Nursing Academic Program Review

1. **Nursing Program Overview**:

   A. **What are the educational goals or objectives of this program/discipline? How do these compare with national or professional program/discipline trends or guidelines? Have they changed since the last review, or are they expected to change in the next five years?**

      Educational Goals of the Nursing Program:

      The educational goals of the Nursing Program are centered on the preparation of nursing graduates who demonstrate the knowledge, skills, and attitudes required for an entry-level registered nurse (RN) position. Upon graduation, PCC nursing students are eligible and prepared to successfully take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The NCLEX-RN is a requirement for nursing practice. Registered nurses practice in variety of healthcare settings and our program design prepares the student to be licensed as a RN and function competently and competitively in the RN job market.

      In 2010, PCC became a member of the Oregon Consortium for Nursing Education (OCNE). This coalition of statewide nursing educators and programs consists of Blue Mountain Community College, Clackamas Community College, Clatsop Community College, Lane Community College, Mount Hood Community College, Portland Community College, Rogue Community College, Southwestern Oregon Community College, Treasure Valley Community College, Umpqua Community College, and all campuses of Oregon Health Science University (OHSU) School of Nursing. OCNE schools have the same prerequisites and comparable application processes for students. Acceptance into the PCC program allows for non-competitive admission to OHSU School of Nursing. Thus, graduates of the Nursing Program are able to have a seamless transition into the baccalaureate completion program at OHSU. (Appendix A: PCC Graduates Transitioning to OHSU for BS Completion.) While not considered "seamless", because additional coursework is needed, PCC graduates are also able to transition into the baccalaureate completion program at Linfield College through an articulation agreement between PCC and Linfield.

      The Oregon State Board of Nursing (OSBN) approves PCC's Nursing Program. PCC also holds a national accreditation through the Accreditation Commission for Education in Nursing (ACEN). PCC is one of four associate degree nursing programs in the state that holds this national accreditation.

      Comparing the PCC Nursing Program with national or professional program/discipline trends or guidelines:

      Integrated into the Nursing Program are professional guidelines, standards, and requirements as defined by OSBN and ACEN. As an OCNE program, what stands out as a national model is that faculty from all ten community colleges and OHSU jointly developed the competency-based program offered at all OCNE partner schools. The

core competencies address the knowledge, skills, and attitudes needed for nurses to use clinical judgment and critical thinking, evidence-based practice, relationship-centered care, interdisciplinary collaboration, end-of-life care, teaching, delegation, leadership, and supervision of caregivers while assisting individuals and families in self-care practices for promotion of health and management of chronic and acute illness.

In 2010, the Institute of Medicine (IOM) published an evidence-based report on the future of nursing. This report entitled "The Future of Nursing: Leading Change, Advancing Health", presented four key messages:

- Nurses should practice to the full extent of their education and training.
- **Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.**
- Nurses should be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

As an associate degree nursing program, the second key message (in bold font above) has most impacted the program directly. Along with the above listed key messages, the IOM report contained eight recommendations for achieving these key messages. (Both the IOM full and brief reports are included in the references). Recommendation 4: "Increase the proportion of nurses with a baccalaureate degree to 80% by 2020" has impacted PCC's Nursing Program on a number of levels. Hospital systems, where more than 60% of Oregon nurses practice, have used the IOM recommendations and the desire to obtain Magnet designation to move their hospital systems forward in the hiring of baccalaureate prepared RNs. For PCC, as an associate degree nursing program, this national movement has caused some difficulty in PCC obtaining clinical opportunities in the hospital setting. In addition, the program's graduates, due to these same factors, are finding it more difficult to gain employment in the hospital setting after graduation and prior to completion of their baccalaureate degree.

The Nursing Program's strength, at this time of transition for the nursing profession related to the IOM recommendations, is that, as an OCNE partner school, graduates can enter and complete a baccalaureate completion program and graduate within a year of graduation from PCC. The OCNE curriculum is designed as a four-year course of study. The first year is devoted to pre-admission requisites and/or pre-program courses (45 credits) required before starting the nursing program. The second and third year of study is comprised of six terms of nursing curriculum that is shared whether at a community college or at OHSU. At the community college partner schools, students complete their AAS degree and are eligible to take the NCLEX-RN licensing exam. Licensure is granted through the Oregon State Board of Nursing. After licensure, OCNE community college graduates can continue into the OHSU RN-BS nursing major program. While the 4th year occurs at OHSU, it is a continuation of the same curriculum taught in PCC's Nursing Program.

<u>Changes (in the educational goals or objectives) since the last review, or expected change(s) in the next five years</u>:

Like many professions, nursing education is a dynamic reflection of new understandings evolving from both research and empirical evidence. The core competencies remain the foundational pillars, even when the application is altered based on new findings. Change is inherent, and expected, in the nursing profession in an on-going basis as new medications, technology, treatments, and insights are added to the knowledge base of nursing. Specific changes that will impact the curriculum include research regarding clinical simulation by the National Council of State Boards of Nursing (NCSBN): "The results of this study provide substantial evidence that substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes and new graduates that are ready for clinical practice" (July 2014). This finding could have positive implications for the program's curriculum if there were adequate simulation space to accommodate increased use of simulation. The increased use of simulation would transition hours from a clinical setting into simulation; thereby reducing the difficulty of obtaining hospital based clinical sites for clinical education.

Other changes include the current and impending retirement of both nurses and nursing faculty from the baby boomer generation. Currently, to be fully staffed, the program is looking to fill seven full-time faculty positions for 2016-2017 academic year. However, that will result in 44% of program faculty being new to PCC's nursing program. This will almost outnumber experienced faculty, who will have responsibility of maintaining the quality of nursing education PCC has enjoyed with a higher ratio of probationary to continuous full-time faculty. During 2016-2017 year it is forecasted another three retirements will be announced, and another three the year after that.

B. **Briefly describe changes that were made <u>as a result of</u> SAC recommendations and/or administrative responses from the last program review**.

Administrative Suggestions/Observations and Response

Please continue to work with your representative to the Bond HT Building Committee to design and create next to the SIM lab, as well as private conference space in your office area for faculty to meet with students.

- The Nursing Program uses HT 313 as a dedicated debriefing room. It is small, tight quarters for a group of nine students plus two faculty. Often the door is left ajar or open to provide much needed ventilation.
- The goal of more private conferencing space has not been met.

In 2012, $140,000.00 of Sylvania margin money was allocated to remodel the SIM lab technology, including a new medium fidelity manikin. Additional bond funds were allocated to remodeling two small conference rooms into the one room dedicated for nursing to use as the debriefing room required in a simulated clinical experience.

The program was able to have an audiovisual upgrade for a more effectively working SIM lab with high-definition cameras and six surface mounted microphones for high-quality audio, to perform a live feed from the control room to the debriefing room (HT 313).

Male instructors: work with HR to develop broad reaching recruitment plans when filling vacancies.

- The program hired one male faculty member who resigned at the end of his third year (summer 2015). The program is working closely with Human Resources in recruiting efforts to diversify faculty expertise, as well as expand the general diversity of new nursing faculty hired.
- The program also works with part-time (PT) faculty to "grow our own" faculty. Many PT faculty are studying to obtain their Master's in Nursing (MSN), which is the degree required to maintain the program's national accreditation with ACEN (Accreditation Commission for Education in Nursing), as well as meet state standards set by the Oregon State Board of Nursing. Some full-time faculty have achieved a doctoral degree while others are making serious effort toward completion. Faculty also serve as mentors/preceptors for nurses working on their Master's in Nursing degree, which identifies PCC as a clinical practicum site for many nursing graduate program.

The Administrative Response noted with concern the practice established by OCNE of admitting students into their program who have completed the 5th term, but not earned a degree. Please consider exploring the suggestion of the "reverse degree option" with the Degree and Certificate Committee.

- The program developed and implemented a process for a reverse degree option. This enabled PCC to award an Associate of Applied Science in Nursing Degree to those who matriculated early, once they completed the necessary course work through OHSU. Therefore, students who left prior to receiving their Associate Degree were conferred an AAS from PCC, after they completed the OHSU requirements.
- Due to complex and unanticipated negative impact for both PCC and OHSU, the fifth term matriculation option was discontinued in 2012. A sample of these complexities included faculty workload due to a significant number of students leaving PCC and entering OHSU, and completion numbers for PCC. Since students did not declare their intent for matriculating until Winter Term of the second year, this also made it difficult for proactive planning.

We recommend that you develop a comprehensive statement of need for an electronic charting software program. Additionally, Dean Saito requested and received approval for $55,000 from margin earnings to be set aside to assist with this in FY 12. Please also consider contacting Larry Clausen to learn about the information system used by the Allied Health Programs at Cascade.

- The program piloted, as an OCNE partner school, a free trial of Nehr Perfect (an electronic charting software product) that did not meet students' learning needs. Other nursing programs in OCNE had a similar experience with this product and are no longer using Nehr Perfect. Since the Nehr Perfect trial, faculty have created electronic documents using MSWord to mimic an EMR (Electronic Medical Record). While it has been useful, it has not been an optimal learning experience of EMR charting systems used in all acute care settings, as well as many non-hospital clinical settings.
- Because of the free trial, the program did not receive the additional funding, and those funds were reallocated to the SIM technology upgrade.
- The program is still challenged by the lack of electronic documentation system, especially since this is the standard record keeping in healthcare. EPIC is the EMR used in most acute care settings in the Portland-Metro area, which would be the software that would best meet the program's need for teaching, prior to the clinical experience. However, EPIC does not have a student product at this time.

It is recommended that the Student Mentor program be reinstituted and follow through on assessing for student language strengths at preadmission. Early communication and orientation for students will help connect students the program and services early.

- This has been done. The Student Mentoring Program, as well as college support services, is highlighted during the first nursing student orientation in the late summer, as well as guest speakers from college support services speaking at the first and second year Fall Orientation which occurs prior to the first day of class.

The "Ask". A need for classroom space for OCNE as Dean Saito noted, there may be opportunities through the Bond to address this need. Therefore, we urge that you developed statements of need, which your Director can share with the Bond Architects as final remodel design plans are developed for the HT Building. Additional private office space for faculty/student meetings. (Please see the previous response.) **Additionally, based on your accreditation exit interview the following was sent to the architects via email, "Hi Kyle, the Nursing program just had an accreditation visit and received a recommendation to have more small, private meeting spaces in close proximity to their offices, enclaves as you call them for meetings with students. As we move forward, let's see what we can do to accommodate this." Please continue working with your building committee and the architects on this."**

- The SIM debriefing room, where students observe their colleagues caring for patients during simulation was created by using two small conferences rooms that were dedicated to other programs in the HT building and re-dedicating them to the Nursing Program. This converted debrief space can adequately hold 6-9 students and faculty.
- The Nursing Program does not have any additional private meeting spaces since the last program review and accreditation visit.

- **Upgrade SIM lab to be more like an actual clinical setting As Dean Saito noted, some dollars have recently become available to make modest improvements.**

  - Due to the constraints of the basic structure of the HT building, and the dollars available for modest improvements, as mentioned above, the improvements to the actual care environment has been insufficient to bring the Sim Lab up to the level of an actual clinical setting. Also, more recently, there has been a discussion about the possibility of a new Health Professions building, which has delayed some Bond work in the HT building. At the time of the last program review the upgrades in the Sim Lab were valued engineered, such that the "head wall" purchased is an external product that has had challenges with the use of the oxygen and suction that a nurse would typically use in the care of a patient. The noise level of this "head wall" has been problematic at times for hearing the students at the bedside in the control room and debrief room during the care scenario. Therefore, the fidelity of using needed suction and oxygen during a care scenario where the patient is in need of either or both has been compromised at times, since hearing the students caring for the patient is a priority for the debriefing that follows the care experience.
  - Also, the Sim Lab, prior to the last review, did not have a much needed sink, which is required for the most basic of patient care – hand washing. A portal sink was purchased, and has also had some technical difficulties. The fidelity of a working plumbed sink would be optimal in the care environment.
  - Two high-fidelity mannequins have been purchased – one recently with current bond funding. This has highlighted the need for a SIM technician. (See needs for technical help.)
  - The program was able to have an audiovisual upgrade for a more effectively working SIM lab with high-definition cameras and AV live feed from the control room to the debriefing room (HT 313).
  - Unfortunately, due to limited space and funding, the SIM lab continues to have fidelity challenges related to a simulated clinical environment. (See needs).

