College: Kauai Community College  
Program: Nursing  
The last comprehensive review for this program was on 2014, and can be viewed at: 
http://www.hawaii.edu/offices/cc/arpd/index.php

Program Description

The Kauai Community College Nursing Program is built around the career ladder concept. The faculty believe that all levels of nursing are important and contribute to the health care system in diverse and meaningful ways. The faculty also believe that our diverse student population requires many user-friendly entry and exit points in pursuing a nursing career and that there should be academic and career recognition and opportunity at each level. Accordingly, the faculty is committed to providing an educational system that meets these goals through a career ladder that prepares the student for LPN licensure, RN licensure, and seamless transfer into BSN education and beyond.

The mission of Kaua‘i Community College Career Ladder Nursing Program is to provide access for the people of Kaua‘i to quality nursing education within a caring environment. Our goal is to prepare nurses who can successfully practice in a 21st Century health care environment and are prepared to progress upward through the career ladder.

Part I. Quantitative Indicators

<table>
<thead>
<tr>
<th>Demand Indicators</th>
<th>Program Year</th>
<th>Demand Health Call</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-13</td>
<td>13-14</td>
</tr>
<tr>
<td>New &amp; Replacement Positions (State)</td>
<td>446</td>
<td>414</td>
</tr>
<tr>
<td>New &amp; Replacement Positions (County Prorated)</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Number of Majors</td>
<td>62</td>
<td>64</td>
</tr>
<tr>
<td>Number of Majors Native Hawaiian</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Fall Full-Time</td>
<td>61%</td>
<td>54%</td>
</tr>
<tr>
<td>Fall Part-Time</td>
<td>39%</td>
<td>46%</td>
</tr>
<tr>
<td>Fall Part-Time who are Full-Time in System</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Overall Program Health: Cautionary  
Majors Included: NURS, PRCN  
Program CIP: 51.3801  
Demand Health Call  
Unhealthy
### Efficiency Indicators

<table>
<thead>
<tr>
<th>Efficiency Indicators</th>
<th>Program Year</th>
<th>Efficiency Health Call</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12-13</td>
<td>13-14</td>
</tr>
<tr>
<td>Average Class Size</td>
<td>19.5</td>
<td>19</td>
</tr>
<tr>
<td>*Fill Rate</td>
<td>82.1%</td>
<td>81.4%</td>
</tr>
<tr>
<td>FTE BOR Appointed Faculty</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>*Majors to FTE BOR Appointed Faculty</td>
<td>5.5</td>
<td>5.2</td>
</tr>
<tr>
<td>Majors to Analytic FTE Faculty</td>
<td>19.8</td>
<td>22.3</td>
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<tr>
<td>Analytic FTE Faculty</td>
<td>3.1</td>
<td>2.9</td>
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<td>Overall Program Budget Allocation</td>
<td>$1,409,459</td>
<td>$1,161,106</td>
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<tr>
<td>General Funded Budget Allocation</td>
<td>$1,368,389</td>
<td>$1,042,817</td>
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<tr>
<td>Special/Federal Budget Allocation</td>
<td>$0</td>
<td>$51,200</td>
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<tr>
<td>Tuition and Fees</td>
<td>$41,070</td>
<td>$67,089</td>
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<tr>
<td>Cost per SSH</td>
<td>$814</td>
<td>$751</td>
</tr>
<tr>
<td>Number of Low-Enrolled (&lt;10) Classes</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

*Data element used in health call calculation"
**Part II. Analysis of the Program**

The Health Call for Demand is Unhealthy due to the number of majors and the new and replacement positions only being 18. It is important to note that there were however only 21 graduates from the Nursing Program in May 2015.

The Efficiency Health Call is Cautionary. This is due to our fill rate at 77.7% which is considered healthy but The Majors to FTE BOR appointed Faculty is relatively low at 4.1%. It is important to note here that many of our nursing faculty also have reassigned duties. In the year 2014-2015, we had two faculty members who were not involved in the instruction of nursing students, one was our division chair who also runs our Campus Wellness Center and the other full time faculty member is teaching in the Medical Assisting Program and not in Nursing. We also had a faculty member who was out on sabbatical the Fall 2014 semester. Also the majority of our faculty our 9 month faculty. We reduced 2 11 month faculty down to 9 months. We also lost 2 full time faculty, 1 11 month and 1 9 month at the end of the Fall 2014 semester and we are not filling those positions. The efficiency data also does not take into consideration the low faculty-student ratio as mandated by the Hawaii State Board of Nursing and the National League of Nursing.

The Health Call for Effectiveness is also healthy in all areas and we have a sufficient percentage of Persistence from Fall to Spring at 77.3%.

The overall score for the health of our program was Healthy.

The goal for student placement in the program was not met. The 4P1 Student Placement goal for 2013-14 was 68.92 while actual was 64.29.

