PURPOSE AND INTEGRATION WITH BROADER PLANNING

The comprehensive program review captures the longer-term strategic plan for a program. It allows the program to document its vision. The CPR alerts the campus of the program's mid- to long- term goals and describes the means for achieving those goals. The CPR is the touchstone for creating and reviewing annual program goals and student learning outcomes. CPR information may also be used to inform college planning including: the strategic plan, education plan, facilities plan, strategic enrollment plan, including scheduling, budget, sustainability and equity efforts, etc., see AP/BP 3260.

Items that may be included in a program review:
1. Analyze data on key performance indicators, such as enrollment, retention and completion rates, and findings from student learning outcome assessments and degrees and certificates awarded.
2. Highlight and analyze program activities, and accomplishments.
3. Identify and document program weaknesses and strengths.
4. Develop program objectives and goals.
5. Discussion of relevant program compliance with Federal and State law, Title 5, Student Equity, VTEA, matriculation (including prerequisite and co-requisite standards), ADA (American with Disabilities Act), and other legal or certification requirements. (applicable to specific programs)

Academic program review is an integral part of educational planning and enables the college to meet the accreditation standards of the Accreditation Commission for Community and Junior Colleges (ACCJC).

CPRs will be submitted per the schedule developed and communicated by the Strategic Planning Committee. Instructional CPRs will be reviewed and summarized within the Council on Instruction and used to inform leadership of program health and needs and to provide a vehicle for linking CPRs to other planning documents (e.g., Education Plan). Additionally COI will route specific portions of the CPR to shared governance committees for review. For example, a CPR that had a facilities need could be communicated/routed to Facilities Committee.

PROGRAM LINK TO COLLEGE MISSION

Feather River College provides high-quality, comprehensive student education as well as opportunities for learning, workforce preparation, and achievement in a small college environment. The College provides general education, associate and bachelor's degrees, certificates, transfer programs, and life-long learning for a diverse student population by serving local, regional, national and international students through traditional face-to-face instruction as well as distance education. The College also serves as a cultural and economic leader for all communities that lie within the District and embraces the opportunities afforded by its natural setting.

Feather River College

PROGRAM VISION AND GOALS

1. **Describe the goals of the program and how these relate to the FRC Mission.** The first sentence of the FRC Mission states: "Feather River College provides high-quality, comprehensive student education as well as opportunities for learning, workforce preparation, and achievement in a small college environment." All Allied Health programs contribute directly to this Mission, primarily through workforce preparation. Students can take an 8-week course and become a Certified Nursing Assistant (CNA), a semester-long course and become a licensed Emergency Medical Technician (EMT), or engage in a two-year Vocational Nursing (VN) Program and become a Licensed Vocational Nurse. Each of these programs are explicitly designed to launch students successfully into high-demand healthcare careers, locally or nationally.

   Allied Health programs promote regional economic development and encourages life-long learning. Our hands-on course offerings promote real world skill development along with the ability to utilize critical thinking and care for others competently and compassionately.

2. **What have been some program accomplishments since the last program review?**
   a. <u>Developed New Clinical Sites</u>: At the start of Fall 2019, only two facilities were allowing Vocational Nursing students locally: Eastern Plumas Healthcare (EPHC) and Seneca Healthcare District (SHD). Since that time, clinical relationships have been restored with:
      1) Enloe Hospital in Chico, CA
      2) Plumas District Hospital in Quincy, CA
      3) Plumas County Public Health in Quincy, CA
   b. <u>NCLEX-PN Pass Rates</u>: First-time NCLEX –PN pass rates for the 2019 – 2021 cohort was 100% (n = 9 graduates). [Note: One student from the 2017-2019 cohort took the NCLEX in the first quarter of 2023 and did not pass.]
   c. <u>NURS 100</u>: The prior CPR mentioned that a CNA class was going to begin in Fall 2017; I am uncertain how many times this course was subsequently offered. At the time of Fall 2019, this program was lacking an instructor. Commencing with the hire of a grant-funded Nursing instructor in Fall 2021, this course has been offered successfully six times and has clinical rotations at Plumas District Hospital. Students that have completed this program have:
      [n = 20, does not include Fall 2023 cohort]
      1) # Licensed: 15
      2) # Employed: 9
         ● Plumas District Hospital: 5
         ● Tahoe Forest Hospital: 1
         ● Seneca Healthcare District: 2
         ● Susanville Prison: 1
      3) # in FRC VN Program (Start Date 1/2022): 2

4) # High School Students (age 16-18): 5
d. Overall, all programs – EMT, CNA, and VN – continued successfully through the COVID-19 pandemic and multiple fires and road closures (Claremont Fire 2020, Dixie Fire 2021).