1. **Outcomes and Assessment: Reflect on learning outcomes and assessment, teaching methodologies, and content in order to improve the quality of teaching, learning, and student success.**

A. Course-Level Outcomes: The College has an expectation that course outcomes, as listed in the CCOG, are both assessable and assessed, with the intent that SACs will collaborate to develop a shared vision for course-level learning outcomes.

i.   What is the SAC process for review of course outcomes in your CCOGs to ensure they are assessable?

The program's SAC process is four fold: the entire program faculty meets as a SAC on a monthly basis; first and second year teaching teams meet weekly; a program evaluation /review committee meets on a regular basis; as an OCNE partner school PCC is represented on larger OCNE Curriculum Committee which is comprised of faculty from the ten community colleges and all the campuses of OHSU.

Early in each term, each faculty teaching team meets to review, evaluate, and plan the succeeding course(s). Referred to as the "team planning day", outcomes are thus reviewed with the program review committee as well as quarterly in each team's planning day. Weekly team meetings feed information into the planning days. Brought forth to the Nursing SAC are concerns or recommendation for change. (See Appendix

ii.   **Identify and give examples of changes made in instruction to improve students' attainment of <u>course</u> outcomes, or outcomes of requisite course sequences (such as are found in in MTH, WR, ESOL, BI, CH, etc.) that were made <u>as a result of</u> assessment of student learning**.

- During planning days for the upcoming term, each team reviews student surveys of the course being reviewed. The teams also use team minutes and anecdotal information. From these assessments, changes in instruction have been made to improve students' attainment of course outcomes. For example:

    o Moving didactic content from one term to another. Specifically, content from NRS 222 was moved to NRS 221 to provide a balance of high acuity content. This is reflected in changes to the detailed content guide.
    o Modification of projects to include more points to acknowledge the amount of time necessary for student completion and to add those points into the student's final grade in NRS 224.
    o Modifications to grading rubrics have been made to provide increased clarity for students.
    o The physical assessment content was moved from NRS 111 and 112 to NRS 110. This was a major change in the first year curriculum as it necessitated coordination of didactic, lab, simulation, and clinical expectations. Positive results are evident with higher levels of student performance and critical thinking.
    o Summative exams are revised on an ongoing basis after reviewing student scores, class average, high and low scores, item analysis, the point biserial, and other evidence provided by the Scantron machine and analyzed by faculty.

B. Addressing College Core Outcomes

    i.   The Nursing Core Outcomes Mapping Matrix can be found at
http://www.pcc.edu/resources/academic/core-outcomes/nur.html

Core Outcomes Mapping

SAC – NRS: Nursing

Mapping Level Indicators:

C. For Career and Technical Education Programs: Degree and Certificate Outcomes

0: Not Applicable.

1: Limited demonstration or application of knowledge and skills.

2: Basic demonstration and application of knowledge and skills.

3: Demonstrated comprehension and is able to apply essential knowledge and skills.

4: Demonstrates thorough, effective and/or sophisticated application of knowledge and skills.

Core Outcomes:

1. Communication.
2. Community and Environmental Responsibility.
3. Critical Thinking and Problem Solving.
4. Cultural Awareness.
5. Professional Competence.
6. Self-Reflection.

Course #	Course Name	CO1	CO2	CO3	CO4	CO5	CO6
NRS 110	Foundations of Nursing- Health Promotion	2	1	2	1	2	1
NRS 111	Foundations of Nursing in Chronic Illness I	3	2	3	4	3	3
NRS 112	Foundations of Nursing in Acute Care I	3	2	3	4	3	3
NRS 221	Chronic II	3	3	3	4	3	3
NRS 222	Acute Care II	4	4	3	4	3	4
NRS 224	Integrative Practicum I	4	4	4	4	4	4
NRS 230	Clinical Pharmacology I	2	2	4	2	3	3
NRS 231	Clinical Pharmacology II	2	2	4	2	4	4
NRS 232	Pathophysiological Processes I	2	2	4	2	3	3
NRS 233	Pathophysiological Processes II	2	2	4	2	4	4

Updated January 2016.

    i.   **Briefly describe the evidence you have that students are meeting your Degree and/or Certificate outcomes.**

The program uses ACEN Standard 6, which is Program Outcomes. The evidence includes program completion rates, NCLEX pass rates/statistics (Appendix F), graduate surveys (Appendix G), and employer satisfaction surveys and feedback. The program also uses Mountain Measurement, which in graph form describes how PCC graduates perform on NCLEX-RN as compared to like-sized programs in the state and nationally. Feedback from the Nursing Advisory Committee is also another mechanism used to inform the program. OHSU provides the names of the graduates who transition to their RN/BS Completion program after graduation. Nursing Graduates Transfer Analysis provided by Institutional Effectiveness (Appendix H) also provides information about programs other than the OHSU data.

ii.   **Reflecting on the last five years of assessment, provide a brief summary of one or two of your best assessment projects, highlighting efforts made to improve students' attainment of your Degree and Certificate outcomes.**

Second Year assessment project:

For the second year of the nursing program, students in their last term would take what is entitled an NCLEX-RN Predictor Exam through the program's testing vendor, ATI. A change in this assessment project occurred two years ago, when faculty changed the process. Currently students are taking the NCLEX Predictor early in the last term, using the data from the exam, creating a remediation plan, working with faculty on the remediation plan, and then re-taking the Predictor Exam after implementing the remediation plan. This change coincided with the increase in difficulty in the NCLEX-RN exam itself. While nationally and statewide NCLEX pass rates decreased and continue to stay low, PCC's NCLEX pass rate has consistently stayed in the 95-97% pass range.

First Year Assessment Project:

For the first year of the nursing program, a significant change occurred this academic year such that the physical assessment lab (a foundational skill for nursing) was moved into the first term of the program, NRS 110. Prior to this year, the different areas of physical assessment were spread across the entire first year. This concentration of physical assessment activities in skills lab has allowed students to build confidence in the first term related to physical assessment and is being realized as they move forward into other clinical environments. Supported by faculty in all learning environments, this change required significant coordination in scheduling between the different components of the first year of the program

iii. **Do you have evidence that the changes made were effective (by having reassessed the same outcome)? If so, please describe briefly.**

The change instituted in second year, with the use of the Predictor Exam, coincided with the increase in difficulty in the NCLEX-RN exam itself. While nationally and statewide NCLEX pass rates decreased and continue to stay low, PCC's NCLEX pass rate has consistently stayed in the 95-97% pass range. Using the sustained pass rate as a metric this change was deemed effective.

The re-ordering of physical assessment for first year was also deemed effective by using anecdotal feedback from clinical faculty related to first year student increased confidence in the skill of physical assessment in clinical. Prior years, due to the parceled arrangement per term, students were not able to practice physical assessment holistically. This change offered students early and complete opportunity to practice physical assessment in skills lab and in clinical settings.

iv. **Evaluate your SAC's assessment cycle processes. What have you learned to improve your assessment practices and strategies?**

Monthly SAC meetings, team planning days, program assessment committee meetings, as well as team, department, and committee meetings help to keep assessment practices in the forefront and allows for long range planning as well as for more immediate correction of implementation practices.

The SAC meeting agendas have been created around the ACEN Standards 1-6. Therefore, each SAC meeting provides a venue to improve assessment practices and strategies on an ongoing basis related to national accreditation criteria.

The next ACEN and OSBN self-study will be due in 2018 with a site visit in 2019. See recommendations for aligning PCC Program Review during this next assessment cycle.

v.   Are any of PCC's Core Outcomes difficult to align and assess within your program? If yes, please identify and explain.

The Environmental aspect of Community and Environment is probably the most challenging.

Environmental:

Nursing, like other providers of healthcare, routinely uses disposable equipment with the thought of reducing infectious contamination. There is ongoing conversation with students about minimizing waste as stewards of the client's financial resources as well as the resources of the facility and impact on the environment.

The transition to D2L and electronic resources has eliminated paper "Study Guides" for each course of the program. Students who prefer paper documents have the ability to print specific documents, while at the same time the program is not generating reams of paper "Study Guides" that students were required to purchase from the PCC Bookstore.

Community:

Nursing places a high value on community and working across multi-disciplinary teams to meet client needs. Classes on community nursing are integral to each course of the curriculum. (Refer to Section 3 below.)

The learning environment is evolving with an increased use of small group activities and case studies discussions. This is easier with smaller class sizes, requiring the faculty to repeat the class content to subsequent group(s).

SIM was developed to provide clinical experiences for the students to practice as nurses on a mannequin before touching a live being. The program has adapted simulation to include clients from community settings such as home visits, clinics, and providing care to the homeless.

1.   Other Curricular Issues

A.   Which of your courses are offered in a Distance Learning modality (online, hybrid, interactive television, etc.), and what is the proportion of on-campus and online?

None.

B.   Has the SAC made any curricular changes as a result of exploring/adopting educational initiatives (e.g., Community-Based Learning, Internationalization of the Curriculum, Inquiry-Based Learning, Honors, etc.)? If so, please describe.

Community-Based Learning

Nursing, as a profession, places a high value on community and working across multi-disciplinary teams to meet client needs. Classes on community nursing are part of the curriculum.

The Nursing Program has a robust community-based learning approach. In the second year of the program, students may have their clinical experience in one of a variety of community healthcare settings. These settings include hospice, medically fragile foster care, corrections nursing, intravenous (IV) outpatient therapy, student health center, home health, and other community settings. These community clinical site opportunities vary, sometimes term to term, according to the census and to availability of staff to work with the student(s).

In addition to these clinical placements, students are involved voluntarily in blood pressure screening clinics, immunization clinics, winter clothing and blanket drives, food drives, and the like.

The program has community-based projects in both years of the curriculum. In first year, it is a community-based teaching project regarding health promotion. In second year, it is an increasingly complex community-based chronic illness and health promotion project. The second year students also fulfill a project by going to a community self-help group (e.g. a twelve-step meeting).

PCC's Nursing Program has a twenty-four year history of the nursing "Giving Tree" during the holiday season prior to winter break whereby nursing students anonymously submit a request for a specific need. This request is tied onto the Holiday tree for other students, staff, and other members of the PCC community to fulfill wishes and needs. Often these requests are for basic needs such as "food for a family of four", a gas card, coats for children (ages and gender listed), etc. One wish that was granted this school year was for a Christmas tree, which would otherwise have been out of reach for a student's family.

Internationalization of the Curriculum

Internationalization of the curriculum is included in course content regarding "culture" as well as case studies and actual clinical experiences. Some faculty have developed their expertise in internationalization by participating in welcoming exchange students from Japan; others have participated in the college sponsored cultural exchange to Oaxaca.

C. **Are there any courses in the program offered as Dual Credit at area High Schools? If so, describe how the SAC develops and maintains relationships with the HS faculty in support of quality instruction.**

No.

D. **Please describe the use of Course Evaluations by the SAC. Have you developed SAC-specific questions? Has the information you have received been of use at the course/ program/ discipline level?**

Currently, The program is using two course evaluation systems. One is CollegeNet because this is a college-wide requirement. Nursing students also get a survey each term using Survey Monkey that is course specific. CollegeNet does not give aggregate information

about the courses, which disables the program from requirements of accreditation as it relates to documenting trended data and quality improvement over the curriculum. Faculty review the Survey Monkey data from the year prior as they plan for the next year's courses, using the student feedback on critical assessment points. This is done during the "planning day" when teams meet and determine changes needed and incorporate the course evaluations into this review.

