rates	X			
d. Retention (FA-SP) and (FA-FA)		X		
e. Retention (Course)	X			
f. Grades A-C		X		
g. Annual Enrollment		X		
h. Survey, Focus Group, & Related Data		X		

Based on the data in Part A, respond to the following two questions:

i. Identify one area in which your program(s) excel.

Employment Rates:

According to the ADN Program's Systematic Plan of Evaluation (SPE), 85% of graduates seeking employment as a graduate nurse will secure a full-time or part-time position at program graduation.

Graduates who are exiting the program complete the Graduate Exit Survey. Survey results from the past year (2014) indicate that greater than 95% of graduates have secured positions in an entry-level position at the time of graduation. Please see the first two questions on the survey for spring 2014 and fall 2014:

Here is the Graduate Exit Survey spring 2014: GraduateExitSpring14.pdf

Here is the Graduate Exit Survey fall 2014: GradExitFall14.pdf

The job outlook for registered nurses (RNs) will continue to be fast-growing over the next several years according to the US Bureau of Labor Statistics. Graduates will not have any problem find positions locally: http://www.bls.gov/ooh/healthcare/registered-nurses.htm

Completion Rates:

According to the ADN Program's Systematic Plan of Evaluation (SPE), 70% of Traditional students will graduate within 36 months.

The expected level of achievement (70%) was almost met in 2014 at 67%. This compares with 68% in 2013 and 57% in 2012.

According to the ADN Program's Systematic Plan of Evaluation, 70% of Transition Students (LVN to RN) will graduate within 18 months.

The expected level of achievement (70%) was met in 2014 (86%). This compares to 93% in 2013 and 77% in 2012.

The completion rates are significantly higher than those of the college and the nursing program will continue to implement strategies to promote student success.

ii.   Identify one area in which your program(s) need to most focus for the next few years.

Area One: **Improve NCLEX-RN First-Time Pass Rates:**

The NCLEX-RN first-time pass rates were 77.6% in 2014 and 77.02% in 2013. The Texas Board of Nursing requires nursing programs to have an annual first-time pass rate on NCLEX-RN of 80% or above. When a program has fallen below this benchmark for two-years, the program approval status changes from Full Approval to Full Approval with Warning. Beginning in fall 2013 and completing in spring 2014, the ADN Program conducted a curriculum analysis that culminated in a Texas Board of Nursing (TBON) Self-Study Report (SSR). As a result of this curriculum analysis, strategies were identified and implemented, which include: (1) Revised admission policies, (2) Revised progression policies, (3) Improved teaching in the classroom, (4) Improved testing in the classroom, (5) Improved standardized testing and remediation and (6) Development of a revised clinical instruction and evaluation model. Graduate performance on NCLEX-RN has improved significantly since the implementation of strategies. For example, there were 58 graduates in December 2014, and 55 passed NCLEX-RN on the first attempt (94.8%). Interestingly, the program's first-time pass rate between the National Council of State Boards of Nursing (NCSBN) reporting period between October 2014-March 2015 resulted in a 93.35% for the AC ADN Program, which compares to 84% for all nursing programs in Texas, 78% for all ADN programs nationally, and 80% for all nursing programs nationally.

Please see the following A Program statistics from the NCSBN: NCLEX-RNProgramReportOct14.Mar15.pdf. The statistics from this report provide information about graduates performance in content and concepts directly related to the 2013 NCLEX-RN Detailed Test Plan from the NCSBN. The Detailed Test Plan is a major framework in all nursing programs, including the ADN Program that drives the curriculum. The most recent curriculum analysis to ensure that the teaching and

learning experiences follow the Detailed Test Plan was conducted in 2014. Please the following link to the Detailed Test Plan: DetailedTestPlan.pdf

Please see the following brief summary report to the TBON and Accreditation Commission for Education in Nursing (ACEN) that presents an overview of the curriculum improvement strategies and analysis of aggregated data related to graduate performance on NCLEX-RN: BONSummary5.15.pdf

Noteworthy, 52 students graduated from the nursing program in May 2015. As of July 17, 2015, 45 out of 46 graduates (97.8 rate) have passed NCLEX-RN the first time. They are performing well. 6 more graduates must still take the exam. It is anticipated that the program warning status will be removed at the TBON meeting January 2016. In fact, if the program attains a first-time pass rate of 90% it will receive a commendation.