4P1. Student placement and students abilities to find jobs after school continues to be problematic on our island. Some students are going to the mainland to find work but there are others who are working as Licensed Practical
Nurses or Certified Nursing Assistants. We are continuing to work with employers to help resolve this issue. One of the issues is that the local hospitals prefer new hires to have a least one year experience in nursing which can prove difficult for new graduates. We are utilizing more specialty sites for student preceptoring in hopes that the students will get to know their employer through this process and have an increased chance of getting hired. With our Spring 2015 graduate we were able to preceptor students in the emergency room, same day surgery and hospice. Our 2014 graduate who preceptored with Hospice was hired by them and is working for them now full time. In 2016 we have plans to also increase our outpatient clinical site placements as students are often hired in the outpatient setting first. We have met with those facilities and plans are in place to increase these placements for Fall 2016. We are hoping this will help with meeting this goal.

The Goal for Nontraditional Participation was not met this year. The 5P1 goal for Nontraditional Participation was not met. The 5P1 goal for 2014-2015 was 17.50 while actual was 14.49.

We continue to reach out to our nontraditional students through our Men in Nursing Program. I think we will see an improvement of these numbers for the 2015-16 academic year as 3 out of the 7 returning LPN’s for second level were male adding to the already 5 that continued on from first year. So there are 8 out of 25 or 32% of students are male in second level. 19% of our graduates for May 2015 were male.

The Goal for Nontraditional Completion was also not met for 2013-2014. The 5P2 Student Completion goal for 2013-14 was 16.00 while the actual was 12.07.

We are seeing some difficulties in our non-traditional students in regards to persistence through the program. We are looking at admission requirements in order to make sure the students we accept into our program can meet the demanding rigors of a nursing program. We have also brought in a standardized testing company called ATI or Assessment Technologies Institute that works with students and helps to provide support and mediation in order to strengthen test taking skills. This company provides modules and practice tests providing education on test taking strategies. We also have continued tutoring services for our students. Strong second level students reach out and provide tutoring supports to our first level students where persistence is a bigger concern than in second level.

Part III. Action Plan

Outcomes from 2014 Action Plan

Action Item 1: Outreach to non-traditional students

Men in Nursing:

Enrollment of males in the program was 18% male in 2011, 22% in 2012, and 14% in 2013 and 21.4% in 2014 and 26% in 2015 which demonstrates a large increase. The enrollment in the nursing program by male students remains less than the percentage of males in our community. The action plan for 2013 was to engage in outreach to male students.

Outreach by faculty, counseling, and the program director was done through career fairs at local high schools and the annual KCC career fair hosted by OCET. We are also working more closely with the high schools and their Health
Academies in order to recruit more non-traditional students. Last year we had a number of interactions with the health academies from all three public high schools on island and also participated in a day of workshops for the teachers of the health academies. Nursing faculty are also teaching Medical Terminology for both Kapaa and Kauai High School as part of their Early College Program. A large conference on Men in Nursing was held in the Spring 2014 and was well attended.

*Native Hawaiian enrollment in nursing:*

The Nursing Program Director as well as nursing faculty and the nursing counselor have participated in Waialeale program orientations for health care careers as well as pre-nursing orientations. The number of Native Hawaiian students has increased in nursing to 26% in 2013 and 27% in 2014. In 2015 our Native Hawaiian enrollment was at 20%. I anticipate greater increases in nursing as these students progress toward their educational goals and develop greater self-efficacy in pursuing advanced degrees.

**Action Item 2: NCLEX pass rate.**

In 2012 KCC nursing made some changes in regards to curriculum and became a part of the UH consortium in order to help streamline the progression of education from ADN to BSN. At this same time, Kauai Community College lowered the admission GPA from 2.75 to 2.5, the lowest in the consortium and also changed some of the admission requirements making it easier to get into the nursing program here at KCC. In 2013 the admission requirements were again changed allowing for a larger percentage of first applied (whoever gets their application in first) and lowering the amount of best qualified (those with higher GPA's). Initially this percentage was 25% first applied and 75% best qualified. This was changed to 25% best qualified and 75% first applied. As a result we have seen a large decrease in our persistence from Fall to Spring which is reflected in our Numbers. We decreased from having persistence rates in the 90's in 2012 and 2013 to a persistence rate of 77.3, in 2014.

A change in leadership occurred and in September of 2014 I became Nursing Program Director and began to take a close look at our data of lowered pass rates and persistence levels. In analyzing our data, I along with nursing faculty felt that these admission requirement changes have been a big reason for not only our issues with retention and persistence but also a reason for our lower NCLEX first-time pass rates. Last year we began looking at changes in order to tighten and strengthen our admission requirements. This Fall 2015 we submitted a new PAR in regards to changes in our admission requirements along with changes in the sequencing of our courses. The changes we submitted were that our GPA would be raised to once again 2.75, initiating a TEAS test and scoring our candidates according to a rubric (approved by faculty) in order to better qualify and accept those students who will be able to withstand and succeed in the rigor of a nursing program. This should ultimately not only increase our first time pass rates on NCLEX but also our persistence rates from Fall to Spring. These changes, due to the curriculum approval process and an already existing waitlist will not take place until the Fall 2017 cohort. In order to provide the needed supports to students we also initiated incorporating an outside standardized testing company called ATI. We began working with them with our Second Level RN students in the recent 2015 graduating class in order to help with our NCLEX
first-time pass rates. We invested in a program for all the second year students which provided a Capstone Review course during their last semester before graduation. After graduating the KCC Nursing Program paid for continued supports with this same company with the initiation of another review course which provides supports and coaching after graduation up until the student sits for their NCLEX exam. The pass rates for these students have improved and we are cautiously optimistic that we will be able to meet our benchmarks this year of 85% NCLEX first-time pass rates. With 6 students left to take the exam we are currently at 87%, which is a significant improvement over our RN NCLEX 2014 first-time pass rate of 56%.