As an OCNE partner, the program is also processing evaluations on the larger OCNE level with "fidelity scales". These are surveys sent to each OCNE partner school to determine how each school is adhering to the curricular agreements that are integral to being a partner school. Changes are made based on the larger OCNE data related to any particular course, and across the curriculum. The findings of the "fidelity" surveys from Chronic and Acute courses, both I and II, will be presented at the statewide faculty meeting in May 2016.

As a partner school, the program has representation on all the major committees as part of this statewide consortium. There is the Coordinating Council, which is all the Deans/Directors from all ten community colleges and all campuses of OHSU. Another important committee is the Curriculum Committee; again all committees have faculty representation from all ten community colleges and OHSU. The last two committees are the Learning Activities and the Research and Evaluation Committee.

E.   **Identify and explain any other significant curricular changes that have been made since the last review.**

Since the last review the program has moved the entirety of physical assessment, a foundational nursing skill, to NRS 110. Prior to this year, different aspects/body systems, integral to physical assessment, were divided up between the three terms of first year. This has been a curricular shift for us that has resulted in students being better prepared to enter the healthcare setting during their first clinical rotations. Also, when the program implemented OCNE, it was identified that there was student attrition occurring in the Winter and Spring terms of the first year. This represented a change from the pre-OCNE attrition figures. The decision was made to move Pathophysiology I (NRS 230) into the Fall Term first year. This allowed for a more balanced academic experience for students, spreading out the course load between all three terms of the first year.

1.   **Needs of Students and the Community**

A.   **Have there been any notable changes in instruction due to changes in the student populations served?**

One notable change has been the adoption of the OCNE curriculum, which included adopting the mandated admission standards. Many of the faculty were concerned that the OCNE focus on GPA was contrary to the community college philosophy reflected in our PCC mission statement, "Portland Community College supports student success by delivering access to quality education while advancing economic development and promoting sustainability in a collaborative culture of diversity, equity and inclusion. ". There were, and remain, serious concerns of accessibility to our diverse community members. Inherent in the GPA controversy is the underlying limitation imposed upon non-native speakers and the academically disadvantaged with poor test taking skills due to the strength (or lack thereof) of their educational background. Some members of our community may be the first in their family to attend college, and others may have the aptitude and intellectual prowess to succeed in the nursing program but have not had a

history of acing most of their academic exams. For some students this means, to be competitive in the admissions process, there may be a need to re-take science course(s) to achieve an A grade, since 40 points of the 100 point OCNE admission calculation is for pre-requisite GPA. Once admitted into the program, this can continue to challenge the student since much of the nursing program assessment requirements are not based on memorization, but are designed for the student to demonstrate the ability to synthesize information, to critically think through challenges and form clinical judgment decisions that are required to provide safe nursing care with patients and families.

Less obvious, yet impacting instruction, is the loss of expert faculty educators. Notably, the program has had an exodus of experienced nursing faculty (four of sixteen or 25%) during and after spring term 2015. Three were from the second year teaching team and one was from the first year. Added to these current openings, three more seasoned faculty have submitted their notice of retirement. They will leave the program at the end of this academic year. The program will begin next academic year with 44% of full-time faculty starting their first probationary year. During the 2016-2017 year it is forecasted another three retirements will be announced, and another three the year after that. This is a profound loss of experienced expert nurse educators with institutional and program memory. Many of the faculty who have left or will soon leave are doctoral prepared and /or have obtained national certification through the NLN as certified nurse educators.

Exacerbating the program's nursing faculty shortage is both a local and a national nursing faculty shortage, as well as a pay scale that is a disincentive for working nurses who must take a significant cut in pay to accept a nursing faculty position. The American Association of Colleges of Nursing, referring only to baccalaureate or higher nursing education, nevertheless speaks to this national issue. http://www.aacn.nche.edu/media-relations/FacultyShortageFS.pdf The journal "Inside Higher Ed" also speaks to the nursing faculty shortage. https://www.insidehighered.com/news/2016/01/27/colleges-contend-few-nursing-instructors-and-wait-lists

B. **What strategies are used within the program/discipline to facilitate success for students with disabilities? What does the SAC see as particularly challenging in serving these students?**

The program has an active relationship with the Disability Services (DS) office. Since 2000, we have had a nursing faculty as a dedicated Program Accommodation Liaison (PAL). The nursing PAL works with the student, DS, the testing center, and other faculty and staff within the program to ensure that accommodations are provided in ways that are reasonable within the context of the nursing learning environment. In anticipation of the program's named PAL nearing retirement, a second faculty has been mentored for an academic year and is now the program's PAL resource. The program Director, Faculty Department Chair, and other faculty are involved on a need to know basis both to protect student confidentiality and to protect student and client safety in the learning environments.

What remains particularly challenging is striking the balance between reasonable accommodation and the essential functions of the nursing profession. Most requests for accommodation involve a distraction reduced testing environment and a time extension for testing. Both DS and testing services work with the nursing PAL to facilitate these

accommodations. Accommodations for physical limitations are made whenever possible while protecting patient and student safety. While the program supports and provides accommodations, as identified in collaboration with DS and the program, there is a sensitivity to the fact that for the NCLEX-RN exam, accommodations are strictly limited, which means a student can receive accommodation at PCC and not be allowed this accommodation to take the licensure exam.

    C.   **Has feedback from students, community groups, transfer institutions, business, industry, or government been used to make curriculum or instructional changes? If so, please describe (if this has not been addressed elsewhere in this document).**

Feedback from the Nursing Advisory Committee is reported in Section 7 A.

2.   **Faculty: Reflect on the composition, qualifications, and development of the faculty.**

Provide information on:

    A.   **How the faculty composition reflects the diversity and cultural competency goals of the institution.**

The program, due to the faculty attrition, is provided an opportunity to seek a composition that reflects the diversity and cultural competency goals of the institution. The current applicant pool has 33% diversity composition and the program has been working with Alisa Hampton from Human Resources to recruit more diverse nursing faculty.

    B.   **Changes the SAC has made to instructor qualifications since the last review and the reason for the changes. (Current Instructor Qualifications at: http://www.pcc.edu/resources/academic/instructor-qualifications/index.html**)

There have been no changes to the instructor qualifications.

    C.   **How have the professional development activities of the faculty contributed to the strength of the program/discipline? If such activities have resulted in instructional or curricular changes, please describe.**

Professional development activities do contribute to the strength of the program.

Individual faculty report from conferences attended; presentations given by faculty to others in the college are being repeated for the program's benefit. The information obtained from these activities often stimulates discussion during SAC and planning day meetings.

Each faculty annually, (using Department funds), is allotted $300 for continuing education (inclusive for the conference, travel, and lodging). Obviously, the fund has not grown to keep pace with the rising costs of conferences. For example, the 2016 annual American Nurses' Association (ANA) conference early bird rate is $599. The conference is held in Florida. http://www.nursingworld.org/MainMenuCategories/Conference/2016-ANA-Conference/Registration .

What happens in practice is that in any given year only a portion of the faculty are able to attend a conference. The department budget for faculty who do not attend a conference is then redistributed to others within the program to attend a conference, either in or out of the area. As funds are depleted, faculty members often pick up conference fees and travel

expenses out of their own pocket. This may add to loss of job satisfaction and / or staff morale. This Fall Term, three full-time faculty used Department funds and Professional and Organizational Development (POD) funds to travel to the NLN Education Summit. This conference is the national conference for nurse educators. While POD funds have been accessed, some faculty report the process challenging.

As a consortium program with OCNE, most PCC nursing faculty attend the state-wide faculty meeting held annually at Lane Community College in May. This is the time the ten community college faculty and the OHSU faculty meet and discuss changes, challenges, and successes for the upcoming year. This is a 2-day event and on the second day there is a keynote speaker, typically focused on some aspect of nursing education. Up until this year, OCNE has had funding to cover the room charge at the hotel for those who stay over. This May PCC will be funding both the mileage and the room rate for faculty who are able to attend. This model of all the colleges and OHSU meeting each year, along with the shared curriculum, is part of the national model in nursing education that OCNE represents.   In addition to the annual meeting faculty can access resources through SAKAI, which is OHSU's learning platform. All PCC faculty full and part-time can access SAKAI to obtain the OCNE agreements related to the curriculum, the intergovernmental agreement between schools, the admission requirement agreements, as well as meeting minutes from all the larger OCNE committee work that informs all consortium schools.

There also is funding for tuition reimbursement that faculty have applied for to further their education. Some FT and PT faculty working toward the completion of advanced degrees use these funds.

1. **Facilities and Academic Support**

    A. **Describe how classroom space, classroom technology, laboratory space, and equipment impact student success.**

        Classroom space is unchanged. Although big classrooms are useful for guest speakers who are only able to present to the nursing student body one time only, the big rooms are not as conducive to small group work.

        Classroom usage is all over the campus rather than in the HT building requiring more time for students to transition from one class to another.

        The large student assemblies are held in both ST100 and ST 108. The contrast in the aesthetics of the rooms is notable. ST 108 needs an update both in acoustics (which are difficult) and in hygienic standards. As it is, this classroom is becoming a barrier to learning.

        The program continues to be in need of additional private spaces for counseling students regarding academic and/or clinical performance. There is one small conference room (that houses four chairs) used for student consultation, small group committee meetings, and proctored exams when needed. The space is often in use. Due to this space constraint, only the most private of conversations with students are given this consideration, with the majority of conversations taking place within the faculty member's cubicle and, even when speaking quietly, within earshot of others.

Restrooms: Appropriately, healthcare facilities focus on hand hygiene, cleanliness, sanitation, and reducing the transfer of organisms. Since this carries over into the maintenance of all restrooms in healthcare facilities, it is unfortunate to have the restrooms of the HT building be in such a dire need of a fresh, sanitary facility. In addition, the designated area for mothers to breast-feed or pump breast milk is located in the woman's restroom on the first floor. The contrast between campus and clinical site learning environments is starkly obvious.

Classroom technology is almost always used for class presentations. Occasionally there are problems with the sound or some other component. The IT department is quick to respond and to send someone to offer help; thus the classroom technology is remarkably reliable considering its heavy use. One interactive Smart Board in the faculty meeting / break room is available. It would be very useful to have this capability in other learning environments as well (classroom, campus lab, and simulation lab).

The program has purchased new wheelchairs for the lab, retiring those that were past their functionality. Lab equipment is recycled beyond reason with the use of donated intravenous (IV) and other pumps; IV bags are refilled with water, etc. The program has started to use new equipment for student testing of skills. This has been added for quality of learning experience and to complement what will be expected of students in the clinical setting. It has also added a significant budgetary expense.

The program has started the use of recording pens (Livescribe) for documenting both meeting minutes and for student note takers to use. This has ensured more consistency with both the note takers and meeting minutes. The note takers minutes are made available for the entire class to benefit.

Five years ago the program had "Study Guides" which contained all the course documents needed for the entire term. These "Study guides" were printed and required for purchase in the PCC bookstore (at approximately $40 each term). With D2L, learning materials are available on-line for the students.

The Nursing Pathophysiology, Pharmacology, and Foundation courses are also using D2L for the administration of exams. Additionally some use of other features, like DROPBOX, eliminate some student cost to print papers and projects.

The electronic discussion board is used for clarification and exploration of content topics.

The simulation lab uses D2L to post all documents the students will be using in lab (rather than handouts given during lab). The result is that students are better prepared and there is improvement in attainment of understanding. This improved performance in the simulation lab is documented by the students' self-assessment as well as faculty feedback.

With OCNE, the program has been using more case-based, experiential learning strategies in the classroom. In addition to the campus lab and simulation lab practice based application of skills, these strategies enforce the critical thinking needed in each content area. As a partner school, faculty have access to a shared repository for learning activities related to case-based teaching known as LARGO.