Area Two: Retention of Students:

Historically, the ADN Program has had a semester-to-semester retention in the 70's%, according to the Amarillo College Institutional Data Book. However, semester-to-semester retention does not address the retention that occurs within each nursing course. Attrition is defined anytime a student drops a course or earns an unsatisfactory grade of D or F. Using aggregated data that is analyzed each semester, the mean attrition for the ADN Program in all courses combined was 7.4% from fall 2008 to spring 2015. Attrition more than doubled in fall 2014 at 15.1% when program rigor increased and the minimum passing on exams increased from 70% to 75%. When program rigor increased and the testing standard increased, students were required to meet with their classroom instructor when they did not pass an exam to review each exam question and develop an action plan to ensure success on the next exam. Further, flipping the classroom and engaging students with more application-type learning experiences was implemented in the classroom and clinical setting. Students were also assigned a minimum number of hours in remediation for each classroom course based upon their performance on course specific content and concepts in the Evolve HESI Learning System. Finally, students in the capstone semester engaged in additional intensive remediation that involves answering a required number of NCLEX-RN questions each week that is monitored by faculty members. Several courses, RNSG 1209, RNSG 1331, RNSG 1301, RNSG 2221 and RNSG 2231 also included Supplemental Instruction (SI) for students wishing additional guidance in their studies. Additionally, 20% of ADN students sought Tutoring from Student Success Services on the West Campus in the 2014. These strategies have been effective as they correlate with a significant increase in NCLEX-RN first-time pass rates in the December 2014 (94.8%) and May 2015 graduating cohorts.

In an analysis of program rigor in classroom courses (RNSG 1209, RNSG 1301, RNSG 1331, RNSG 1301, RNSG 1247, RNSG 1251, RNSG 1248, RNSG 2201, RNSG 2213, RNSG 2221 and RNSG 2231), the lowest attrition is in RNSG 1247, and the highest attrition is in RNSG 2201 and RNSG 2231 respectively in the past two semesters. It appears there is asymmetry in program rigor among these courses. In other words, is there insufficient rigor in RNSG 1247, and is there too much rigor in RNSG 2201 and RNSG 2231? The Program Director has an action plan to address the gaps in rigor among these courses.

Program attrition improved to 11.01% in spring 2015 from 15.9% in fall 2014. The program will continue with the aforementioned student success strategies, and will add one more strategy in the fall 2015. All students who do not pass an exam with at

least a 75% will be required to spend a minimum of 30 minutes with a Tutor before taking the next exam. Students who are passing may also seek Tutoring.

Please see the following that presents attrition data for the ADN Program from 2008-2015 that the Program Director compiles and analyzes each semester.AttritionTablesdhSP15.docx

B. Course-Specific Data (Complete this section to evaluate the courses that fall under your dept./program.)

(Place an 'X' in each text box that corresponds to your evaluation.)

Student Data Reported/Collected	Needs Improvement	Meets Standards	Exceeds Standards
a. Grades A-C (IDS - Race/Ethnicity)	X		
b. Grades A-C (IDS – Age)		X	
c. Grades A-C (IDS – Gender)	X		
d. Grades A-C (IDS – First Generation)			X
e. Grades A-C (IDS – Pell)		X	
f. Grades A-C (IDS – Full/Part-Time)		X	
g. Course-level Enrollment (IDS)		X	
h. Survey, Focus Group, & Related Data		X	

Based on the data in Part B, respond to the following two questions:

i. Identify two courses that are doing well.

First Generation Students:

69.58% (12,618) of the total number of nursing students (18,155) are first generation students as indicated in the college data 2010-2014. The majority of these students are 21-25 years of age and have career goals and aspirations. Although the percentage of first generation students in the program is an area to celebrate, it is also an opportunity to increase recruitment strategies to increase the number incrementally, perhaps to 75% over the next year (2011-2015).

Please see the Texas Board of Nursing (TBON) Annual Report that was submitted by the Program Director in fall 2014 that presents student demographic data:

TBONAnnualReport11.14.pdf

Please see the Annual Report that was submitted by the Program Director in fall 2014 to the Accreditation Commission for Education in Nursing (ACEN) that presents student demographic data:

ACENAnnualReport11.14.pdf

ii. Identify two courses in which your dept./program(s) needs to most focus for the next few years.

Total Program Need for More Ethnic, Racial and Gender Diversity

The total number of ADN students by ethnicity and race was 18,155 from 2010 to 2014 who earned a grade of A-C. These statistics are consistent in the period prior to 2010. The representation of Hispanic students is closely related to the college-wide student population, but, may in fact be slightly higher in the ADN Program. Although it may appear to be an acceptable value (27.4%), it is still necessary to develop a plan to recruit and retain more Hispanic students. The serious under-representation of

Black students at 3.2% is consistent in previous years and is in-line with the college-wide value. The following table presents the total number with percentages of students who achieved grades A-C semester-to-semester from 2010 to 2015. One variable that the table does not take into consideration is the fact that approximately 50% of students who become ineligible to continue in the program due to attrition are minority students.

ADN Students 2010-2014 by Race and Ethnicity (Grades A-C)

White	Unknown	Hispanic	Black	Asian	Native American
11, 783	161	4992	589	338	293
64.9%	1.1%	27.4%	3.2%	1.8%	1.6%

Action Plan for Improvement:

1. Continue implementing student success strategies in the nursing program including but not limited to engaging students in the classroom, continued use of supplemental instruction, improved use of tutoring, enhanced clinical instruction and evaluation through a new clinical model and emphasizing to students the importance of studying.
2. Continued recruitment efforts at high schools, churches and other community agencies and events. Recruitment activities may be less formal such as community malls and more formal with presentations at schools and churches.
3. A recruitment plan should be developed in which the Nursing Division and Health Sciences Division combine efforts and "Travel the Texas Panhandle" to ensure that schools in rural communities hear the message about Amarillo College.
4. Target schools that have a high minority population.
5. Explore using the Internet as a source for recruitment.
6. Continue including current students and program graduates with the recruitment of new students.
7. Make a plan to have recruitment activities at community gyms that have a high number of men working out.
8. Continue using the newly constructed Nursing Division poster that focuses on diversity from an ethic minority and gender perspective.