We now have incorporated ATI, the standardized testing program into our curriculum with our 2015 first year cohort along with our 2nd year 2013 cohort which provides support and remediation for students throughout their studies here at Kauai Community College. So far this semester, this has not only provided great academic supports, but with a standardized test given to the students at the end of each of the large subject areas mapped to NCLEX it will allow us to better evaluate the effectiveness of our curriculum and review it for strengthen weaknesses based on the results of the students scores.

In addition to these changes we have also had a number of curriculum mapping workshops and have also worked with others in the UH consortium to collaborate on ideas to strengthen not only our curriculum but the consortium curriculum.

As a result of this, in our new PAR we are also proposing changes to the sequencing of our courses. Pharmacology is one of the largest sections on the NCLEX exam. In examining the data from our standardized testing, we were able to identify pharmacology as a weakness. This was also mentioned in last years APRU with the changing of our PHARM 203 course taught outside our campus, online by a pharmacist, to instruction being provided by our campus with a Nurse Practitioner and the course itself is now called NURS 203. NURS 203 was taught for the first time in the Spring 2015. Kauai Community College, along with the UH consortium identified the need to include NURS 203 as a co-requisite to our NURS 220 course taught in the second semester of a student’s first year as it was felt the student is better prepared to succeed in the rigors of such a course having had a base first in Pathophysiology along with their first semester of nursing. In order to accommodate increasing the amount of credits in the Nursing Program, nursing faculty decided to move NURS 212 or Pathophysiology, also a 3 credit course outside of the program as a pre-requisite.

**Action Item 3: Employment after graduation.**

Currently we are meeting our outcome of 75% of students employed as an RN or pursuing RN-BSN. Our current post-graduate RN employment data indicate that 13 (52%) have RN positions, 6 (24%) are pursuing an RN-BSN education. Thus the current rate is 76% (19 students). This indicates that the majority of graduates who have successfully passed their RN NCLEX Board exam have RN positions within our community, state or nation. The remaining few who have passed their RN, have just recently passed on their second attempt at the NCLEX RN boards and are employed as LPNs and/or waiting for an RN position at their current health care employment agency. A few graduates, who have passed their RN board exams are still employed as LPNs by choice due to being employed at agencies (such as State agencies) and have acquired years of service and other benefits and wish to stay with the agency and choose to wait for an RN position. These students are not desiring an RN position until one materializes at their current employment. Other graduates who are working as LPNs or CNAs and other healthcare fields have yet to
retake their NCLEX Board Exam as they have not passed or received licensure for an RN position. Only one graduate we are unaware of their whereabouts or employment and we are attempting to reach her and verify her employment status. Data collection on this cohort continues until May 2015, or one year after graduation. Thus, the current RN employment rate is expected to increase as graduates who have failed their first attempt are now passing on their second attempt.

Not all 2015 graduates have sat for their NCLEX exam but of current May 2015 graduates, out of the 13 that have passed, 5 of them have full time employment and 5 of the current graduates are pursuing their BSN, one online and 4 through the UH consortium.

A trend by hospitals to hire baccalaureate prepared nurses (BSN) is not shown in the health call. For many states, having your BSN, or bachelors in nursing in order to work in an acute care hospital is the law. The American Nurses Association (ANA), National League of Nurses (NLN) and the Institute of Medicine (IOM) all call for 80% of nurses to be BSN prepared by 2020. Hawaii Pacific Health is moving toward hiring only BSN nurses, and Queens Medical Center just obtained their Magnet Status which means they will only be hiring Bachelor's prepared nurses. Currently, Hawaii Health System continues to hire associate degree RNs and certificate prepared Licensed Practical Nurses, as do skilled nursing facilities throughout the state. To meet this challenge the KCC nursing program joined the Hawaii State Nursing Consortium in 2006 and in 2010 enrolled the first cohort of students in a curriculum designed to not only grant an associate of science in nursing but also provide a seamless path to the BSN through the UH Outreach College while remaining on Kauai. We will also continue to work with and establish relationships with employers by having our twice yearly Nursing Advisory meetings where we meet and talk with employers from around the island on the status of employment opportunities for our new graduates. We will also continue to maintain relationships with employers on the island by having our students do clinical placements at these sites. This increased interaction with our students should help with making employers more aware of the skills of our graduates. For example, Hospice is not able to take all of our students through a clinical rotation but in 2014 Tracy Stogner working with this employer was able to have students with an interest in Hospice nursing work shifts under the direction of the Hospice nurse during their preceptorship. Hospice went on to hire this student after graduation. In the Spring 2015 this opportunity to preceptor in specialty areas was increased and we had students preceptoring in emergency room, day surgery and again in Hospice. We are hopeful these clinical placements will again allow job opportunities for these students.