Program and Admission information is updated on the PCC website to reflect the language from accrediting bodies, such as ACEN and OSBN, as well as current, updated information specific to OCNE partner school requirements.

The program is out of date with industry with the age of the IV pumps, the practice of refilling IV bags with tap water, reusing IV tubing, dressings, and other supplies needed in the nursing skills lab. Students work with outdated equipment and, except for some of the skill testing, students use previously opened "sterile" packages.

B. **Describe how students are using the library or other outside-the-classroom information resources.**

Each section of the course content has required preparation that usually includes reading from required and recommended texts as well as journal articles, and on-line resources. All of the required texts are on reserve at the library for student use. The program also has a close working relationship with the library staff, inviting them to program and course orientations and encouraging students to use the many resources that PCC has to offer. (The bulleted informational items were generously provided by Jen Klaudinyi, the nursing liaison librarian.)

- Collection: There are
  - Over 500 journals related to nursing - access is primarily through online databases
  - More than 10 online databases related to nursing and allied health
  - A copy of each required textbook is held "on reserve" for short-term checkout; some required texts are available freely to students as part of the library's eBook collection
  - Over 820 books in the subject of nursing
  - Over 330 eBooks in the subject of nursing
  - Over 16,000 books related to health and medicine
  - Over 9,400 eBooks related to medicine
- Research Instruction
  - All first year nursing students participate in tailored research sessions led by liaison librarian Jen Klaudinyi. These sessions are designed to help students meet information literacy-related outcomes and integrate evidence-based practices.
- Online support
  - [Nursing-specific research guide](), with resources, tutorials, and more.
  - Like all PCC students, nursing students have access to online chat with librarians, email help, tutorials, citation guidance, and other instructional resources through the library's website.
- Reference and other services
  - Many nursing students utilize the library's research help desk, and ask librarians questions related to finding reliable evidence, incorporating sources into their projects, and citing sources properly.
  - Students also frequently email Jen Klaudinyi, the nursing liaison librarian, directly with research questions.

The program uses both D2L and MyPCC to direct students to other outside-the-classroom resources.

Parallel Support Students give the program resounding appreciation for both the in-program nursing Student Study Skills class (see below) and the Parallel Support faculty-led content specific to test taking strategy sessions. Parallel support group focuses on test taking strategies within the broader view of using critical thinking and discernment when taking NLCEX-RN like questions regarding content currently being studied.

In addition to PCCs resources, the program/faculty also have access to OCNE on-line materials. This includes the SAKAI platform used by OHSU. There is housed the OCNE agreements related to the curriculum, the intergovernmental agreement between schools, the admission requirement agreements, as well as meeting minutes from all the larger OCNE committee work.

C. **Does the SAC have any insights on students' use of Advising, Counseling, Disability Services, Veterans Services, and other important supports for students? Please describe as appropriate.**

The program introduces representative staff from various departments during all program orientations and during the first class orientations for the academic year. They include Counseling, Financial Aid, Child Care, Equity and Inclusion, the Library, Disability Services (via the nursing program PAL), Nursing Student Success, the national Student Nurse Association (SNA), the Women's Resource Center, and Computer Services (via a nursing faculty member).

The program's insights, through open dialogue with these various departments, reveal that students are using these services.

Health Admissions plays a critical role for students entering the nursing program.

The program has a designated Health Admissions Adviser. The Health Admissions office develops advising and admission literature in collaboration with the nursing SAC and Director. Prospective students can attend information sessions offered at various campuses as posted on the website and at the Health Admissions office on the Sylvania campus. Recently, the program is also utilizing the Health Admissions Adviser assigned to Nursing (Melissa Stark) as an in-program advisor, working with staff and the Director to ensure students are meeting graduation requirements in Spring of their second year.

Financial Aid is critical to nursing students' success. The student debt load is remarkably high for nursing students. Students are informed of scholarship opportunities and relevant deadlines, and are encouraged to apply. Emergency funds are also utilized by students in crisis (examples include money for rent, food, or gas; medical care; urgent car repairs to continue to commute to clinical during the early morning hours before bus service). The Nursing Program carves out time for the financial aid staff to provide a group educational session during the last term of the program regarding the loan repayment process. The financial aid staff remains strong advocates for nursing student success and offers help on an on-going basis. The move of the Health Admissions office into the CC building has facilitated ease of communication with Financial Aid. The Nursing Program participates in the selection of scholarship recipients, working directly with the Foundation Office.

Counseling Services is utilized on an on-going basis. Students, faculty, and staff are reminded each term of the services available. Students in crisis are walked over to the counseling center on an individualized basis. Having one specific counselor identified to work with nursing students has been invaluable. The Study Skills course in the first year collaborates with the counseling services center to present a workshop on Managing Test Anxiety.

Student Support Services: The Study Skills course in the first year collaborates with this group to present a workshop on improving focus and comprehension with long reading assignments. The program also stays aware of specific non-native English speaker workshops and self-help activities via the Student Support Services group that are at times very helpful to specific students.

Disability Services is actively involved with nursing students. (See Section 4 B).

Childcare is not utilized as widely as anticipated because the numbers of children Childcare services can accept is limited.

The Library is used as described in section 6B.

The Women's Resource Center is reported to be used by nursing students as reported during faculty advisor/advisee meetings.

Computer Student Help When computer difficulties arise, nursing students report problems to the computer help line.

Professional Organization The program has an active chapter of the Student Nurses Association (SNA). Meetings of the SNA are held monthly for both first and second year students. Activities of the SNA have included arranging for guest speakers from the nursing community; collecting donations for the food bank; soliciting and delivering coats, blankets, and other needed articles for homeless shelters; represented nursing at the state legislature by attending Lobby Day. Through fundraising, supported students attending the National SNA convention each year, and similar activities.

Nursing Student Study Skills Students give the program resounding appreciation for both the in-program nursing Student Study Skills class and the Parallel Support (see above) faculty-led content specific to test taking strategy sessions. The study skills class is led by seasoned faculty leader, Linda Eby, who provides a facilitated guide of how to sort through the volume of material touched on in nursing and how to improve and prioritize studies.

Nursing Student Success Program This program within Nursing is coordinated by Tinah Bazin-Quintana, nurse educator in the first year and student advocate. Ms. Bazin-Quintana teaches the optional Study Skills in Nursing course for first year students. The course includes topics such as adapting study styles to nursing, test success in nursing, the culture of nursing education, how to prioritize study time, predicting test items, working in groups, communication issues, managing anxiety, reading large volumes of information, and topics of interest to current students. Affective learning is gained through journaling on assigned topics about the feelings created by taking on the role of novice students of nursing. The final essay describes each student's strategy developed during the course for nursing success.

For students in the second year, Margaret Sherer, Faculty Department Chair and second year faculty, teaches a course called Parallel Support, a faculty-led test-taking success course. In this course students discuss test questions in nursing with a focus on NCLEX-RN strategy. The subjects each week relate to their curriculum of the week in nursing.

In addition to a success course for each year, the Nursing Student Success Program offers an organized approach for students that are returning to the program after an absence (through course failure or withdrawal). The Independent Study course has students attending the term before they will officially return as full time students, for the purpose of creating a personalized success plan, review of theory content, practice of important lab skills, participate in a clinical simulation case to refresh clinical skills, and practice/review nursing exams. The success of returning students has improved significantly through this course.

Student Success Coordinator hires a peer note-taker, which serves non-native speakers of English and students with learning disabilities, for each year of the program.

As mentioned previously, this program collaborates with both Counseling Services and Student Support Services for test anxiety and reading comprehension workshops tailored to nursing students. The program also provides referral to other departments within the College for individual services.

<u>Veterans' Services.</u> The only exception to robust use of college services has been the use of Veterans' Services. This has been utilized by student veterans but has not been moved to the forefront by annual introduction of this service during Fall Orienation

1. For **Career and Technical Education (CTE) Programs only**. To ensure the curriculum keeps pace with changing employer needs and continues to successfully prepare students to enter a career field:

   A. **Evaluate the impact of the Advisory Committee on curriculum and instructional content methods, and/or outcomes. Please include minutes from the last three Advisory Committee meetings in the appendix.**

   Two years ago, PCC's Nursing Program reached out to the two Portland metro OCNE partner community colleges – Clackamas Community College and Mt. Hood Community College. The request presented was to come together, as OCNE programs, and hold joint Advisory meetings. Many of stakeholders for the programs are the same, and since the three colleges share the same curriculum, the one meeting would help shape all programs, along with using stakeholder time efficiently. The Nursing Advisory Committee (Appendix B) identifies current membership. The three nursing programs continue to work on identifying a system for creating joint agendas and recording minutes, as well as the structure to identify the program responsible for their dissemination.

   B. **Describe current and projected demand and enrollment patterns. Include discussion of any impact this will have on the program.**

   The Nursing Applicant Statistics (Appendix C), provides overview information about the Nursing Program's admission numbers. Since the last program review, the program has had the ability to admit at least 80 applicants into the first year of the program. However, due to the current faculty shortage, the program is anticipating the need to reduce enrollment into the program. Starting in Fall 2016 the program will have seven new

faculty, starting in their first probationary year. This will represent 44% of the faculty needing orientation, mentoring, and support from the experienced faculty who will be responsible for the delivery of quality nursing education to students. Also see Nursing Student and Faculty Demographic Data (Appendix D).

C. **Explain how students are selected and/or prepared (e.g., prerequisites) for program entry.**

The Nursing Program works directly with the Health Admission Office for the review and selection of applicants to enter each Fall Term. Students entering the PCC Nursing Program are co-admitted to OHSU through the OCNE agreement. The admission requirements are identified by our partner agreement as a consortium school. These include what courses are prerequisite to admission, GPA calculations, local criteria points which are points PCC can specifically identify, as well as a proctored essay. The top scoring applicants are offered a seat and are not considered admitted until passing a criminal background check, pass a ten-panel drug screen, submit proof of current immunizations, submit proof of current CPR for Health Care Providers certification, and submit official transcripts and other supporting documents. Upon offer of a seat in the program a $50 seat fee is charged to students, which in non-refundable. If they decide not to enroll into the program after accepting a seat the $50 is retained by PCC. Once attending the nursing program in the Fall, the $50 is applied toward their tuition and fees.

When students are admitted to PCC's Nursing Program they are also identified as an OCNE student which means they are able to transition non-competitively into OHSU's RN-to-BS Completion program for OCNE graduates.

The admission process into PCC's Nursing Program can be reviewed in detail at: https://www.pcc.edu/programs/nursing/admission/

D. **Review job placement data for students over the last five years, including salary information where available. Forecast future employment opportunities for students, including national or state forecasts if appropriate.**

Job Placement Data

Job placement data is most often obtained anecdotally from graduates enthusiastically contacting faculty with the news of passing the NLCEX-RN, asking for a reference for a specific employer, and /or the news of obtaining a job. Soon to graduate students are also told how important their opinions are, even after graduation, and to expect a graduate survey. The program has initiated collecting personal email addresses from the graduating class in hopes of garnering a more robust response rate to the graduate survey regarding their employment status.

The job market for newly graduated nurses was particularly challenging during the past three to five years. The graduates of 2014 and 2015 are finding it a little less arduous to find employment as a nurse in the Portland metro area. A percentage of graduates have followed their personal plan to move out of the area or moved to take a job offered elsewhere.

<u>Salary Information</u>

According to the survey of the Bureau of Labor Statistics, the average annual and per hour registered nurse salary in Oregon was $80,440 and $38.67, respectively, in May 2013. Nurses' median hourly wage was $38.64 (as per the reports of indeed.com, as of October 2014 quoting the Bureau of Labor Statistics). Other figures from the US Department of Labor http://www.bls.gov/oes/current/oes291141.htm/ identify the average RN salary in Oregon as $64,000. While some jobs are non-benefitted, part-time, or on-call work, others offer sign-on bonuses with a specified time commitment to remain at the facility. There seems to be a trend in hiring a generous portion of new graduates in a part-time, on-call, non-benefitted position after the initial orientation period.