One source for excelling (previous section) and areas needing improvement are derived from college quantitative data (IDS) PETData.docx

III: Institutional Initiatives

PART A – No Excuses:
Each department/program is expected to support student success initiatives.

List 1 or more ways your program(s) most focus on any of the No Excuses goals/initiatives and how you have helped AC fulfill its No Excuses goal.

No Excuses Plan for the ADN Program:

The nursing program will focus on the following student success performance measures in the next year (2015-2016):

NCLEX-RN First-Time Pass Rates:

According to the ADN Program's Systematic Plan of Evaluation, the three-year mean for first-time NCLEX-RN Exam pass rate of program graduates will be at or above the national mean for the same three-year period (Required by ACEN).

The ADN Program will also establish a secondary annual first time pass rate benchmark:

The ADN Program will have an annual pass rate of 90% or greater within the reporting period of October 1-September 30 that has been established by the National Council for State Boards of Nursing (NCSBN).

Successful Completion of Grades of C or Higher:

The following expected level of achievement are now established for incremental improvement of grades A-C in the nursing program beginning fall 2015:

75% of students will achieve a grade of C or higher in first semester nursing courses.
80% of students will achieve a grade of C or higher in second semester nursing courses.
85% of students will achieve a grade of C or higher in third semester nursing courses.
90% of students will achieve a grade of C or higher in fourth semester nursing courses.
90% of students will achieve a grade of C or higher in fifth semester courses.

An analysis of grades A-C in the classroom nursing courses are of particular concern in the past several years. Course success (Grades A-C) ranged from 95% to 58%. Improved teaching, testing, remediation, required tutoring and a strong emphasis to students that they must study diligently should allow the program to incrementally improve the frequency of grades A-C and meet the established expected levels of achievement as stated above. A comparative analysis of course success (grades A-C) in fall 2014 and spring 2015 with course grades in fall 2015 and spring 2016 will be performed as a measure of the effectiveness of student success strategies mentioned above. Please see the following document that presents nursing program GPAs for the period 2010-2015. Additionally, course success percentages are presented next to the course GPA for fall 2014 and spring 2015: GPAsReportDataSpr15.docx

Implementation of a Tutoring Outreach Center:

A Tutoring Outreach Center will be established on the West Campus. Tutors will include nursing faculty, health sciences faculty, part-time registered nurses and other individuals who have expertise in the tutoring process. The goal is to promote student success and graduation.

Continued Use of Supplemental Instruction (SI):

Continue use of Supplemental Instruction in the nursing program in which students can attend on a voluntary basis.

COURSE REDESIGN AND/OR RESTRUCTURE:

FLIPPING THE CLASSROOM:

All of the nursing program faculty are flipping the classroom, which allows students to engage with instructors application-type learning experiences. This approach allows students to use critical thinking and clinical reasoning skills.

PEDIATRICS AND OBSTETRICS:

Four nursing courses have been redesigned between fall 2014-spring 2015 to prepare for the revised 60-hour curriculum in fall 2015. The instructors (Teresa Smoot, Tamara Rhodes and Mona Yarbrough) of the Pediatrics course, RNSG 2201 and RNSG 2260 redesigned these two courses in preparation for fall 2015. The courses will become RNSG 2101 and RNSG 2160. The instructors for the Obstetrics course (Lyndi Shadbolt and Jody Kile) redesigned RNSG 1251 and RNSG 1260 that

will become RNSG 1151 and RNSG 1160 in fall 2015. These faculty members were assisted by Matthew Goodman and Frank Sobey in the redesign process.

FIRST SEMESTER SKILLS COURSE:

RNSG 1105, Nursing Skills I has been redesigned to more fully incorporate simulation experiences for students in this basic course by the instructors (Marcia Julian and Angie Downs).

RNSG 1105 will continue to use Care Groups. Care Groups are 4-7 students who are guided by one faculty member in the development of a professional image and successful demonstration of skills. The program has used the Care Group Model since 1999.