**Nursing Program Goals**

Goal 1: The graduating class will reflect the multicultural mix of Kaua`i.

Goal 2: Eighty-five percent (85%) of graduating associate degree nursing students will pass the NCLEX-RN on the first try.

Goal 3: Seventy-five percent (75%) of the graduates desiring employment as an RN will be employed as an RN and/or enrolled in a RN-BSN program within one year of graduation.

Goal 4: The graduating class will be comprised of generic students and at least 10% returning LPN’s.

Goal 5: Eighty percent (80%) of students enrolled in NURS 210 within 15 days of the beginning of the semester will complete the Certificate of Achievement as a Practical
Nurse within 2 academic years.
Goal 6: Sixty percent (60%) of students enrolled in Nursing 210 within 15 days of the beginning of the semester will complete the Associate Degree within 5 academic years.
Goal 7: Nursing faculty and students will agree 100% that the program supports professional and personal growth, respect for self and others, and physical and emotional safety.

<table>
<thead>
<tr>
<th>Goal Alignment UH System Goals, Kaua‘i Community College Goals, and Strategic Goals</th>
<th>Program Goals</th>
</tr>
</thead>
</table>
| H Goal 1: Educational Effectiveness and Student Success  
  KCC Goal 1: Access &  
  KCC Goal 2: Learning and Teaching  
  Strategic Goals: Student Recruitment, Retention and Success of All Students and Particularly  
  • Native Hawaiian students  
  • Increase success of Remedial/Developmental Students, focusing particularly on reading  
  • Non-traditional Students in Career and Technical Programs  
  • Increased Completion of Degrees, Certificates, and Licensure  
  • Increase outreach to k-12 to improve college preparation and to ensure that students are aware of specific opportunities that KCC provides, recognizing that outreach must not be limited to high schools  
  Relevant Curriculum Development  
  • Sustainability/Green Jobs/Effectiveness and Sustainability of the KCC environment  
  • Health and/or Safety Issues  
  • DOE-KCC English Alignment  
  • Improve the quality of distance education by addressing student readiness, the course development process, diversity of offerings, assessment and delivery methods (mobile learning)  
  • Increase overall retention and persistence to graduation or transfer (identify goals and track by disaggregated groups), with an additional focus on STEM degrees and certificates  
  • Improve the facilitation of integrative/critical thinking  | Goal 1: (see above)  
- Evaluate program for barriers to non-traditional students (e.g. male, Hawai‘ian/Pacific Islander) and re-envision to eliminate barriers.  
- Continued outreach to work with Health academies in the high schools. Coordination with high schools to provide Health classes on the high school campus to develop Health Science pathway.  
- Place Health Academy participation on the new admissions rubric to assist our local students and increase access.  

Goal 2:  
- Incorporate Assessment Technologies Institute (ATI) into the entire nursing curriculum.  
- Provide tutoring supports using available faculty on test taking strategies and also continued collaboration with successful second year students working with first years to provide tutoring.  
- Faculty evaluation of curriculum
<table>
<thead>
<tr>
<th>thinking in courses</th>
<th>and student performance by reviewing standardized testing results through on main subjects mapped to NCLEX. Also complete curriculum mapping started in the Spring of 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of</td>
<td>- Continue to work closely with UH consortium in making recommendations and incorporating changes to make curriculum stronger and increase NCLEX pass rates. Particularly increasing instruction on Nursing Fundamentals.</td>
</tr>
<tr>
<td>Course and Program Student Learning Outcomes (SLOs)</td>
<td></td>
</tr>
<tr>
<td>Course Action Forms (CAFs)</td>
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<tr>
<td>Assessment Activities and Analysis</td>
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</table>