Nurses with Master's degrees are paid at even higher rates based on education and experience. This highlights the need for a competitive base salary for faculty hires as an incentive to transition from practice into education.

<u>Forecasting Future Employment Opportunities</u>

According to the Bureau of Labor Statistics' Employment Projections 2012-2022 released in December 2013, Registered Nursing (RN) is listed among the top occupations in terms of job growth through 2022. The RN workforce is expected to grow from 2.71 million in 2012 to 3.24 million in 2022, an increase of 526,800 or 19%. The Bureau also projects the need for 525,000 replacements nurses in the workforce bringing the total number of job openings for nurses due to growth and replacements to 1.05 million by 2022. **http://www.bls.gov/news.release/ecopro.t08.htm**

E.   **Please present data on the number of students completing Degree(s)/Certificate(s) in your program. Analyze any barriers to degree or certificate completion that your students face, and identify common reasons that students may leave before completion.**

Refer to the Appendix E: Nursing Program Completion

Barriers to degree or certificate completion:

Reasons students leave before completion include failure to maintain a "C" in a nursing course or a required support course, or failing to meet a critical element of integrity, accountability, or safety. Sometimes students withdraw when they are struggling academically either in nursing or required support courses. Other common reasons include personal issues such as illness, life events, or a change in career choice.

Barriers to completion often parallel the reasons why students leave before completion: financial, personal, life events, or a change in career choice. For students who leave the program for academic or non-academic reason, there is an option for one reentry opportunity.

F.   **Describe opportunities that exist or are in development for graduates of this program to continue their education in this career area or profession.**

Admitted nursing students have the option of completing a Bachelor's Degree in Nursing at Oregon Health and Science University (OHSU) after successfully completing two years at PCC. PCC also has a formal articulation agreement with Linfield College School of Nursing. In addition to OHSU and Linfield, students have a wide range of on-line RN-BS programs to complete their bachelor's degree; however, programmatically we value the completion at OHSU since it is the last year of PCC's curriculum, as an OCNE partner school. PCC graduates also have the advantage of coming from one of four associate degree nursing programs in the state that holds the ACEN national accreditation.

1. **Recommendations**

    A. **What is the SAC planning to do to improve teaching and learning, student success, and degree or certificate completion?**

    The nursing SAC is planning to:

    Continue to meet on a regular basis to identify program strengths and challenges in implementation of the curriculum and to make changes incrementally or substantively to improve teaching and learning, student success, and program completion.

    Continue to be a full participant in the larger OCNE structure made up of the following committees: Curriculum, Learning Activities, Research and Evaluation and the Coordinating Council. These committees have at least one faculty representative from each of the 10 community colleges, including PCC, and all the OHSU campuses. These committees work to address curriculum drift, and programmatic changes needed to move the consortium forward with the education of nurses to practice in the ever-changing healthcare environment.

    Continue the student-mentoring program, the use of student peer note takers, the study skills class, the parallel support group, and other practices that are meeting the needs of the students.

    Stabilize the Nursing Program faculty staffing by recruiting experienced educators. Inherent in the recruitment effort is the need to offer salaries that are competitive with nursing positions that require a minimum of Master's preparation.

    Provide active mentoring to new faculty with a named mentor as well as ongoing program support of the faculty at large. The program will work with Sylvania's TLC and the Division Dean to create wrap around support for the large group of new faculty, as well as the experienced faculty who will be charged with ensuring that students are receiving quality nursing education during this time of programmatic transition.

    Work strategically with Division, Campus and District leadership, as program planning moves forward with new identified best practices in simulation, as well as the continued work this and other health occupations programs are doing to infuse Interprofessional Education (IPE) into the community college teaching and learning opportunities.

    B. **What support do you need from the administration in order to carry out your planned improvements? For recommendations asking for financial resources, please present them in priority order. Understand that resources are limited and asking is not an assurance of immediate forthcoming support, but making the administration aware of your needs may help them look for outside resources or alternative strategies for support.**

Challenges And Support Needed From Administration (presented in priority order):

Full time permanent faculty positions to replace retirees at competitive job market rates for Master's prepared RNs (ACEN accreditation requirement) and experienced faculty who are at higher salaries due to longevity in job who are looking to transition to PCC.

Administrative and budgetary assistance with maintaining quality nursing education at a time of faculty instability related to the percentage of new probationary faculty vs. experienced, continuous appointment faculty.

Private counseling rooms for faculty conversations with individual students.

Match Assessment Cycles The program would like to be approved for a program assessment of every eight years to match the assessment cycles of both ACEN and the OSBN. (See section 2C iv). This would mean completing the program Review for the College in 2018 and again in 2026. Writing the nursing program review for the College at different times from the program's accrediting bodies is challenging, time consuming, and costly.

Obtain a Learning Model of the Electronic Medical Record (EMR) While EPIC the main acute care hospital EMR is not available in student form, integration of an EMR and the use of such technology as it impacts direct patient care continues to be a need of the Nursing Program.

Develop the SIM Lab to be more representative of a clinical setting. The program is looking forward to an entirely new space for this to occur.

More Computer Lab space in order to proctor online testing via both D2L and ATI.

Consider yearly subscription to American Speechsounds for ESL Students in Nursing/Healthcare to support the non-native speakers in the nursing program. This product would most sensibly be housed with Student Support Services and would be useful to other programs within the division as well as other healthcare programs such as the EMT, CAN, and medical technology programs.

Virtual Reality Clinical Environment: Consider purchase of a product that provides virtual patient interaction via computer that would enhance nursing assessment and patient interactions.

Standardized Patients: Consider how to employ a pool of individual who would be patients in simulated care environment.

Clinical Sites The program continues to struggle to obtain stable clinical sites for the number of students admitted to the program. (Ongoing administrative support with insight and use of community relations remains invaluable.)

CollegeNet does not provide the Nursing Program with the course evaluation information that is needed for program review and to identify needed quality improvement. Currently the Nursing Program must also use Survey Monkey to obtain the aggregate course data needed to make course decisions, and the trended data needed for accreditation purposes. While there has been some activity with the PCC individuals who oversee CollegeNet, no solutions have been identified, and the need for the additional use of Survey Monkey continues to be required.

SUPPORTING DATA

American Association of Colleges of Nursing (AACN)

http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-fact-sheet

AACN re the Nursing Shortage:

http://www.aacn.nche.edu/media-relations/FacultyShortageFS.pdf

American Association of Colleges of Nursing and the Commission on Collegiate Nursing Education (CCNE) http://www.aacn.nche.edu/ccne-accreditation   Does not acknowledge / Omits ADN programs.

American Association of Community Colleges

http://www.aacc.nche.edu/Publications/Briefs/Documents/2011-02PBL_DataDrivenNurses.pdf

ACEN standards

http://www.acenursing.net/manuals/SC2013_ASSOCIATE.pdf

American Nurses' Association (ANA) (the 'mother ship' of nursing)

http://www.nursingworld.org/

American Nurses' Association (ANA) Annual Conference

http://www.nursingworld.org/MainMenuCategories/Conference/2016-ANA-Conference/Registration

ANA Official Position Statements

http://www.nursingworld.org/positionstatements

ANA Professional Standards

http://www.nursingworld.org/nursingstandards

Inside Higher Ed regarding the nursing faculty shortage.

https://www.insidehighered.com/news/2016/01/27/colleges-contend-few-nursing-instructors-and-wait-lists

Institute of Medicine (IOM) December 2015: Assessing Progress on the Institute of Medicine Report The Future of Nursing. Below are the links to the Report-in-brief as well as the report in its' entirety. http://iom.nationalacademies.org/~/media/Files/Report%20Files/2015/AssessingFON_releaseslides/Nursing-Report-in-brief.pdf

This link is for the report in its' entirely. Sign in as guest, then download PDF at no charge.

http://www.nap.edu/catalog/21838/assessing-progress-on-the-institute-of-medicine-report-the-future-of-nursing

National Council of State Boards of Nursing (NCSBN)

https://www.ncsbn.org/index.htm

National League for Nursing (NLN) Faculty Shortage Fact Sheet

http://www.nln.org/docs/default-source/advocacy-public-policy/nurse-faculty-shortage-fact-sheet-pdf.pdf?sfvrsn=0

Oregon Center for Nursing (OCN)

http://oregoncenterfornursing.org/

Oregon Coalition of Associate Degree Programs (OCAP)

Does not have a website.

Oregon Consortium of Nursing Education (OCNE)

http://www.ocne.org/

Oregon Nurses' Association (ONA)

http://www.oregonrn.org/

Oregon State Board of Nursing (OSBN) links regarding:

General RN Licensure Information

http://www.oregon.gov/osbn/pages/rn-lpnlicensure.aspx

OSBN Approved Nursing Programs
https://osbn.oregon.gov/OSBNOnlineReports/default.aspx?ReportName=OregonApprovedNursingPrograms

OSBN Rules for Nursing Programs and Nurse Educators (Faculty) (Oregon Administrative Rules, Division 21)

http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_021.html

US Department of Labor; Bureau of Labor statistics for:

Nurses' Aide http://www.bls.gov/ooh/healthcare/nursing-assistants.htm

Registered Nurses   http://www.bls.gov/oes/current/oes291141.htm

Appendix A: PCC Graduates Transitioning to OHSU for BS Completion

Appendix B: Nursing Advisory Committee

Appendix C: Nursing Applicant Statistics

Appendix D: Nursing Student and Faculty Demographic Data

Appendix E: Nursing Program Completion

Appendix F: NCLEX pass rates/statistics

Appendix G: Graduate Survey Results - Aggregate

Appendix H: Nursing Graduates Transfer Analysis provided by Institutional Effectiveness

Appendix I: PCC Nursing Program Communication Chart

Nursing Core Outcomes Mapping Matrix at

   http://www.pcc.edu/resources/academic/core-outcomes/nur.html

PCC Graduates Transitioning to OHSU for BS Completion				
Graduation Year	**2015**	**2014**	**2013**	**2012**
Number of PCC Graduates	75	65	53	34
Number Transitioning to OHSU for BSN Completion	37	29	11*	23*

From 2011 – 2013 PCC students had the option to transfer out of PCC in the 5th term prior to graduating from PCC – resulting in their primary degree as a BS in Nursing conferred by OHSU (without an Associate Degree) (Appendix A: PCC Graduates Transitioning to OHSU for BS Completion).

This changed for the 2014 graduating class such that the 5th term matriculation option was removed for all OCNE community colleges and from 2014 on students are required to complete and receive an Associate of Applied Science in Nursing and sit successfully for the NLCEX-RN prior to transitioning to OHSU for their RN-BS Completion Program.

Appendix B

NURSING ADVISORY COMMITTEE MEMBERS

This Nursing Advisory Committee is now a joint OCNE Advisory Committee roster with the MHCC and Clackamas and OHSU members too.