3. **What support does the program need to assure its continued success? Explain by referring to specific program goals and objectives.** Much of this question is addressed in the sections following. Broadly, this includes:
   a. Staffing needs (Program Vision > Staffing > Questions 1 & 2)
   b. Advertising/recruitment needs (Student Learning & Success > Question 1b)
   c. Equipment needs (Physical Resources > Question 1)

   Please refer to these sections for more detail.

STAFFING

1. **How many full-time and part-time faculty teach in this program (in-person, online, and ISP)?** Two full-time: Allied Health Director and Nursing Instructor (in-person and online). One part-time: EMT Instructor (in-person).

2. **What changes to staffing, if any, could make this program more effective for course offerings and student success? Also, how could staffing changes contribute to other programs and towards improving student interest and success in the program?**
   The current Nursing Instructor position is grant funded, and is the only non-tenured full time faculty position on campus. Converting this position to a tenure track position would contribute enormously to overall program stability and longevity, while rectifying an aberrancy among full-time faculty positions at FRC.

   The current faculty member in the Nursing Instructor position has contributed hugely to Allied Health goals:
   - Provided stable semester-to-semester instruction for the Vocational Nursing (VN) Program by teaching both theory and clinical courses. The instructional hour requirement for just one clinical group of five students exceeds the teaching load for the Allied Health Director. In other words, it is not possible to run the VN Program with one full-time instructor, never mind any other courses under the Allied Health umbrella. Once the VN student count rises to more than one clinical section per semester (> 5 students), the teaching load increases substantially. Prior to hiring a full-time Nursing Instructor, finding Adjunct Faculty to provide instruction was hit-or-miss, and led to gaps. It is worthwhile to note that during the 2020-21 school year, the Allied Health Director worked 36 hours of overload to (1) compensate for delays due to the COVID-19 pandemic, and (2) compensate for the loss of an Adjunct Faculty between the Fall and Spring semesters. This was the second such loss of an Adjunct Faculty member, as one left abruptly at the conclusion of the Spring 2020 semester.

- <u>Revived the Certified Nurse Assistant (CNA) course, also known as NURS 100</u>. NURS 100 is a prerequisite for the VN Program. With the Nursing Instructor teaching this 8-week class, we no longer need to direct prospective students to Skilled Nursing Facilities or out of the area colleges for this training. In addition, this course assists Allied Health staff with recruitment for the VN Program, something that has been a challenge in recent years. Our clinical site for the CNA course is Plumas District Hospital (PDH), and a number of our CNA students have gone on be employed at PDH. PDH is also in the process of building a new Skilled Nursing Facility which will need a team of CNAs as well as Licensed Vocational Nurses (LVNs). FRC is directly providing training and workforce development for our local community by offering this eight week class.
- <u>Began offering cardiopulmonary resuscitation (CPR) and first aid courses</u>. The Nursing Instructor has also become certified as an American Heart Association Basic Life Support (BLS) Instructor. This means we can now offer healthcare provider level CPR certification and re-certification courses (CPR 001 and 002, respectively), as well as teach layperson first aid and CPR (CPR 080).
  We recently submitted a minor curriculum revision for NURS 100 so our CNA students will become BLS certified before the conclusion of their course. We also train nursing and EMT students in CPR, as well as offer recertification classes for students and community healthcare workers alike.
- <u>Future Plans</u>: We are looking at reviving our phlebotomy course (NURS 200) as well as obtaining instructor approval from Nor-Cal EMS for the current Nursing Instructor to teach EMT 120. [The Adjunct Faculty that presently teaches EMT 120 is likely to retire before the next Comprehensive Program Review, and we would like to avoid any significant gaps in offering this course.]

In summary, converting the Nursing Instructor position to a tenure track position is vital for ensuring ongoing stability and development of all Allied Health programs.