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<thead>
<tr>
<th>UH Goal 2: A Learning, Research and Service Network</th>
</tr>
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<thead>
<tr>
<th>KCC Goal 3: Workforce Development &amp; KCC Goal 5: Community Development</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Strategic Goals: Increased Job Placement and/or Performance through</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Revised or New Curriculum</td>
</tr>
<tr>
<td>- Better Coordination with Business and Industry</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 3: Support service learning in the community through student clinical experiences, collaboration with clinical agencies (e.g. Malama Pono, Kauai Medical Clinic outpatient and Ho'ola Lahui Hawai'i. Utilize more outpatient clinical placements in the community in order to help and assist with job placement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Increase specialty placements during the RN students last semester in the precepting experience in order to help and assist with job placement.</td>
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<tr>
<th>Collaborate with 4-year schools to improve/maintain a seamless path for ADN-BSN completion, increasing job options for graduates. Track and respond to job placement data from graduates at the LPN, RN level.</th>
</tr>
</thead>
</table>
| UH Goal 3: A Model Local, Regional and Global University | Goal 6:  
Fall 2015: Submit PAR changes and recommendations to strengthen admission requirements in order to increase rates of persistence. |
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<tbody>
<tr>
<td>KCC Goal 6 Diversity</td>
<td></td>
</tr>
</tbody>
</table>
Strategic Goals:  
- Fostering Global Understanding and Intercultural Competence  
- Increased Enrollment and Success of International Students |
| UH Goal 4: Investment in Faculty, Staff, Students and Their Environment | Goal 1:  
Provide cultural grounding based on Hawaii as a unique cultural and physical environment  
Continue outreach to nursing programs in Japan and other countries for educational exchange. |
| KCC Goal 4: Personal Development |  
Strategic Goals:  
- Professional Development Directed to Any of the Above Goals  
- Enriching Student Experience, Particularly Directed to Any of the Above Goals  
- Increasing the Efficiency, Effectiveness and Sustainability of the KCC Environment |

Continue with twice yearly Nursing Advisory Meetings to strengthen relationships with employers and explore more employment opportunities for new graduates.

Goal 6:
Fall 2015: Submit PAR changes and recommendations to strengthen admission requirements in order to increase rates of persistence.

KCC Goal 6 Diversity

Strategic Goals:
- Fostering Global Understanding and Intercultural Competence
- Increased Enrollment and Success of International Students

UH Goal 3: A Model Local, Regional and Global University

UH Goal 4: Investment in Faculty, Staff, Students and Their Environment

KCC Goal 4: Personal Development

Goal 1:
Provide cultural grounding based on Hawaii as a unique cultural and physical environment
Continue outreach to nursing programs in Japan and other countries for educational exchange.

Goal 1, 2, 3, 7: Encourage all nursing faculty to pursue certification as Certified Nurse Educator (CNE)
Support faculty pursuing post-graduate degrees (PhD, DNP, DPH).
Professional Development for faculty in test writing strategies to strengthen our NCLEX pass rates. Provide training for faculty in implementation of ATI into the curriculum.
- Encourage faculty attendance to accrediting conferences in the Spring of 2016.

**Goal 7:** Support campus efforts to develop on campus housing, promote campus life.
Continue to provide services through the Campus Wellness Center to meet the health needs on campus.

<table>
<thead>
<tr>
<th>Program Goal &amp; Campus Strategic Priority or Goal</th>
<th>Action Item</th>
<th>Resources Needed</th>
<th>Person(s) Responsible</th>
<th>Timeline</th>
<th>Indicator of Improvement</th>
<th>PLO</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Program Goal: 1 KCC Goal: 1 &amp; 2 &amp; 6 UH Goal: 1</td>
<td>Outreach for non-traditional students. Men in Nursing</td>
<td>Continued collaboration with local high schools.</td>
<td>Program Coordinator Nursing Faculty and Cherie Mooy</td>
<td>2015-16</td>
<td>Increased enrollment of males and non-traditional students in the Nursing Program</td>
<td>2, 3, 5, 7</td>
<td>In progress</td>
</tr>
<tr>
<td>Program Goal: 2 KCC Goal: 2 Strategic goal: Increased completion of Degrees, Certificates, and Licensure</td>
<td>Use of an outside review course through Assessment Technologies Institute (ATI) along with KCC review course</td>
<td>Nursing Faculty 2 credits for review course and purchase of ATI review course</td>
<td>Program Coordinator and Tammie Napoleon</td>
<td>Spr. 2015</td>
<td>Meeting goal of 85% pass rate on the NCLEX</td>
<td>1-8</td>
<td>In progress met/maintain</td>
</tr>
</tbody>
</table>
| Program Goal: 2  
KCC Goal: 2  
Strategic goal: Increased completion of Degrees, Certificates, and Licensure | Incorporate ATI into nursing curriculum for support and remediation. | Nursing Faculty Training by ATI | Program Coordinator and Nursing Faculty | Fall 2015 | Meeting goal of 85% pass rate on the NCLEX and strengthen student proficiency | 1-8 | In study |
| Program Goal: 2, 5 and 6  
KCC Goal: 2  
Strategic goal: Increased completion of Degrees, Certificates, and Licensure | Remediation on tests by faculty. Test Taking Strategies using ATI. Tutoring for low performing students in first level courses using high performing second level students. | Tutoring resources | Nursing Faculty | Fall 2015 | 85% Pass rate on NCLEX 80% of students enrolled in NURS 210 will complete the Cert of achievement as an LPN withing 2 academic years and 60% of students will complete their AD within 5 academic years. | 1-8 | In study |
| Program Goal: 2 and 7  
KCC Goal: 4  
UH Goal: 4 | Professional Development for faculty to attend ACEN conference to help with upcoming accreditation. | Money for Travel | Accreditation chair and Nursing Program Coordinator and Assigned Faculty | Spring 2016 | 85% Pass rate on NCLEX Nursing Faculty will agree 100% that program supports professional and personal growth. | In progress |
| Program Goal 3  
KCC Goal 3,5  
UH Goal 2: | Continue to work with agencies and develop partnerships and clinical affiliations with those that have opportunities for future employment. 
Review affiliations to evaluate effectiveness and hiring trends every five years. | Clinical Agencies | Program Coordinator | Spring 2016 Fall 2017 | Affiliation agencies will hire nursing graduates as job openings occur in order to meet the goal of 75% of graduates desiring employment as an RN will be employed. 
Meeting Perkins Core Indicator Goal 4P1 | 5,6,7 | In progress and have developed relationships with Malama Pono Health Services as well as Hospice specialty preceptorships for students interested in Hospice Nursing and KMC outpatient clinics |
| --- | --- | --- | --- | --- | --- | --- |
| Program Goal 4:  
KCC Goal: 1&2  
UH Goal: 1 | Continue to evaluate relevance of goal in light of decreasing LPN step out numbers, increasing need to focus on RN-BSN track | Faculty Discussion | Program Coordinator, Nursing Faculty | Spring 2016 | Increased participation of LPN's returning to RN program. At least 10% of graduating class. | 1-6 | In study Met maintain |
| Program Goal 5: | Same as above for Program goal 4 | Faculty Discussion | Program coordinator and Nursing Faculty | Spring 2016 | 80% of students enrolled in N210 within 15 days of the beginning of the semester will complete their CA as a PN within 2 | 1-6 | In study |
Part IV. Resource Implications