NAME	TITLE	INSTITUTION
Bitton, Jana	OCN Executive Director	University of Portland
Brogan, Colin	PCC Student	PCC
Dodson, Carol	Nurse Educator	Clackamas Community College
Evans, Amy	Coord/Business Training & Education Development	Portland Community College Health Care – Climb 114
Griffin, Janie	Nursing Program Director	MHCC
Harris, Greg	PCC Student	PCC
Henry, Deb	Patient Care Service Specialist Clinical Practice	LHS
Hickman, Marilyn	Nursing Education	Tuality Community Hospital
Huston, Christine	Leadership and Education Coordinator	Marquis
Jovanovic, Christy	Director of Nursing Services	Oregon State Hospital
Jantze, Diane	Special/CoopEd/Student/Employment	PCC
Lalich, Margo	Director of School Health Services	MESD School Health
Martin, Lori	Nurse Manager	Oregon State Hospital
McGuire, Marilyn	Nursing Director	PCC
Nielsen, Ann	Assistant Professor & Program Director for Portland Undergraduate (UG) Nursing OHSU School of Nursing Portland Campus	OHSU
Park, Jin	PCC Student	PCC
Salas-Umana, Erica	MPA/Health & Nutrition Services Manager	MHCC
Smith, Angel Ann	Nursing Education Specialist	Tuality Health Care

Snodgrass, Cheryl	Student Nursing Clinical Placement Coordinator	PeaceHealth SW Washington Medical Center
Solis, Patty	Clinical Instructor (Also hold doctoral degree and is a certified nurse manager leader)	PCC
Spencer, Susan	Employer Partnership Coordinator	MHCC
Steger, Jenny	Clinical Educator and Employee Health Nurse	Vibra Specialty

PCC Nursing Department
Advisory Committee
Meeting Minutes

DATE: October 30, 2013 (Wednesday)

PRESENT: Chris Arbuckle, Sarah Morris, Susan Downs, Marilyn McGuire-Sessions, Kathleen Kuba, Sue Spencer, Terry Wynkoop, Kathy Van Beeck, Jarrod Hogue, Ann Nielsen, Peggy Sherer, Doris Rink, Priscilla Loanzon and Janie Griffin.

Recorder: Jan Cromie

Joint OCNE Nursing Advisory Committee Agenda
Portland Community College
Mt. Hood Community College

1. Welcome and Introductions

1. Advisory member updates

1. PCC and MHCC update and report from faculty/students

   1. PCC – OCNE Partner School update
   2. Updates from students
   3. Clinical Placements – Student MAX

1. Q&A Nursing Program and Clinical Partners

I.   Welcome and Introductions – Marilyn McGuire-Sessions
Marilyn shared this is our first attempt in coordinating an advisory meeting for OCNE, Mount Hood Community College (MHCC), Clackamas Community College (CCC) and Portland Community College (PCC). The Nursing Advisory committee usually meets two times a year Fall and Spring.

The Advisory Committee works to inform program members, clinical partners, current students, faculty and other members of the college. An example of this is that the PCC Nursing Advisory Committee was

helpful 4 years ago in the decision to do OCNE or not – practicing another curriculum. The Advisory Committee had a strong voice to shift/change to the OCNE curriculum.

Welcome to the directors of Mount Hood Community College (Janie Griffin) and Clackamas Community College (Sarah Morris) and to Ann Nielsen from OHSU. We are delighted to include everyone and there are some other partners also on the Advisory Board – Oregon State Hospital and SW Washington Medical Center, Vancouver.

II.   **Advisory Member Update**
   A. Janie Griffin – They have members from Legacy, Portland, Marqui and Legacy MHCC.
   B. Sarah Morris – CCC – There are changes coming. They are revitalizing. They use Kaiser Permanente.
   C. Marilyn McGuire-Sessions – They shared the configuration of OCNE at a statewide meeting recently. There is an organizational piece as to how we work together as a group.
      Review – Big OCNE – All Campuses of OHSU
      Co-Chair = CC, OHSU and 8 Community Colleges
      Within Big OCNE a number of segments
            -Coordinating Council
                  -Deans and Directors of OHSU & 8 community colleges
            -Curriculum Committee
                  -Representatives of Educational Institutions
            -Research Evaluation Committee
                  -Representatives
         Learning Activities
                  -Representatives
We are all working together to inform each other. This body here and our partners from the practice setting in Spring can work as a whole to make up the Nursing Advisory Committee.
   D. Sarah Morris – CCC – Currently the students complete 2 years, sit for the NCLEX, and receive their RN. There is a shift expectation as students continue on to the RN/BSN completion to OHSU.
   E. Janie Griffin- OHSU – The students continue with 200, to 300, to 400 level courses. The purpose of the Advisory Board would be able to give OHSU feedback that they would need.
   F. Jarrod Hogue – MHCC – This is a good strategy to be able to hear one another. This is a very smart concept.
   G. Priscilla Loanzon – PCC – Suggested that we should get a member from the Coordinated Care Organization for the Nursing Advisory Board.

III.   **PCC and MHCC Update and Report from Faculty/Students**
   A. Last May PCC reviewed graduation data. The NCLEX pass rates from October 2012 to September 2013 for PCC were at 98%. PCC's faculty have been working very hard. We just had our 2nd graduating OCNE class.
   B. MHCC had a 97% Pass Rate.
   C. The scores are down by 9% across the country.

D. Janie Griffin –MHCC – shared that there are a lot of changes in the hospital setting because of computerized charting. This is where it would be nice for partners to keep us informed.

E. Jarrod Hogue – MHCC – shared there is also a workforce transition and an internal alignment. It would be nice for a realigned person to work with external employers.

F. OHSU put on a workshop for workforce development. They talked about the chronological resume for students. The workshop gave some great tips.

G. Kathleen Kuba also shared that the workshop reviewed behavioral interview questions.

H. A discussion took place about some students not continuing on. They are encouraging the students to enlarge their network. OHSU (hospital) is hiring BSN so continuing on right away could be an advantage. Some of the smaller hospitals are also looking at this.

I. The IOM Report is out in regards to future of nursing. They would like an 80% RN to BSN by 2020. We would like to have a seamless transition to completing the BSN Degree with the same curriculum. Discussion about the leadership should have their Masters.

J. Ann Nielsen – OHSU – They are working together to help students transition successfully. They are having capacity issues as they had 30 students transition last year (early matriculation). This causes a huge impact on OHSU and the community partners. OHSU started Post AAS face to face program this year with 19 students. They are seeing this as a viable option, previously the only option was the virtual program. OHSU is looking for information from all of us as to how the program should look. The messaging/communication of this Post AAS face to face option has not been articulated very well. OHSU wants to continue the Post AAS Face to Face program in the fall, but this does speak to capacity issues.
   a. Priscilla Loanzon asked about the 3 layer approach. To be more expressive.
   b. The smaller hospitals are at the discussion level in regards to ADN/BSN. Tuality preceptors need to have certain skills sets.

K. Marilyn McGuire Sessions – discussion about determining where RNs are working – continues to be a slight majority in the hospital setting therefore hospital clinical education still needing to be robust -

L. Sarah Morris – MHCC – shared that being able to cooperate in a way we never did before will be a great benefit, and using this Advisory Committee as a way to cooperate could positively impact many aspects of all the programs represented.

M. There is still a capacity issue and clinical placement issue. It will be nice to have some cooperation and collorbation.

N. MHCC students are being hired. Students are turning around ability to get jobs by looking at different prospects for jobs, ex: looking into the jails and the students are loving it.

IV. **Updates from Students**
A. Chris Arbuckle – MHCC Graduate – He is going on to his BSN. He is working at the Prov. ST. Vincent's ER. He has given a verbal commitment at this time and will sign a Providence commitment. There is a magnet status for 2018. Fairly reimbursement. He looked at OHSU, Linfield and PSU. He has had 13 years of school. OHSU shared with him that they are interested in having students go to Mammoth and Ashland.

   He was part of the MHCC part time program. Every student from this program is employed except one. There are some ups and downs being part time. There is a lot more didactic and lab time. Long term care fulfilling portion – good Patho.
   The job market is hard for new students – he had 46 denials before he found his job.

Legacy is looking for magnet status. Great Falls University in Montana has an ADN/BSN Program. They are doing their program at a discounted rate and they have reimbursement funds. This program is all virtual. Virtual learning one day a week. A lot of support everywhere.

B. Kathleen Kuba – PCC – When she meets with students she encourages them to get their BSN. Linfield is less expensive than OHSU. Cost is a barrier of completion for the students.

C. Janie Griffin – MHCC – shared that students are shopping around now much more because there is so much on the internet today.

D. Ann Nielsen – OHSU – The main reason to transition is that the requirements of the hospital

is for students to have their BSN and to have it done in 3 years. Also they may be comfortable with the curriculum.

V.   **Clinical Placements – Student Max**

A. Susan Downs – Tuality does not participate in Student Max. They are able to place everyone for Home Health. Peggy Sherer – PCC – does not think this has impacted PCC. PCC has sites both on and off of Student Max.

B. Janie Griffin – MHCC - Student Max has been in transition for the last few years. It is a computerized system to put in for clinical placements and then a coordinator places the clinical sites. Some of the clinical partners on Student Max are Acute Care and Marqui. There are other types of clinical settings that are finding enough adequate placement for all the students.

C. One of the questions that was asked – "Do we decrease numbers and admit less?" or is there enough robust clinical placements for our students.

D. Another thought expressed was clinicals in the summer.

E. OHSU does labs 1 term and does 190 hours of clinical during the summer. This makes it much easier when students have all their skills – not just getting placement but getting into the system.

VI.   **Q&A Nursing Program and Clinical Partners**

A.   Is it in violation to share the curriculum? The curriculum is the same, but spaced out differently. There are a lot of shared outcomes but not a canned curriculum, which lets the instructors use their creativity.

B. There was a Dean and Director's meeting and there was talk that the Division 21 Oregon Administrative Rule on Nursing Education that governs pre-licensure in the state is going to opened and reviewed. This will multiple disciplinary. Anyone in nursing education can be part of that task force.

C. Some of the busy primary care settings could be a great clinical site. Computer training (EPIC) interferes with clinical hours.

D. Tuality has a new CEO that will stay on for several months.

E. Releasing time to care was discussed. Care Oregon has picked this up. Nurses at bedside, how to change on a department level, change volunteers, water, physical therapy, - the negative is it is not hospital wide.

   a. They are using modules to do this – Using Board. Example: Last Fall – patient status at a glance, admission

   b. This concept came from England. You can watch this concept on YouTube. This concept helps with efficiency. It helps to bring in the lean tools,

helps streamlining and strategizing work.
- c. Is this research showing there is more time to care? Can you see how often the nurse is interrupted?
- d. You choose the projects.
  - i. The students are participating and learning. It does require to collect

data

before you make a decision.
- F.   OHSU is also doing releasing time to care. Silverton also does this.
- G.   Chris Arbuckle shared that there is a list of educational modules about waste. The bigger organization wants everything organized. He talked about stewardship.
- H.   Sim Lab – this is the first interaction of due process – gets the fear factor out of the way. It does not bring in some of the sense. High Fidelity models are making big strides. Sim Lab is very beneficial if you can get high fidelity models.
- I.   Every school uses simulation differently, we could look into more uniformity. A suggestion was made that maybe we should involve some of the theater students. High School students have to do community service.
  - i. Clackamas Community College shared that last year they felt free to experiment with their Sim Lab a little bit and they did unfolding scenarios about End of Life. They also received a small grant. Multi-disciplinary set. They are brainstorming all the different things that they can do. CCC will do it both ways.
  - ii. To practice the interaction of the physician would be helpful.
  - Perspective of the physicians. Have physicians come from the community.
- J.   All the changes in technology and delivery care is going to impact the nursing community. Nursing practice is going to have some new frontiers.

VII.   Spring Meeting
- A.   We will plan, invite, get a date on the calendar so that all partners can be a part of the Nursing Advisory Committee.
- B.   Clackamas Community College would love to host.
- C.   Susan Spencer – MHCC- will work on talking to people on the work force.
- D.   The 3 directors, Sarah Morris, Janie Griffin, Marilyn McGuire-Sessions will work together to set the date and time.
- E.   OHSU does not have an Advisory Committee. They are thinking of starting one.
- F.   The meeting will be set for a two hour time slot in Spring at Clackamas Community College.
- G.   Give ideas of potential people who might be able to be part of the Nursing Advisory Committee.