A NEW AND INNOVATIVE PRECEPTOR MODEL IN CAPSTONE COURSE:

RNSG, 2263, Clinical: Professional Nursing: Leadership and Management has been redesigned. A Precepted Model was developed so that students can have clinical experiences by pairing them with one registered nurse in the hospital with a faculty member on-call and who will make periodic rounds. Preceptor orientation and guidelines is a part of the model. BSA Hospital, Northwest Texas Healthcare System, Deaf Smith County Medical Center and Moore County Hospital will begin the process in fall 2015. Students may elect to stay in their own community to have clinical and the model also promotes collaboration between the college and our rural community hospitals. Meetings with hospital leaders was conducted in summer 2015 with Debby Hall and Richard Pullen. Please see the following link to the newly developed Preceptor Orientation website in the nursing program:

https://www.actx.edu/nursing/index.php?module=pagesmith&uop=view_page&id=53

A NEW CLINICAL INSTRUCTION AND EVALUATION MODEL:

All clinical nursing courses in the nursing program began a new clinical model in summer 2015 as a result of the work of an assigned task force. The model and the accompanying clinical evaluation tool should provide students with more opportunities to use critical thinking and clinical reasoning skills and provide a more uniform method for faculty to teach and evaluate students across the curriculum.

PART B – Strategic Planning:
Each department/program is expected to support **AC's Strategic Planning** initiatives.

1. **Identify at least one strategy or task from the Strategic Plan your area(s) currently addresses/evaluates.**

Strategic Plan Topic #1: Completion:

1. The ADN Program's Systematic Plan of Evaluation (SPE) includes two expected levels of achievement (ELAs) for students to complete the nursing program: (1) 70% of Traditional students will complete the program in 36 months and (2) 70% of Transition students---LVN to RN will complete the program within 18 months.

Strategic Plan Topic #2: Align Degrees with Market Demand:

1. Students follow a sequential plan from one semester to the next that outlines the program of study. This is a form of block scheduling.
2. Students follows the program of study from one semester to the next, which includes both classroom and clinical. Students move through the program as a cohort until they graduate. This is a form of block scheduling. A student who has a course failure will slow his/her progression in the program and not graduate with the cohort in which she/he started with in the first semester of the program.
3. Students take 36 hours of nursing courses and 24 hours of general education courses. All of these courses are fully transferrable to a university setting including but not limited to West

Texas A&M University and Texas Tech University Health Sciences Center. Students do not have to repeat nursing or general education courses completed to further their education at the baccalaureate in nursing level (BSN).

4. Greater than 95% of program graduates have jobs when they graduate. The other 5% are not actively seeking full or part-time jobs at the time of graduation.
5. Employers one-year alumni indicate that graduates are meeting competencies. Employers will be surveyed at the end of summer 2015. Please see the results from the most recent survey in summer 2014:Employer_Survey_of_One-year_Alumnisummer2014.pdf

One area of concern during this time frame from a qualitative perspective is that graduates were declining in basic care and comfort. This was communicated during the Advisory Committee meeting in April 2014. However, employers indicated that alumni were performing much better in this area during the April 2015 Advisory Committee meeting. There is a consistent low response rate to the Employer Surveys. It was recommended by the Program Director by TBON and ACEN that the surveys be administered during the Advisory Committee meeting. A combination of quantitative and qualitative data could be obtained during this meeting. This will be accomplished in the next meeting in April 2016.

Strategic Plan Topic #3: Learning:

Require programs to develop goals and outcomes:
The ADN Program has recently adopted program goals. These goals will complement the already established Program Student Learning Outcomes (SLOs) and Aggregate Program Outcomes. Program SLOs and Aggregate Outcomes are required of nursing programs by the TBON and accrediting body ACEN. Program SLOs are threaded through each Level in the program. Level SLOs flow into course SLOs. Course SLOs flow into course objectives and learning activities. Classroom course SLOs are evaluated through exams, case studies, formal papers and other learning activities. Clinical course SLOs are evaluated by the students' performance on the Clinical Performance Evaluation of Competencies (CPEC). Clinical learning activities and competencies support each SLO. Program SLOs are evaluated by graduates of the program and employers of one-year alumni on an established timeline. Please see the following for Program SLOs and Aggregate Program Outcomes: SLOsAggregate.pdf. Please see the following that presents the relationship between Program Goals, Program SLOs and Level SLOs: GoalsADSLOs.pdf.

Require programs to complete curriculum maps to assess outcomes:
The most recent curriculum map of the ADN Program was conducted in 2014 using the National Council for State Boards of Nursing (NCSBN) NCLEX-RN Detailed Test Plan. The purpose of this analysis was to ensure that the program was teaching and testing according to established standards of nursing practice in the Test Plan. An initial analysis included data collection of where content and concepts on the Test Plan are currently being taught in the program. Please see the following: NclexPlanWorking12 2 14.pdf. Gaps in the curriculum were identified and recommendations followed: NCLEXthroughCurriculumMap.pdf.

Implemental block scheduling aligned with pathways:
The ADN Program is a blocked curriculum. Students take a block of nursing and general education courses in a specific sequence over five semesters. Please see the following: ADNBlockCurriculum.pdf. Students are also grouped in a similar fashion in clinical courses. Areas to improve include offering a group of classes in the day and another section of these classes during the evening to meet the needs of busy students. Another opportunity is to develop a second-degree ADN Option in which students could "Fast-track" through the program in 12-months. This option would be geared to those students who already possess an associate's degree or higher in a health care discipline.