It needs to also be noted that in order to obtain full enrollment in the Vocational Nursing program (up to 30 students, but even for a minimal enrollment of 20), an additional Associate Faculty needs to be hired to facilitate clinical instruction. Each clinical group is set at a maximum size of five students due to the small size (and often small patient census) in our local hospitals. Thus, a 20-student cohort would have four clinical courses per semester. Based on load requirements and limitations, the Director can teach one course, the Nursing Instructor can teach two, leaving one course open for an AF.

To further extrapolate on staffing needs (and as provided in a bit more detail under Physical Resources), a short-term, consultant, or Associate Faculty position would be needed to get the Simulation Lab organized and functioning. Simulation is its own specialty, particularly in healthcare, and the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) requires instructor certification in simulation (Certified Healthcare

Simulation Educator) for simulation hours to be used in lieu of some required clinical hours. [For reference, refer to www.ssih.org/Credentialing/Certification/CHSE] At this time, it appears more realistic to seek out professional assistance (part-time, or otherwise as suggested above) to get the Sim Lab up and running, rather than pursuing training and certification for existing faculty. Areas that need attention are: policies and procedures, scenarios (for VN instruction specifically), moulage and simulation reality equipment, technician work (program manikins and computers that display technical data), complete construction (of audio/visual equipment), etc.

CURRICULUM

1. **Describe the educational pathways the program offers: completion of general education, certificates, associate degrees, bachelor's degrees, and/or transfer degrees.** Allied Health programs are almost exclusively vocational.
   - Vocational Nursing Program: Associate of Science or certificate
   - NURS 100 (Certified Nurse Assistant course): This eight-week course qualifies students to take the state-wide exam to become certified.
   - EMT 120 (Emergency Medical Technician): This semester-long course qualifies students to take the National Registry exam to become licensed.
   - Online courses: We offer two courses that serve as prerequisites for a variety of health-related career pathways:
     - NURS 111: Dosage Calculations for Healthcare Providers (e.g. med math)
     - NURS 118: Medical Terminology

As mentioned above, NURS 100 is a prerequisite for our VN program and is often the first "rung" of the nursing ladder. [See graphic next page.] CNA training is also foundational for other healthcare careers such as radiology technician, and can give students with a goal to go directly into an RN program a "leg up" in the highly competitive application process. As far as transfer opportunities, students who have graduated with their Vocational Nursing degree or certificate, and subsequently become licensed as a vocational nurse, can transfer to a two-year LVN-to-RN step up (or bridge) program to ultimately obtain their RN license. EMTs upon licensure, are likewise poised to apply for and progress to the paramedic level if they choose to continue their training in the emergency services field.

Nursing Pathways

Certified Nurse's Assistant (CNA)

⬇

Licensed Vocational Nurse (LVN)
(Certificate OR Associate's Degree)

⬇ *LVN-to-RN Step-Up Program*

Registered Nurse (RN)
(ADN: Associate's Degree)

⬇ *RN-to-BSN Program (online)*

Registered Nurse (RN)
(BSN: Bachelor of Science in Nursing)

2. **What changes and conversations have occurred in the program to incorporate equity-minded curriculum? Examples from specific courses may be included.** *See the Building Equity into Curriculum and Reducing Barriers to Learning (i.e., ideas, checklist) in the appendices to guide this reflection.*
This is definitely a work in progress, and likely a process that will require ongoing assessment and change. On a big-picture scale, equity is incorporated by letting every student know that their presence is valued and their voice matters.

We make frequent referrals to on-campus resources (DSPS, IRC, Basic Needs, Advising, TrIO, EOPS, etc). Also, certain accommodations are standardized for all students. For example, if a student has double-time on exams per DSPS, all students are given the same opportunity. We also do our best to be flexible with due dates, particularly in light of local climate disasters (fires) and/or personal challenges (students with family losses).

Canvas is utilized to make in-class materials accessible electronically.

Specific to the VN Program, we speak early and often about inclusivity. Being a successful nurse means providing care to everyone, and doing so with kindness and compassion. Thus, in the middle of a lesson on how to insert a urinary catheter, we'll include how to provide competent care to a transgender individual as it is important to not make the assumption that our patients will be heteronormative. Clinical assignments may include writing journal entries on situations that were of challenge to a student ethically, morally, or culturally; students are graded on their self-reflection and insight. Theory projects and/or discussion assignments are often focused on

applying nursing concepts to diverse issues addressing socioeconomic status, race, environment, abuse, access to healthcare, etc.