Priority 1: Money for Staff Professional Development. Cost $3000
Money for 2 faculty to attend a test writing professional development course
Money for 2 faculty to attend an ACEN accreditation conference

Priority 2: Funding to Support incorporation of National Testing Support Services into our Nursing Program and also curriculum review to make sure we are mapped to NCLEX: Cost $4400.00
Money for testing support services for students along with NCLEX preparation and a Curriculum evaluation.

Priority 3: Electronic Health Record laptop and Barcoding System. Cost $1500+&800=$2300
Rolling or wall mount computer station, with software to run (Elsevier Sim-chart or equivalent) for realistic clinical simulation with charting on clients
Barcoding system. Cost $800
For computerized charting and medication documentation. Includes software, barcode printer and scanner

Priority 1: Purchase of a new Adult Simulation Mannequin Cost $96,204
This is a large purchase yet very necessary for our Nursing Program. Simulation is a large part of our curriculum and training of nursing students and counts toward the required number of clinical hours for the state board of nursing. Simulation has shown to increase competency of patient care and is a good place to make mistakes before providing patient care to real patients in the hospital setting. This piece of equipment is crucial to students learning. At this time our model is due to expire in April 2016. Once the model expires, we will not longer be able to get the mannequin fixed should it break down. If it breaks down after April 2016 we will not longer be able to get it fixed and our program will be without an adult simulation mannequin. The company Laerdal that provides these mannequins does offer payment plans so we would not be required to pay the entire cost at one time.

QTY PRODUCT DESCRIPTION LIST PRICE UNIT PRICE EXTENDED PRICE
1 212-02001SimMan 3G Manikin and Accessories $70,125.00 Includes SimMan 3G Manikin, LLEAP License,
Drug Recognition Kit, USB Headset/Microphone, SpO2 Probe, Keyboard and Mouse, Consumables, Clothing, Soft Sided Carry Case, 1 Year Manufacturer's Warranty.

1 400-10201 Laptop LLEAP Instructor - Patient Monitor $1,957.00 DELL E5440 Laptop

1 400-29301 All-In-One Panel PC (US) Instructor - Pa $3,090.00 HP AiO 23" Monitor

1 400-96050 USB HD Web Cam $180.25

1 212-LL51200 Intro to SimMan 3G Course LLEAP, 2 Conse $4,320.00

2 consecutive day educational session with a Laerdal Educational Representative at the customer site for up to 8 people.

1 212-VPLUSP2 SimMan 3G ValuePlus Platinum (2 yr) $14,835.00 Includes Installation, Extended Warranty through Year 2, Preventative Maintenance On-Site and Loaner.

ITEM TOTAL: $94,507.25
ESTIMATED TAX: $0.00
SHIPPING & HANDLING: $1,697.36
TOTAL: $96,204.61

Program Student Learning Outcomes

For the 2014-2015 program year, some or all of the following P-SLOs were reviewed by the program:

<table>
<thead>
<tr>
<th>Assessed this year?</th>
<th>Program Student Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>A competent nurse’s professional actions are based on core nursing values, professional standards of practice, and the law.</td>
</tr>
<tr>
<td>Yes</td>
<td>A competent nurse develops insight through reflective practice, self-analysis, and self care.</td>
</tr>
<tr>
<td>Yes</td>
<td>A competent nurse engages in ongoing self-directed learning and provides care based on evidence supported by research.</td>
</tr>
<tr>
<td>Yes</td>
<td>A competent nurse demonstrates leadership in nursing and health care.</td>
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<tr>
<td>Assessed this year?</td>
<td>Program Student Learning Outcomes</td>
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<tr>
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<tr>
<td>5 Yes</td>
<td>A competent nurse collaborates as part of a health care team.</td>
</tr>
<tr>
<td>6 Yes</td>
<td>A competent nurse practices within, utilizes, and contributes to the broader health care system.</td>
</tr>
<tr>
<td>7 Yes</td>
<td>A competent nurse practices client-centered care.</td>
</tr>
<tr>
<td>8 Yes</td>
<td>A competent nurse communicates and uses communication technology effectively.</td>
</tr>
<tr>
<td>9 Yes</td>
<td>A competent nurse demonstrates clinical judgment/critical thinking in the delivery of care of clients while maintaining safety.</td>
</tr>
</tbody>
</table>

A) Evidence of Industry Validation

Evidence of Industry Validation is addressed through the Nursing Advisory Board and documented in the minutes of the biannual advisory board meetings, and is also documented in the Systematic Evaluation Plan (SEP).

B) Expected Level Achievement

Program Learning Outcomes are those adopted by all members of the Hawai‘i State Nursing Consortium (HSNC Core Competencies, listed below). Student evaluations are based upon mastery of these competencies at the novice nurse level by the end of the program. PSLOs are evaluated regularly for congruence with American Nurse Association (ANA) Scope of Nursing Practice, the American Association of Colleges of Nursing (AACN) Core Competencies, the American Commission on Education in Nursing (ACEN) Accreditation Standards, Hawai‘i State law. Course Evaluation Form and the Clinical Site Evaluation can be found in Appendix D.

1. A competent nurse’s professional actions are based on core nursing values, professional standards of practice, and the law.
   Assessment: Student writing assignments, observed clinical performance, documentation student clinical tools and in the agency health care record. NCLEX performance.
   Evaluation: a majority of students successfully pass the NCLEX exam however our program goal of an 85% or better first time pass rate has not been met.

2. A competent nurse develops insight through reflective practice, self-analysis, and self care
   Assessment: Observed student performance in simulation and in Clinical sites. Documentation in student clinical evaluation forms.
Evaluation: PLO’s are being met in the simulation and clinical setting by a majority of students. Failure in the clinical component of a course constitutes failure for the course.

3. A competent nurse engages in ongoing self-directed learning and provides care based on evidence supported by research.

Assessment: Clinical evaluations, research papers

Evaluation: As noted above the majority of students met the PLO with noted exceptions.


Assessment: Leadership assessment in clinical rotations during second year of program

Evaluation: Students vary in leadership ability based on previous experience. Age does not seem to be a relevant factor in leadership success. However, team-building skills and good communication skills do have a strong effect. This is an area that could be developed further.

5. A competent nurse collaborates as part of a health care team

Assessment: Clinical evaluation of pre-and post-conference performance

Evaluation: Over-all clinical performance evaluation indicates the PLO is being met. Three students failed clinical in the Summer semester.

6. A competent nurse practices within, utilizes, and contributes to the broader health care system


Evaluation:

Didactic: The role of the RN in advocating and managing change is part of the course. Participation in active discussion indicates that students are successful at the novice level.

Clinical: Students in NURS 360 are expected to successfully integrate all aspects of care for their clients at the novice nurse level. Students continue to struggle with the transition from a more passive clinical role to an active and fully engaged role as a primary nurse.

7. A competent nurse practices client-centered care

Assessment: Exam questions relating to culture, communication, and client-centered care. Clinical performance.

Evaluation: Clinical evaluations and feedback from clinical agencies indicate that students do practice client-centered care. Challenges arise when the student is assigned a larger group of clients. Few students seem able to manage more than 3 clients at graduation, while the usual nursing assignment in medical surgical units is 5-6 clients.

8. A competent nurse communicates and uses communication technology effectively.

Assessment: Clinical documentation both in student care plans and in agency documentation. APA formatted papers in W1 courses (NURS 210 and NURS 320)

Evaluation: Students struggle with clinical documentation throughout the nursing program. Writing in APA format is a challenge for most students. The English department is developing an APA focused course (ENG 106 or an APA focused section of ENG 100). Clinical documentation using electronic Health Records is challenging for students. Incorporating more clinical documentation in the simulation setting and in classroom work utilizing a school-based EHR might improve student performance with this tool.


Assessment: In class case studies, clinical performance, NCLEX scores, simulation performance critique

Evaluation: By the end of the nursing program, students evaluation scores reflect clinical judgment at the novice nurse level, with some students demonstrating clinical judgment at a higher level.
The program is assessed yearly utilizing the Systematic Evaluation Plan (SEP) as part of national accreditation with the ACEN (formerly the NLNAC). All courses are assessed through student course evaluations using a standard format. The course evaluation includes an evaluation of the clinical agency(s) utilized in the course.

C) Courses Assessed

All courses are assessed through student course evaluations using a standard format. The course evaluation includes an evaluation of the clinical agency(s) utilized in the course.