Embed high impact practices across the curriculum:

High Impact Teaching Strategies	Areas Needing Improvement
Care Group Model: Care Groups are 4-7 novice students that are paired with one faculty member who serves as a teacher and mentor who helps students develop basic skills and a professional persona See more about Care Groups: careGroups.pdf. Clinical Groups. 6-10 students are in one clinical group for 8 days during a 4-week period and supervised by a clinical instructor. Clinical Simulation. Clinical simulation helps students to use critical thinking and clinical reasoning skills using high and low fidelity manikins in the AC Simulation Center or at Sim-Central at the Medical Complex. Students learn the importance of communication and inter-professional collaboration in providing safe patient care. Students also engage in an End of Life Care Inter-professional clinical simulation experience in Level 3 of the program. See more: End_of_Life_Care_Interdisciplinary_Team 15.pdf Supplemental Instruction (SI). 4 nursing courses in the program have SI. SI helps students in small groups to understand content and concepts learned in class The program must SI in other program courses. Online Learning. Virtually all nursing courses incorporate online learning to supplement classroom instruction including but not limited to Podcasts, narrated teaching using Power-point or Screen-Cast, chat rooms, You-Tube with teaching caption, required use of electronic devices in class, electronic health record in the hospital, and published clinical articles. Heal the City. Students in the capstone course are required to spend time at Heal the City in Amarillo that services the impoverished. After the experience, students must write a one-page reflection paper about how this experience will impact nursing practice. Team Huddles. "Huddles" are teams of nurses who go from one patient to the next to communicate and patient care issues. This technique is used extensively in RNSG 2262,	1. Continue to thread formal writing experiences across the program. 2. Develop a Nursing Outreach Tutoring Center in fall 2015 to decrease attrition in the nursing program. 3. Identify opportunities to more fully embrace diversity in the nursing program from concepts taught in the curriculum to a more diverse faculty and student demographics. 4. Identify opportunities for students and faculty to engage in international learning experiences, including having academic exchange programs with other countries. 5. Identify and implement more service learning in the program.

Clinical: Advanced Concepts of Adult Health). See the following for more: http://www.americannursetoday.com/huddle-patient-safety Flipping the Classroom. Classroom teaching now have more of an emphasis on student engagement in the learning process. Discussions, case studies, conversations are now included following a Socratic-type approach. Capstone Semester Precepted Experience. Students in the capstone clinical course, RNSG 2263, Clinical: Professional Nursing: Leadership and Management will now have clinical experiences with an assigned preceptor in an urban or rural hospital near them. Students will work the shift of their preceptor and may stay in their own community and not have to drive to Amarillo. Writing in the Curriculum. Students must prepare formal papers in some of the nursing courses. The purpose of these papers is for students to apply evidenced-based articles to the care of patients. Writing in the curriculum was initiated in the program in 1996. A book chapter was written that presents examples of how the nursing program uses formal writing experiences: Pullen, R. L., Jr. (2014). Helping students with critical thinking through scholarly writing. In L. Caputi (Ed.). *Innovations in nursing education: Building the future of nursing* (pp. 99-105). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins Health. A Pool of Faculty Authors. Many of the nursing faculty has published articles. Articles can be used to teach currently enrolled students in the program, teach beyond the walls of Amarillo College, and promote faculty development because they must do some research in order to prepare a manuscript. A book chapter was written that presents examples of how the nursing program uses formal writing experiences: Pullen, R. L., Jr., & Shadbolt, L. C. (2014). Mentoring faculty to write for publication. In L. Caputi (Ed.). *Innovations in nursing education: Building the future of nursing* (pp. 181-184). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins Health.	

2. (If applicable) What additional item(s) should AC's Strategic Plan address?

NA

PART C– General Education Objectives

SACSCOC requires that the College prove attainment of general education competencies by all students. AC has adopted the below objectives for our core curriculum assessment, but you may add additional objectives you teach. Additionally, AC expects that learning objectives are present and are being evaluated in all courses.

1. Provide a listing of which courses in your department/program(s) teach these general education objectives. For assistance in identifying educational objectives in non-core courses, refer to the ACGM/WECM.

(List individual course prefix, state "all courses", state "N/A" for an objective, etc.):

Objective	Course(s)
Communication Skills	All classroom and clinical courses
Critical Thinking Skills	All classroom and clinical courses
Empirical & Quantitative Skills	All classroom and clinical courses: Dosage and solution calculations using ratio/proportion or dimensional analysis. Students must also trend laboratory values and determine percentage increase or decrease in values. Students must use evidence-based information from clinical or research articles for care plans and/or formal papers.
Teamwork	All classroom and clinical courses
Personal Responsibility	All classroom and clinical courses
Social Responsibility	All classroom and clinical courses
Note: May Insert other Objective(s)	NA

2. Briefly explain how your department/program(s) have recently (i.e. past year) identified and ensured that these general education objectives are taught throughout each course section.

3.