3. **Discuss how the program incorporates sustainability efforts, goals, or conversations in its curriculum?** To be frank, sustainability has not been a recent focus. However, we do not want to be wasteful, and order supplies accordingly.

    We do use Canvas, and will post lectures, assignments, and other information to minimize printing and paper use.

    As far as the curriculum – particularly with regards to the VN Program – we incorporate conversation and instruction on how environment impacts health. The information here is legion and a full discussion of this topic is beyond the scope of this document. In brief, sustainability (e.g. renewable resources, and/or minimally polluting resources) correlates positively with air and water quality, as well as food access and quality, which in turn hugely benefits human health and wellness.

4. **Discuss how course outlines have been reviewed, and what curricular changes have resulted from these reviews.** We are catching up with our course SLOACs this term (Fall 2023). To date, no curriculum changes have occurred other than minor edits as mentioned elsewhere in this document.
    However, the VN Program is in need of a curriculum overhaul. At present, it is designed as a part-time, six term program. Our plan is to redesign the curriculum so it can be five terms. As part of that redesign, we will:
    *   Combine the separate Obstetric and Pediatric nursing theory and clinical courses (two theory courses, and four clinical courses) into <u>one</u> Maternal-Child Nursing theory course, and <u>one</u> Maternal-Child Nursing LAB course. As part of this change, the clinical hours would be halved and reassigned to the medical-surgical clinical "bucket." We currently have a combined total of 156 clinical hours in OB/Peds and per the BVNPT at most we need 70. This will ease student and faculty travel, as most of these hours are now being completed at Enloe Medical Center in Chico, CA (PDH no longer has an OB program; a local birthing center is pending and not yet approved).
    *   Increase clinical hours during the first semester of the program. At present, there are only 60 hours of clinical in Term I, which is completed entirely in the skills lab. The proposed redesign would at least double this amount and transition students from the skills lab to the clinical setting – likely a Skilled Nursing Facility - mid-way through the semester.

INSTRUCTION
1. **How does the program develop course scheduling to meet student needs?**
    *   <u>EMT 120</u> is offered every Fall and Spring semester.

- NURS 100 (CNA) is offered most semesters on a variable schedule. However, we are committed to offering NURS 100 every summer so we can capture eligible high school students (> 16 years of age). [The only time we wouldn't offer NURS 100 in the summer is if the Nursing Instructor is needed for VN Program instruction.] This fits in with the CTE career pathways PUSD/PCS are offering.
- VN Program course offerings are dictated per the Board of Vocational Nursing and Psychiatric Technicians (BVNPT). We are currently permitted to admit one cohort every two years, up to 30 students. By default this means that the 20 nursing courses are on an every two year rotation.
- Online courses (NURS 111 and 118) are offered every Fall and Spring semester, online.

2. **Describe effective and innovative teaching strategies (activities, projects, etc.) used by faculty to increase student learning and engagement.** All in-person Allied Health courses are by default very hands-on. We offer vocational programs that are grounded in "learn by doing."
   - Skills/Sim Lab: Initial instruction with skills is done in the Skills Lab. The phrase "show one-do one-teach one" is often utilized, with the instructor demonstrating said skill, having the students practice the skill with each other and/or on the manikins, then demonstrating the skill in both informal and formal testing situations. We utilize peer coaching and feedback as well, which aids the "teach one" aspect of learning. As instruction and student competence progresses, simulation is introduced to connect skills with real-life patient situations and enable critical thinking.
   - Clinical: All Allied Health programs require clinical instruction, which involves entering the field to work with real patients and the healthcare team. Complexity varies with the course; thus EMT requires 24 hours of clinical, CNA requires 100 hours of clinical (we offer 112 hours), and Vocational Nursing requires 954 hours of clinical.
   - Theory Instruction:
     - Some examples of strategies for theory (classroom) instruction include:
       - Active learning exercises
       - Case studies: these involve creating patient charts (mimicking an electronic medical record) on paper so students can gain experience in finding and applying patient data with this format
       - Discussion and story-telling
       - "Chunking" material
       - Quizzes: online/in-person, solo/group, and closed book/open book
       - Use of publisher materials: FA Davis has an NCLEX-PN prep program called "Davis Advantage" that includes pre- and post-

quizzing, videos on the topic, and the new NCLEX-PN clinical judgment questions
- o Some examples of activities and projects include:
  - Student Research Symposium
  - In-class Writing: ISBARR practice (communication technique from nurses to providers), progress note writing (off of chart information)
  - In-class Research: read nursing journals then share info with class
  - Term papers
  - Weekly discussions (Canvas)