Respectfully submitted,

Jan Cromie
PCC Nursing Program Administrative Assistant

Nursing Department
Advisory Committee
Meeting Minutes

DATE: November 12, 2014 (Wednesday)

PRESENT: Diane Jantze (PCC), Marilyn McGuire-Sessions (PCC) Janie Griffin (MHCC), Mark Wreath (MHCC), Paula Gubrud-Howe (OHSU), Irmgard Jenny Chase (Vibra Specialty Hospital /Clinic Educator; Deb Henry Legacy

Recorder: Janie Griffin

Joint OCNE Nursing Advisory Committee Agenda
Portland Community College
Mt. Hood Community College
Absent: Clackamas Community College

Welcome and Introductions

Advisory member updates

Legacy Health systems: Deb Henry
Offered information on:
·   clinical placements for the schools through the ACEMAPP –studentmax collaborative committee, many request working through this.
·   Versant program – 16 week orientation program new hires with. Applicants go through a vigorous screening and interview to be selected for the new positions. They will be offering a new session to start in February, 2015, very limited numbers will be offered a position (30 ?) out of several hundred applicants.

OHSU – Paula Gubrud-Howe
·   ADN –OCNE grads transitioning to OHSU for BS- 2 options for face to face here on the Portland campus, limited number accepted, 40. Other option is online, full or part time with clinical requirements.
·   OHSU is increasing the numbers in the accelerated BSN program for an additional 16, working collaboratively with the VA for clinical placements for this accelerated cohort.
·   They are also offering 2 different tracks for the Master advanced practice program, Pediatric Nurse Practitioner in Acute Care or Primary Care, limited to 12 and a new track in Geriatric Acute care, 12.

     Vibra Specialty –Acute Medical Rehabilitation Hospital- Irmgard Jenny Chase
·   Providing care and services to wide variety of patients, 75 beds, and usual number is 50 to 60 patients. She is very open to having placements for students, encouraged schools to think outside the box

and strongly consider weekend positions as well as summer. Does provided placements for CNA students, PN and RN students. Feels that have good learning opportunities for students.

· They are not on ACEMAPP, not a member of studentMax. Students as she feels they can provide have great learning opportunities for students.

MHCC Career Pathways-Mark Wreath

· Shared information about purpose of career pathway, entry level health care learning opportunities that may lead to work and possible further advancement. Mt Hood working on several grant application to help cover the career pathways. Will need work force support for some of these grants and work opportunities.

PCC _ Diane Jantze

· Discussed working with nursing students to help them transition from school into the workforce. Helps them with resumes, covers letter and mock job interviews.

Reports from nursing programs:

Marilyn and Janie shared:

· numbers of graduates from each program,
· where our grads are getting jobs,
· discussed greatest challenge, clinical placements difficulty.

Next meeting to will be scheduled for April 29, 2015 at PCC.
Submitted By: Janie Griffin

Joint OCNE Nursing Advisory Committee Minutes
April 29th, 2015 - 2:00 pm – 4:430pm
Sylvania Campus

Welcome and Introductions
A.   Marilyn McGuire welcomed everyone and shared that we are doing a Joint OCNE Community College Advisory Meeting including Mount Hood Community College, Portland Community College Clackamas Community College. Also OHSU who is our consortial partner in the baccalaureate completion piece of the OCNE curriculum. We started this Joint OCNE Nursing Advisory Committee a year ago rather than meeting individually. We have the same curriculum and many of the same clinical partners. Everyone introduced themselves.

1. Marilyn McGuire – Director for PCC's Nursing Program
2. Janie Griffin – MHCC – Dean of Allied Health in Nursing
3. Erica Salas-Umana – MHCC – Head Start – Health & Nutrition Services Manager' works closely with the MHCC nursing students all year.
4. Christine Jovanovic – DNS for Oregon State Hospital
5. AngelAnn Smith – Tuality – Clinical Education Specialist

6. Sue Spencer – MHCC – Employer Partnership Coordinator
7. Jenny Steger – Vibra Specialty Hospital
8. Christine Huston – Marquis Companies
9. Peggy Sherer – 2nd Year PCC Faculty
10. Maurge Dulaney – 2nd Year PCC Faculty – Clinical Placements
11. Ann Nielsen – OHSU – Program Director
12. Cheryl Snodgrass – Peace Health – Clinical Educator – Clinical Placements
13. Diane Jantze – PCC – Jobs and Interns Office
14. Jen Piper – PCC – Dean for Nursing
15. Jan Cromie - PCC

Nursing Program updates
A.   Mount Hood Community College – Janie Griffin – Dean of Allied Health in Nursing
They are in the process of interviews. They had 382 students apply and are taking 67. There will be 7 students returning. They will be interviewing 150 of those students.

There will be taking ½ of the students in the fall and ½ of the students in the winter because of clinical placements.

Thirty students will be finishing this term (spring). 7 of these students are returning this summer. The 7 students did not pass one of their heavy theory classes. These 7 students will finish up at the end of fall term.   The summer group will finish up with 32 students.

MHCC is in budget flex. They are receiving good support from the school.

B.   Clackamas Community College – Sue Bradbury – Nursing Program Administrator (Marilyn McGuire read her report)
The faculty and college have reviewed our nursing department staffing and limited clinical placement concerns and agreed to temporarily decrease the number of new students into the fall 2015 nursing program to 24. We interviewed ~110 students and plan to invite 39 to our new student orientation due to the movement we all know occurs after the acceptance letters go out.

Some background:
We are currently advertising for a Nursing Program Director of Allied Health, and at least one full time (FTF) nurse educator.
We are waiting on one interviewed educator to decide and faculty is planning a second interview for another educator position.
To date, we do not have an applicant for the director position.
Kay Carnegie graciously, mid winter term, took on the role as director (part time) for the remainder of this school year.

Last year we had one FTF retire and another FTF on long term leave retire.
We hired one FTF this fall who is now able to take a full educator load.
I am retiring October 1st, 2015.

Staffing:

5 FTF (one taking a full year sabbatical). We hope to be orientating one possibly 2 FTF in the fall.

We currently have 39 students moving into 2nd year; added to the 24 new students we will have 63 total students.

C. Portland Community College – Marilyn McGuire – Nursing Director
>We had approximately 525 applicants. We sent out 210 invitations to sit for the proctored essay. We had 180 students show and we filled 80 seats in the fall.

There are currently 78 2nd year students who will be graduating in June. This is one of our larger classes to graduate.

Part of our challenge is the retirement of our faculty. We have 1 faculty member retiring this year and three next year. There will be 25 – 30 years of experience leaving.

We continue to work with all the colleges, OSBN and the universities.

PCC – CCC – MHCC OCNE community college partner updates and report from faculty /students
A.   Temporary decrease of students accepted into Fall 2015 Nursing Program
a.   Shared in program updates
B.   Admissions Updates
a.   Shared in program updates

C.   Clinical Placements – StudentMAX and ACEMAPP
>a.   Marilyn McGuire, Peggy Sherer, Janie Griffin – Clinical Placements, our challenges and successes.
>b.   Overview – It has risen to the level of the Oregon State Board of Nursing (OSBN). OSBN has a committee that is the Nursing Education Advisory Group. This group is both practice and education at the table.
>c.   We are creating two surveys 1) education partners in the state and 2 for the identified clinical partners in the state.
>d.   There is a major survey that has been worked on this whole academic year. The data is going to show capacity and need to see.
>e.   The challenge is OSBN has no real data to use to give to a school who wants to start a new nursing program. We don't have any of this language to stop a school from either expanding in numbers in existing schools or from a program that doesn't exist to get approval. This survey work is being done in an attempt to inform us of clinical partners and schools that the data shows what the capacity is and how those numbers do or do not match.
>f.   The survey would help give the OSBN board some "power" to say to existing programs or new programs that there is clinical capacity.
>g.   October is when the survey will come out to all the schools. OSBN has regulation over all the schools. This has been the most challenging survey to work with because they are trying to include days of the week, shifts during the day, how many students, etc.
>h.   PCC, Linfield and another school have volunteered to take the survey this summer as a test run.
>i.   In October during the Deans and Directors Meeting is when the survey will go out with some real information.

j.   The clinical partner survey is less cumbersome and may go out before education survey because there will be less elements.

k.   Janie Griffin – MHCC – One of the hardest issues for the schools is when something happens at the facilities and there has to be change. This makes it difficult because the schools don't have the time to plan for that.

l.   MHCC changed their curriculum flow this year because of clinical placements. Many schools ask for preceptorship spots in the spring. MHCC have some students go to school through the summer (full time) and do their preceptorship in winter. They are hoping this will give this more time and more placements and not put the burden on the hospitals as much. If MHCC cannot get enough preceptor spots, they will have the students do their preceptorship spots ½ in winter and ½ in spring. Their students are aware of this. Students who start in the winter this group would do winter and fall and take the 1st summer off and come back and do fall, winter, spring and summer. This means they would have students all year round. This all comes back to faculty and their contracts. They have two faculty that are full time for the summer.

m.   Lots of schools are looking at different ways to do different things. They try to do what works best for the students, program, facilities and faculty.

n.   It gives us a challenge to get creative.

o.   Clinical placement takes so much time and has become very complex and takes the program's attention from other places they could be working on.

p.   OHSU has some priority placement with the hospital and a strong working relationship. They have changed their approach to community placement and are using a neighborhood model because it was so much work to place the students in more than one agency. The neighborhood approach has been a very successful model. There are challenges as they have to make sure there is faculty in each of the neighborhoods and paying them 4 terms a year. This drives some of their sequencing decisions. It is a balancing act.

q.   The other part is that all the Portland Metro Area schools and clinical partners are using student max which is another level. We are expanding this into a Phase II application. Students will have an additional activity to do in fall. This includes the criminal background check, CPR, immunizations and drug screening. This has the possibility of being a better system once we get further down the road with it. . This will help the information to be stored for clinical placement and have all the information in one place. The student max information is archived This has been a slow process.

D.   Initial Discussion re: PCC and use of CAS Nursing on-line admissions
a. PCC is looking at a preliminary discussion of Nursing CAS (Common
     Application System) for nursing. This is a program that many schools use for nursing application into the nursing program.

b. The student pays a fee and puts all the information that is required for that
     application into the Nursing CAS program and the information is used to
     evaluate applicants in the nursing program. There are advantages and
     disadvantages to the use of Nursing CAS. PCC has not made the decision
     yet whether to use Nursing CAS or not.

c. This is just an application. It stills needs to be evaluated per school
     according to their criteria as to who they will accept. They do not evaluate
     based on our admissions, but all the data is entered there. The data can
     be pulled out by the admissions people. The students can put all their
     documents in one place.

1. Advantages
>   i.   OHSU has been using Nursing CAS. They rolled it out with their accelerated program first.   Nursing CAS is required at OHSU. They working at how to smooth the process with the community colleges.
>   ii. Linfield uses Nursing CAS.
>   iii. PCC Health Admissions has been in contact with Ann Nielsen.
>   iv. Once the input is in the system the information can be sent to different places

by

>   the student.
>   v.   Students now in 2nd year of the program and looking to do the RN-BSN completion are now using the CAS applications.
>   vi. The data is stored in Nursing CAS. Faculty can go right in and record the

essay

>   scores.

2. Disadvantages
>   vii. The cost to students. There is an approximate $45 initial application fee and then $30 for every other application.
>   viii. May share many duplicated applications.
>   ix.   It is quite cumbersome for the student to put everything into the Nursing

CAS.

Advisory Member Updates
A.   Diane Jantze – Special/Cooperative Education/Student Employment – PCC
This is her busiest term as it is closest to graduation. The students come in for resumes, cover letters, mock interviews and other help. Diane works with all the Health Care Programs at PCC. The job market is competitive. The statistics say the market is tight. In the next 2 years there will be many people retiring at Kaiser. Kaiser is planning on fulfilling these positions as Kaiser is planning for future needs.

B.   Cheryl Snodgrass – Clinical Educator - Peace Health
Cheryl uses a showcase that is a 5 minute presentation. She was able to showcase the student nurses. There are 15 nursing schools in the Portland Metro Area. They are having great success with the nursing graduates.

The epic/care connect will have changes coming. The computer system will be changing. They will go live in August and they will not have any students in June, July or August. The nursing "jobs" will change as to how they do things.