All of the "Objectives" listed are threaded throughout the nursing program within the 4-roles of the nurse. The 4-roles of the nurse is the organizing framework of the program. Please see one example of how these objectives are included in each clinical course using the clinical tool called, "Clinical Performance Evaluation of Competencies": ClinicalToolCPEC.pdf. The concepts from the general education component of the program are integrated with nursing concepts. Another example is Program SLOs and Level SLOs that integrate the general education component with the nursing courses: GoalsADSLOs.pdf. The 4-roles of the nurse are derived from the Texas Board of Nursing Differentiated Essential Competencies (DECs) for Associate Degree Nursing: DECs.pdf. The revised DECs were fully threaded into the Program Philosophy: ADN Philosophy and Organizing Framework.docx, Program Outcomes, Level Outcomes and Course Outcomes by June 1, 2012. A comprehensive curriculum analysis during the Texas Board of Nursing (TBON) Self-Study process affirmed that the generation education competencies were clearly threaded through the program using the NCSBN Detailed Test Plan and DECs as two major frameworks. The following are selected examples of how the general education courses relate to Program SLOs and learning activities.

General Education Courses	Selected Program SLO	Selected Learning Activity
Anatomy & Physiology I Anatomy & Physiology II	"Use clinical reasoning to promote, maintain and restore health"	Must prioritize care in nursing care plan in clinical and in dialogue in classroom activities.
Microbiology	"Use clinical reasoning to promote, maintain and restore health"	Must prioritize care in nursing care plan in clinical and in dialogue in classroom activities.
English Composition	"Collaborate with patients, families and health care team" "Utilize evidence-based data to reduce patient risks"	Completes narrative documentation of patient care in clinical. Prepares formal papers based on the nursing process and current research.
General Psychology	"Provide care across the developmental lifespan"	Completes "Impact of Illness" in care plan in all clinical courses. Completes Interpersonal Analysis of a patient in Mental Health.
Speech	"Collaborate with patients, families and health care team"	Must communicate effectively with patients, families, peers and health care team in clinical. Must provide verbal report of nursing care to instructor and peers in clinical.
Language, Philosophy and Culture	"Provide safe care to diverse patients and families"	Completes a "Diversity" tool as an alternative learning experience in clinical.

4. **What method(s) are your faculty using to assess the required objectives in your courses?**
   (List individual course prefix, state "all courses", state "N/A" for each method, etc.):

Method	Course(s)
Capstone Project/Exam	All classroom nursing courses have an Evolve Elsevier standardized exam that is used as a benchmark for course remediation. Students also complete a HESI Exit Exam at the 2nd week of the semester in the capstone course, RNSG 2221, Professional Nursing: Leadership and Management. Students receive a composite score and are then required to complete remediation that is guided by a faculty member. After remediation, students take a 2nd HESI Exit Exam at the end of the semester that is 30% of their course grade. HESI Exit is a reliable indicator of passing NCLEX-RN on the first attempt. Please see an example from the 2nd HESI Exit Exam in spring 2015:

	HESI2traditionalSpr15 (6).pdf. HESI2transitionSpr15 (2).pdf
Embedded Questions	All classroom courses integrate many concepts including but not limited to the nursing process (Assessment + Planning + Implementation + Evaluation), Cognitive Level (Knowledge, comprehension, application, analysis and synthesis) in the care of patients: Medical, surgical, mental health, obstetrics, and pediatrics. All classroom exams are blueprinted. One example of a blueprint:BlueprintExam1.doc
Licensure Exam	After students take the 2nd HESI Exit Exam at the end of the capstone semester, they also attend a 3-day Live Review in preparation for NCLEX-RN. Students are encouraged to use the results of their 2nd HESI Exit Exam as a benchmark for studying. For example, students who score 900 and above are more likely to pass NCLEX-RN the first time and may not need to study as much as someone who scores less than 900.
Portfolios	NA
Projects/Essays	All courses: Papers, case studies, care plans, etc…
Testing (i.e. course-based testing; finals)	All courses
Note: May Insert other Method	NA

5. **Briefly address any improvements made in your department/program(s) based on your data findings.**

1. Revisions to admission policies: increase in minimum GPA from 2.0 to 2.5. Taking the HESI Admission Exam (A2) only once during an admission period. TBON Self-Study Report indicated that students were likely to pass NCLEX-RN the first time when they only took the exam one time. Each section of the A2 was weighted: Reading: 30 points, General Knowledge and Vocabulary 30 points, Math: 25 points. Completion of general education courses: 5 points. Applicants with an associate degree or higher: 5 points and 5 points if that degree is in a health related field.
2. Increase remediation in each classroom course: Mandatory visit with the instructor when not passing an exam and a certain number of hours in remediation with HESI Evolve.
3. All classroom instructors have "Flipped" the classroom.
4. Students were encouraged to attend Supplemental Instruction (SI) and Tutoring---However, beginning in fall 2015 students who do not pass an exam will be required to see a tutor.
5. After analysis of minimum "C" grades in Texas and the fact that the NCLEX-RN passing standard was raised, the program decided to increase a minimum "C" from 70 to 75 in summer 2014.