ASSESSMENT

1. **Describe how students have achieved Program-level Student Learning Outcomes (PSLOs). Explain how PSLOs are assessed and how assessment been used to improve student learning and/or curriculum? Please be as detailed as possible.**

   The Allied Health Program-Level SLOs are:

   The student will:

   - Articulate knowledge of health care concepts, including professional ethics, HIPAA compliance, medical terminology, client care, pharmacology (as dictated by Ca State Law) and pathophysiology.
   - Demonstrate ability to manage electronic health records and databases, client charting, and health care reporting processes.
   - Model collaboration skills while working with clients and their families and all health care professionals.
   - Exhibit clinical knowledge, professionalism and skills suitable to gaining employment in the healthcare industry.
   - Possess knowledge and life skills necessary to provide safe, effective and efficient care, which enables the student to adapt to living and working in a multicultural environment and provide health maintenance and promotion in a global context.
   - Utilize critical thinking, problem-solving skills, and evidence-based strategies in effectively communicating and collaborating with others to promote and maintain optimal health in the chosen area of practice.
   - Pursue life-long learning to enrich personal and professional development; enjoy the benefits of inquiry and self-discovery, and embrace change in the fast-paced world of technological advances and health.

   Broadly, assessment of these PSLOs is done through:
   (1) Routine in-class assessment via written exams, and
   (2) Skill assessment and sign offs in lab, and safe & successful performance of said skills in the clinical setting.

All of the classes that lead a student to a specific certification or license have in-class exams that mimic the certification or licensing exam. For example, Vocational Nursing graduates need to take and pass the NCLEX-PN, the national licensing exam published by the National Council of State Boards of Nursing (NCSBN) in order to become a Licensed Vocational Nurse (LVN). Thus, most of the written exams in VN classes contain NCLEX style questions.

Likewise, the lab and clinical portion of Allied Health classes (that lead to a certification or license) are focused on students learning a particular skill or set of skills. As students progress in ability, the skills are combined in simulation exercises so students can practice their "craft" in a safe environment. These skills will also be assessed and sign-offs completed in the clinical environment on real patients with instructor guidance and oversight.

Outside of these broad measures, Allied Health classes incorporate writing and presentations in many courses to assess student learning. Writing can encompass essays, term papers, weekly discussions in Canvas, clinical journals (e.g. so students can have a forum to wrestle with ethical issues encountered in the clinical setting), comprehensive patient reports, clinical evaluation tools, and various healthcare-specific modalities, such as ISBARR (a communication tool), shift change reports, and progress notes. Presentations include participation in the Student Research Symposium, as well as smaller in-class (informal) reports on research projects, small group work, or case studies.

2. How do PSLOs support college-wide SLOs (CWSLOs)? Please use the table below and example, to capture this support using the following scale: (0) PSLO does not address CWSLO; (1) PSLO scarcely touches on CWSLO; (2) PSLO addresses the CWSLO to a moderate degree; (3) PSLO strongly meets the CWSLO:

	Commun-ication	Critical Thinking	Info Literacy	Ethics	Sense of Self	Inter-personal	Responsibility
Knowledge of healthcare concepts	3	2	2	3	1	1	2
Ability to use healthcare technology	2	2	3	1	0	1	0
Collaboration skills	3	2	0	2	1	3	0
Exhibit clinical knowledge & professionalism	2	2	2	3	2	2	1
KSAs to provide care to diverse patients on individual and global level	2	2	2	3	2	2	1
Utilize critical thinking & problem solving skills, along with evidence-based practice	3	3	2	1	1	3	1
Pursue lifelong learning	2	2	2	1	2	2	3
Total Impact	**17**	**15**	**13**	**14**	**9**	**14**	**8**