Some of those changes will include opening up new units – Cardio Services Unit in-patient in November; Neuro Sciences Unit in September. They will be both medical and surgical. This will also change every other unit and impact all the patients. The change will provide some nice opportunities for students when everything is settled. They will be very adaptable.

C.   Ann Nielsen – OHSU
Students have two ways they can transition. They can transition into the RN to BS virtual program which the theory is online and clinical hours. Face to Face transition option only for students in the first year after graduation from a community college. They can do the exact same classes that our face to face students at OHSU do – 1) Population Based Nursing in fall; 2) Leadership in winter and 3) integrated

practicum in the spring. They are building the face to face program. They had close to 20 students that transitioned and they are hoping between 32 and 40 for next fall. We modified our communication with the students. They talked with the students about their options and answered their questions.

The numbers have increased each year and the face-to-face is a big attraction for the PCC students because they have been in a cohort face-to-face program for 2 intensive years. Virtual is less attractive to them.

OHSU is trying to place students for 2 terms in the same placement for their unit/agency for their leadership and integrated practicum.

The students come with many strengths. They are very well prepared.

OHSU Admission Process – They admit 26 students to the accelerated baccalaureate program. They interview students for the baccalaureate program. They take 40 students. Offers will go out at the end of the week. They did interviews for the first time (group interviews). They had 410 applicants. 250 go to the baccalaureate program. This is way more visible to faculty. The OCNE students are competitive in all the other programs.

Marilyn McGuire shared about going to the essays. There is a lot of movement of students getting multiple offers.

Janie Griffin shared that students apply to a minimum of 3 programs. A question was asked by Margo. Are the majority of the students Oregon residents? The answer is yes. The accelerated baccalaureate students come from out of state.

They use situational interview questions not healthcare questions.

D. Peggy Sherer – 2nd Year Faculty – PCC, FDC
She wanted to share a debt of gratitude to every clinical partner here. Retirement is happening and nursing is shifting.

E. Christine Houston – Marquis Companies
Marquis has opened up 3 new buildings.
-1. Newberg – Post Acute Rehab
-2. Mill Park – Post Acute Rehab
-3. Tualatin – Post Acute Rehab/Assisted Living – This site will have independent cottages that will be privately owned, a community center, a theater and restaurants. They are hiring new nurses right now. Geriatrics and CNA's. There are a lot of people interested in home health. They can work with the students – 2 years of experience in facility. It is a long term residency program. There is also a 3 month residency program. They like to invest in new nurses as then these nurses come back and enter into their leadership. They have a new cohort. They are trying to be more of a hospitality model.

F. Jenny Steger – Clinical Educator – Acute Care – Vibra Specialty Hospital
Vibra is finding it hard to place students. Planning ahead is extremely difficult. The staff loves working and sharing with new students. Vibra has a high population of vented patients and patient safety issues. Vibra's biggest challenge is that it takes longer to get through bigger groups of students.

Students learn med-surg but they don't get to use it until a year later. A suggestion was made to work with the students before they go to the site. Jenny is doing a lot of what a preceptor would do with the students. The nurses on the unit have a higher work load. Janie Griffin shared that maybe Jenny could give the colleges a list of the basic core of expectations (foundation knowledge) of that they need. Jenny is spending approximately 4 hours in SIM and another 2 hours on the computer work.

Ann Nielsen shared that the curriculum is designed for the students to be general listeners. Students need to do extra work.

G. Sue Spencer – Work Force Development – MHCC
They are redoing the advisory manual. CTE's, Career Fairs, promoting grants. Sue anticipates funding will be back in July. Back to Work Oregon.

H. AngelAnn Smith – Tuality Healthcare
AngelAnn is taking over clinical placement. Tuality is hiring educators. The students' process will be changing significantly for Tuality. The process is done on paper.

There will be changes for the senior students – 8 hour completion class with analysis for the senior practicum. The clinical orientation will be the same.

The new grads will meet from 8 a.m. to 4:00 p.m. on the first day and then on 2nd day do computer documentation.

Tuality has a lot of new grads from PSU/OB.

I. Christy Jovanovic – Oregon State Hospital
The Portland/Salem campus is now closed. The closure was a political and legislative decision.

There are 5 units – 3 units operate with philosophical approach and the other 2 units with forensic mentality.

The new campus is now open in Junction City, Oregon. The new campus is fully staffed to fill FTE. Child/Adolescence is all in the same building. They are hiring non-stop. 53 permanent regular faculty and staff. Committed by the legislature. Oregon State Hospital likes hiring new grads.

J. Erica Salas-Umana – MHCC – Headstart – MPA – Health & Nutrition Services Manager
They do heights, weights, and visions. They have nursing students do these activities. The nursing students do a great job. They will continue the partnership. They will also be working with dental. Dental will be going to their sites on a quarterly basis. They are wrapping up the school year and they have 1,000 students to serve.

K. Margo Lalich – MESD – School Health

They do population based nursing. Contract nursing. Complex health care needs. They have many partnerships with many programs including OHSU. Community Health setting – ADEU.

They have caseloads of 2,000 to 3,000 students. There is a lot of delegated care in the school setting. The level of responsibility is significantly autonomy. The nursing student needs to have good assessment skills. The students do not understand licensure care. They are looking at integrating school nursing into programs for LPN's. They are transitioning into using LPN's instead of RN's on one to one.

They are building an elective into options as building in community health care. There is no infrastructure to support school nursing in Oregon. They are asking for a task force, school nursing, and medi-card. They are taking a systematic look. Looking at establishing a state school nursing role. School nurses ae highly trained and educated. There is a high level of acuity.

Margo is serving on the Oregon Senate for Nursing and she is involved with the David Douglas School District. The 1st cohorts for the MPH program at OHSU graduated in 2002. They love having the nursing students. The nursing students do all the hearing and vision screening in the schools. There are 5 case nurse managers. Based school house health care centers. Traditional primary care mode. They actually see very few students.
Multnomah County wants to become more integrated. This looks very different around the state.

They would like to set up a student wellness center using the school nurse at the center of the model. Population based care and mental health.

They have some projects (with stipend) set aside for grad students.

Q&A Nursing Program, Clinical Partners and Others

Fall and Spring Meetings with MHCC and Clackamas.

IPE (Intra Professional Education) vibe with dental/medical imaging and nursing at PCC. A Health Professions Center is being looked into.

MHCC beginning to look at integrated health care. Healthcare is changing.

A lot of conversation about crossing different health occupation programs – and how they can infuse this into other college programs such as dental, oral care and health.

The biggest challenge for all the colleges is coordinating time and where the content falls.

Respectfully submitted
Jan Cromie

2015 Nursing Applicant Statistics **Applicants invited to proctored essay***				
	2015	**2014**	**2013**	**2012**
Applications Received:	517	543	711	824
Average GPA:	3.90	3.93	3.93	3.90
All 45 prerequisite credits complete:	97%	89%	88%	94%
A & P sequence complete:	86%	98%	98%	99%
Prior degree (Associates Degree or higher):	59%	61%	52%	54%
PCC prerequisite points awarded:	66%	71%	71%	68%
No prerequisites taken at PCC:	34%	29%	29%	32%
1-2 Health Care Experience points:	42%	47%	42%	39%
3-6 Health Care Experience points:	45%	40%	40%	41%
No Health Care Experience:	13%	13%	18%	21%

Appendix D

NURSING STUDENT AND FACULTY DEMOGRAPHIC DATA

Data Provided by Institutional Effectiveness

Average age of nursing students = 32

       Based on Fall 2015 students enrolled in subject area "NRS"
       Age:
       24 and younger = 18
       25-29 = 35
       30-39 = 65
       40-49 = 18
       50+ = 5
       Average Age: 32
       (Source: Banner SWRDEMO)

Nursing Faculty in Fall 2015; 29 full and part time faculty
       Age of oldest: 72
       Age of youngest: 33
       Average age: 55

Appendix E

NURSING PROGRAM COMPLETION

Admission Year New Student Numbers	Number of original students who graduated in 2 years	Number of original students who matriculated to OHSU before graduation	Number of original students who stepped back for academic (A) or personal (P) reasons	Of those that stepped back number re-entered and completed successfully the following graduation (3 years vs 2 years to graduate)	Number who re-entered and were not successful in the 2nd attempt	
Admit Fall 2011 70 new students	50 (June 2013)	11	9 (A)	4 (A)	2 (A)	3 (A)
Admit Fall 2012 77 new students	52 (June 2014)	0 (no longer an option)	21 (A) 4 (P)	14 (A)	5 (A)	4 (A) 2 (P)
Admit Fall 2013 79 new students	62 (June 2015)	0	14 (A) 3 (P)	9 (A) are currently in the program working towards graduation June 2016	5 (A)	3 (P)
Admit Fall 2014 76 new students	Graduation will be June 2016	0				

Appendix F

PCC Nursing Program NCLEX-RN Pass Rates				
Portland Community College	**1/1/2015 – 12/31/2-15**	**1/1/2014 – 12/31/2014**	**1/1/2013-12/31/2013**	**1/1/2012-12/31/2012**
	74/72 97.30%	58 94.8%*	53 98.11%*	37 97.30%*

This data is available on OSBN's website, which includes all pass rate information for Oregon pre-licensure programs, both Associate and Baccalaureate program.

http://www.oregon.gov/OSBN/pdfs/passrates.pdf

Appendix G

PCC Nursing Program **Graduate Survey (6-months post-graduation)**				
Graduate years 2011 – 2015 (average N=39 respondents)	Employed 6 months post-graduation from those that responded	If unemployed working on bachelors	Place of employment for those working	Hours worked per week
	72%	50%	70% LTC and other non-hospital settings	32-39 hrs/wk

Appendix H

Nursing Graduates (2013-14)

Headcount:58

Transfer Analysis (2014-15)

Headcount: 44

The FREQ Procedure

CollegeName	Frequency	Percent	Cumulative Frequency	Cumulative Percent
OREGON HEALTH & SCIENCE UNIVERSITY	27	57.45	27	57.45
PORTLAND STATE UNIVERSITY	7	14.89	34	72.34
WESTERN GOVERNORS UNIVERSITY	6	12.77	40	85.11
UNIVERSITY OF TEXAS ARLINGTON	2	4.26	42	89.36
ARIZONA STATE UNIVERSITY	1	2.13	43	91.49
CLARK COLLEGE	1	2.13	44	93.62
EASTERN OREGON UNIVERSITY	1	2.13	45	95.74
GRAND CANYON UNIVERSITY	1	2.13	46	97.87
UNIVERSITY OF WYOMING	1	2.13	47	100.00

CollegeState	Frequency	Percent	Cumulative Frequency	Cumulative Percent
OR	35	74.47	35	74.47
UT	6	12.77	41	87.23
AZ	2	4.26	43	91.49
TX	2	4.26	45	95.74
WA	1	2.13	46	97.87
WY	1	2.13	47	100.00

CollegeYR	Frequency	Percent	Cumulative Frequency	Cumulative Percent
4	46	97.87	46	97.87
2	1	2.13	47	100.00

CollegeType	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Public	40	85.11	40	85.11
Private	7	14.89	47	100.00

C:\Users\aeggebrecht\Documents\My SAS Files_9.4\NURS_Grad_Transfer

SAC - "Subject Area Curriculum"

Faculty Organization

SAC Chair:

Juanita/Maurge

SAC is responsible for curriculum decisions regarding: Theory, Clinical, Lab, Simulation

Nursing Program Director

Marilyn McGuire

Faculty Department Chair *Peggy Sherer*

Part-time Lab and Clinical Faculty

Student Max Clinicial Placement Grid

1ST Year Coordinator

Amber Martin

Skills Lab Facilitator ***Colleen Caraher***

NRS 110

NRS 111
NRS 230
NRS 232

NRS 112
NRS 231
NRS 233

2nd Year Coordinator Maurge Dulaney

Simulation Coordinator ***Doris Rink***

NRS 221

NRS 222

NRS 224