6. **In which course(s) have you implemented critical reading and thinking strategies? What strategies did you use? How would you evaluate your success in implementing these strategies? Are there strategies you discovered that you would like to share with your colleagues? Do you feel that your department/program could benefit from more professional development in this area?**

1. All classroom courses require students to complete significant reading prior to class. Although there is extensive reading in preparation for the classroom learning experience, students are strongly encouraged to use the Test blueprint that focuses on the "Most important" concepts to be learned.
2. Powerpoint slides are used in the nursing program, but they do not take the place of good teaching. They are used as a foundation in which to engage students in conversation and application experiences during class.
3. All classroom and clinical courses have an intense focus on critical thinking (Putting the pieces together) that lead into clinical reasoning (Judgement).

> Area Needing Improvement:
>
> 1. More workshops for faculty and resources for students that focus on critical reading. For example, "Picking out the most important points in a reading assignment"

PART D: Curriculum Assessment - Program Outcomes:

SACSCOC requires each program to provide quality student, customer, and/or client services. Each program not directly responsible for core curriculum courses must still annually identify at least one direct outcome within their program, provide results, analysis, and improvement plans related to that outcome.

1. **For this review year, what were each program's <u>most important</u> goal(s) (i.e. broad goals you wanted to accomplish)?**

> Most Important Broad Goals:
>
> 1. Improve NCLEX-RN first-time pass rates.
> 2. Improve pedagogical strategies in the classroom and clinical setting.
> 3. Improve attrition in the program.

2. **For this review year, what is/were each program's <u>most important</u> measurable outcome(s) that helped you achieve your goals (referenced above)? Provide examples of 1-3 <u>outcome statements</u>.** (An outcome provides observable, objective evidence that your student's or client's knowledge, skill, ability, attitude, or behavior has changed as a result of your efforts.)

> Most Important Program Student Learning Outcome:
>
> 1. Utilize a systematic process and clinical reasoning to promote, maintain, and restore the health of patients and their families within communities across the developmental lifespan.
>
> Most Important Aggregate Program Outcomes:
>
> 1. The 3-year mean for the first-time NCLEX-RN Exam pass rate of program graduates will be at or above the national mean.
> 2. 70% of students in the Traditional Option will graduate within 36 months.
> 3. 70% of students in the Transition Option will graduate within 18 months.

3. **Identify your results and analyze your data.**

> Summary of #2 (Previous section). Much of this information has been discussed in detail in previous sections of this report:
>
> 1. The 3-year mean on NCLEX-RN was 80.5%, which was below the national mean of 86%. The program's NCLEX-RN first time pass rates were 84% in 2012, 79.02% in 2013 and

77.6% in 2014. As a result of an extensive Texas Board of Nursing Self-Study Report, the program made curriculum changes to improve pass rates. The December 2014 graduating cohort achieved a 94.8% pass rate and the May 2015 have_____. Better teaching and intensive remediation, especially in the capstone semester are likely variables that improved these pass rates.

2. Only 67% of Traditional students graduated on-time in 2014. This means they graduated by May 2014 or December 2014 and took no longer than 36 months to complete the program. Improved teaching strategies and other resources are geared to improve this completion rate well-above 70%. Noteworthy, it is much higher than the college completion rate of 20%.

3. 86% of Transition students completed the program on-time. Beginning in spring 2016, the program will admit Transition students twice yearly rather only one time yearly.

4. What key change(s) has your department/programs made in the past year or do you plan to make based on your assessment of any outcome?

1. Mandatory tutoring will be implemented beginning in fall 2015 for all nursing students who do not make at least a 75% on an exam. Tutoring will be optional for all other students.

5. Please provide supporting documentation with this review that relates to this outcome(s). For example, if you're using a rubric to assess student work, attach a copy of the rubric and five student samples. If you're focusing on licensure exam data, attach a copy of your pass rate results.

1. The attrition increased from 7.9% in spring 2014 to 15.1% in fall 2014 and then decreased to 11.01% in spring 2015. Tutoring should help improve attrition. Program attrition and a NCLEX-RN pass rates are presented in the following: ADNProgramReviewFiles\NDSummary7.10.15.pdf.

Here are selected examples of tools and checklists that are used in the nursing program:

Clinical Evaluation Tool that all clinical courses use (Revised for fall 2015):
ADNProgramReviewFiles\ClinicalToolCPEC.pdf

Health Assessment Checklist for clinical courses:
ADNProgramReviewFiles\HArnsg2261.pdf

Intravenous Push (IVP) Checklist in applicable courses:
ADNProgramReviewFiles\IVPush (1).pdf

Guidelines for a term paper in one course:
ADNProgramReviewFiles\GUIDELINES FOR TERM PAPER.pdf

Grading Criteria (Rubric) for term paper above**:**
Rubric term paper.pdf

Nursing Care Plan Format for all clinical courses (Revised for fall 2015):
ADNProgramReviewFiles\CarePlanFormat.pdf

Nursing Care Plan Format Guidelines (Revised for fall 2015):
ADNProgramReviewFiles\NURSING CARE PLAN GUIDELINES.pdf

Documentation Guidelines and Format (What students use to document on patients)