Courses Assessed:

- NURS 210
- NURS 211
- NURS 212
- NURS 220
- NURS 230
- NURS 320
- NURS 360
- NURS 362

D) Assessment Strategy/Instrument

- Systematic Evaluation Plan
- Course Review Guiding Questions

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester/Year</th>
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<tbody>
<tr>
<td>NURS 210</td>
<td></td>
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<tr>
<td>NURS 211</td>
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<td>NURS 212</td>
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<td>NURS 320</td>
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<td>NURS 360</td>
<td></td>
</tr>
<tr>
<td>NURS 362</td>
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</tbody>
</table>

1. Is this course consistent with the philosophy, organizing framework, and program objectives?
2. Did the course progress from simple to complex within the curriculum?
3. Were the course and unit objectives measurable, attainable, and help to achieve the program objectives? (Include information from student course evaluation questions #1-4 and comment section #1.)
4. What national trends in education and/or nursing were included in this course? What content and learning activities addressing cultural, ethnic and socially diverse concepts and care were covered? (Include information from student course evaluation questions #13-15 and comment section #4.)
5. Did the course design reflect the NLN roles and competencies of the ADN graduate?
6. What textbooks were used? Were they appropriate to the course level and content and allow for the achievement of course objectives? Any suggested textbook changes or will the current text be continued? (Include information from the student course evaluation questions #13-15 and comment section #4.)
7. What type of evaluation methods were used to measure student’s achievement? Were they based on course and program objectives? (Include information from student course evaluation question #19 and comment section #6.) Were any assessment tests administered in conjunction with the course? If yes, what were the results? (Indicate the type of assessments completed). Report on student’s course completion: A’s, B’s, etc; any failures.
8. Were clinical experiences sufficient in quality and quantity to provide opportunities for students to achieve the course objectives?
9. Were faculty and staff readily available to students during clinical learning experiences? Evaluate each clinical site used for inpatient and outpatient experiences and attach to the course eval. (Include information from student course evaluation questions #16-18 and comment section #5.) Did they meet the program objectives? Should we continue to use them? Any recommendations for changes?

10. Were there any community partnerships during the semester in this course? If so, please complete partnership forms and attached to the course review.

11. How many hours of the 270 hrs of lab/clinical (135 hrs for N230) were spent in lab, clinical and simulations?

12. Were the classrooms and skills labs (including simulation) conducive to learning? Were appropriate and adequate supplies available? (Include information from the student course evaluation questions #5-9 and comment section #2.)

13. In relation to this course, did the library contain comprehensive and current materials and was available to faculty and students? Any suggestions for additions or deletions? (Include information from the student course evaluation questions #10-12 and comment section #3.)

14. Were media resources (CD’s, DVD’s and videos) comprehensive, current and available? Any suggestions for additions or deletions?

15. Were supportive services adequate and appropriate to support the course (if applicable): Distance education, Tutoring, Developmental Services (Learning Center) (comment section #3), Computer lab (See Q. #12 and comment section #3)

16. Were any new changes implemented in this course? If yes, evaluate the impact on student experience and learning. Are there any suggestions for changes for the next time the course is offered?

17. Please attach assessment CARD as part of the course review and discuss results.

E) Results of Program Assessment

The program is assessed yearly utilizing the Systematic Review Process (SEP) and is available at:

Copy and Paste the following into your browser:

https://docs.google.com/a/hawaii.edu/document/d/1BGM8D3RsxMKoDtR9vKPsA0F0svWLDuC2wjDLxbE4I/edit#heading=h.tn7t7n4o003q

F) Other Comments

We were especially concerned about our low NCLEX pass rates, which ended up being 56% for the 2014 cohort. In April of 2013 the NCLEX review board raised the standards in order to pass the state nursing boards nationwide. The requirements for passing the exam were made higher and therefore passing the exam became harder. We purchased with our professional fees, a review course that was given by Assessment Technologies Institute. This was called the Capstone Course. The students then after graduation were automatically enrolled in what is called virtual ATI. This is another review course designed to work on and strengthen any weaknesses the students may have in their knowledge base before they sit for their State Board NCLEX exam. The students work with an individual coach who helps and assists them and assess them for NCLEX readiness. The student then waits for their coach to give them their “green light” to sit for their exam. So far for our 2015 cohort we are at 87% pass rate with 6 left to take their boards. We are hopeful we will meet our benchmarks this year for the first time in three years. We have now incorporated ATI into our curriculum, with the students purchasing the service. We use a lot of these modules and supplements from ATI in the classroom.

G) Next Steps

1. Work to implement admission and curriculum sequencing changes in new PAR and inform incoming applicants of
changes if approved.

2. Complete Curriculum Mapping workshops in Fall 2015.

3. Review student results on ATI standardized tests for strengths and weaknesses in the curriculum.

4. Work to complete document for accreditation in Fall 2016 and prepare for site visit from ACEN accrediting body in Spring 2017.

5. Continue to work with Hawaii State Nursing Consortium and KCC Nursing Faculty to evaluate the current consortium curriculum for any possible revisions that might assist in higher NCLEX pass rates.