ADNProgramReviewFiles\DocumentationGuidelines.pdf
EXAMPLES OF FACULTY FEEDBACK ON CLINICAL TOOL:

Here are selected examples of Clinical Evaluation Tools that were completed by clinical nursing faculty on two different students:

Student #1 Clinical Evaluation Tool (Summative): ADNProgramReviewFiles\ClinicalEvaluationStudent1.pdf
Student #2: Clinical Evaluation Tool (Summative): ADNProgramReviewFiles\ClinicalEvaluationStudent2.pdf

SELECTED EXAMPLES OF STUDENT WORK:

Here are selected examples of Formal Writing assignments in the curriculum:

Several examples of Formal Writing in the Curriculum: ADNProgramReviewFiles\FormalWriting.pdf

Here is an example of student documentation in clinical:

Student documentation in clinical: ADNProgramReviewFiles\Docmentation.pdf

Here are selected examples of Nursing Care Plans from students with Faculty feedback in clinical:

Student example of Nursing Care Plan: ADNProgramReviewFiles\NursingCarePlan.pdf

Here is an example of a dosage calculation exam that students take in each clinical course throughout the program. The exam changes and progresses in complexity as the student moves through the program. Ratio and proportion are taught as one major component in RNSG 1301, Pharmacology:

Level 3 Dosage and Solution Exam**: ADNProgramReviewFiles\CalculationStudent1.docx**

IV: Conclusions

1. **How have you or your staff adjusted your pedagogy (method and practice of teaching) to improve your academic quality and/or aid in some other area related to student success?**

   All nursing faculty have changed the way they are teaching in the classroom and clinical setting. In the classroom, faculty require students to be more prepared when the begin class while the faculty member is more of a guide. In clinical, faculty endeavor to have more conversations with students to determine their critical thinking and clinical reasoning skills.

   Faculty are including more "Alternate-type" questions as teaching strategies in the classroom. These questions include but are not limited to "Select all that apply" and "Place nursing actions in order of importance". These questions spark much conversation and encourage critical thinking and clinical reasoning.

   There is less lecturing and more conversations in class.

2. **What program improvement opportunities are available to your staff (e.g. external curriculum committees, trainings, etc.)?**

   8 faculty members attended an AVID workshop in Dallas, Texas in June 2014 that was funded by the Nurse Shortage Reduction Program (NSRP). Additionally, 6 more faculty members traveled to professional nursing education conferences that were funded by NSRP. NSRP also funds an annual subscription to "Nurse Tim", which is a professional organization that provides a wealth of information and teaching to nursing faculty globally through online webinars and

workshops. Topics include laboratory data analysis, teaching strategies, assessment and exams and curriculum development. Information learned from Nurse Tim has been utilized in the curriculum. The cost is $1500.00 annually (Great deal!!!). Here is the catalog: ADNProgramReviewFiles\NurseTimCatalog.pdf. For additional detail, please go to the Nurse Tim website. Log-on using rlpullen@actx.edu and password "Amarillo" to see detail. Here is the website: http://nursetim.com/. This online resource is available to both ADN and VN Program faculty.

There will be some limited funds through NSRP for faculty development (Travel) in the next academic year. These funds will have to be used judiciously because a portion will be used to fund a part-time tutor.

The college offers faculty development, especially in the area of online learning through the Center for Teaching and Learning (CTL).

3. **What is the biggest issue/obstacle that your program currently faces?**
Please explain the issue, point to evidence supporting why your issue is important (addressed in this document or elsewhere), explain how you would like to fix the issue, and explain any budgetary constraints.

1. **NCLEX-RN first-time pass rate**. Although the program is currently on TBON Warning, this warning will be removed in 2015 and it is anticipated that the program will receive a commendation from TBON for having an annual pass rate of 90% or greater. The biggest obstacle or challenge is to have a balance of increasing program graduates through improved teaching and other resources while maintaining NCLEX-RN pass rates at or above the national mean. The program endeavors to achieve an annual pass rate above 90%. Maintain high pass rates while maintaining program rigor and increasing program graduates.

2. **Program Enrollment**. Improved retention strategies including but not limited to tutoring, supplemental instruction and course remediation and more active recruitment activities will incrementally increase the number of program graduates for the next three years:

Actual and Projected Number of Graduates
(September-August)

September 2011-August 2012	216
September 2012-August 2013	207
September 2013-August 2014	192
September 2014-August 2015	97
September 2015-August 2016	105
September 2016-August 2017	130
September 2017-August 2018	160

Shaded = Projected

3. **Faculty Turnover and Experience**. The program currently has 27 full-time budgeted positions. There is one vacancy. 10 of these faculty members (38.4%) have less than five years of teaching experience. 11 (42.3%) have 10 years of teaching experience, two (7.6) have 15 years of teaching experience and three (11.5%) have 20 years or more teaching experience. The Program Director has 21 years teaching experience + administrative duties. It is necessary to develop a plan to actively recruit and retain faculty for the future. Faculty salaries are not competitive with those in industry.

4. **Additional Comments Pertinent to this Review (Not Required):**

NA