3. How do course-level student learning outcomes (CSLOs) and other program learning experiences support the PSLOs? Please use the table below and example, to capture this support using the following scale: (0) CSLO does not address PSLO; (1) CSLO scarcely touches on PSLO; (2) CSLO addresses the PSLO to a moderate degree; (3) CSLO strongly meets the PSLO:
Note: The lab classes clustered together below (e.g. NURS 123 and NURS 125) are classes that share the same SLOs but have been extended into additional clinical (lab) courses. N123 and N125 are both Basic Med-Surg Lab (I and II respectively), N223 and N225 are both Advanced Med-Surg Lab (I and II respectively), N234 and N235 are both OB Lab (I and II respectively), and N239 and N240 are both Pediatrics Lab (I and II respectively). Yes, this is cumbersome, and another illustration of why a curriculum change is necessary. It would be very helpful to simplify and combine these Vocational Nursing course offerings.

	Knowledge of healthcare concepts	Ability to use healthcare technology	Collaboration skills	Exhibit clinical knowledge & professionalism	KSAs to provide care to diverse patients on individual and global level	Utilize critical thinking & problem solving skills, along with evidence-based practice	Pursue lifelong learning
EMT 120	3	1	2	3	3	3	1
NURS 080	3	1	1	3	3	3	1
NURS 100	3	1	1	2	3	2	1
NURS 111	3	0	0	1	2	1	1
NURS 118	3	0	0	1	1	1	1
NURS 112	3	2	2	2	2	3	1
NURS 114 - L	3	1	2	3	3	3	0
NURS 116	3	0	1	2	2	2	0
NURS 120	3	0	0	2	1	2	1
NURS 122	3	1	2	3	3	3	1
NURS 123/125 - L	3	3	3	3	3	3	1
NURS 212	3	2	1	3	3	3	1
NURS 214 – L	3	3	3	3	3	3	1
NURS 222	3	2	1	3	3	3	1
NURS 223/225 - L	3	3	3	3	3	3	1
NURS 232	3	1	2	3	3	3	1
NURS 234/235 – L	3	3	2	3	3	3	1
NURS 237	3	1	2	3	3	3	1
NURS 239/240 – L	3	3	2	3	3	3	1
Total Impact	**57**	**30**	**30**	**49**	**50**	**50**	**17**

4. **What were the most important things your department learned from assessment? How has the program used the results of assessment to improve student learning and/or curriculum? Please be as detailed as possible.**
At a glance, Allied Health as a whole does not appear to emphasize the CWSLO of Civic Responsibility and the PSLO of Lifelong Learning.

For the former, this CWSLO is most often incorporated in an informal and regular way, as critical thinking by default involves "respecting and questioning authority" as well as "being proactive in learning." Most VN core courses involve assignments that address these ideas, as well as regular discussions as to what it means to be a nurse over one's lifetime (or as long as they choose to be one).

For the latter, as instructors in this program we <u>constantly</u> emphasize lifelong learning, and yet <u>none</u> of our CSLOs directly or explicitly address this PSLO. This is evident in the low numbers on the self-assessment in this area. An obvious takeaway is that (1) we need to develop at least one objective addressing the PSLO of Lifelong Learning for every course in our program, and (2) assignments, projects, in-class exercises need to be developed to more clearly emphasize the importance of this domain. As instructors, this may be obvious to us; it may be less so to our students. From the 2018 YES results, the Civic Responsibility was scored as 1.85 by the Nursing respondents (n = 14). While this number is small, they do correlate with this assessment.

STUDENT LEARNING AND SUCCESS

1. **What are some program goals to strengthen and/or grow this program to accomplish greater student interest, learning and success?** To be frank, I'm not sure. At least, there are several ideas here, but time will tell if said ideas actually have an impact on student interest, learning, and success. Some ideas include:

    a. <u>NURS 100</u>: Having stable and predictable offerings of our CNA course (NURS 100) – which is a prerequisite to our VN program – should assist students and advisors with planning enrollment. Recently, a student missed the Fall 2023 CNA course, and was told that it would be offered in Spring 2024 which is currently not the case. [We wil be offering it in Summer 2024, however.] Miscommunications like these would be eased with predictable scheduling.

    b. <u>Advertising</u>: It is a constant challenge to advertise our program and course offerings in a timely and effective way. This has many levels, ranging from coordinating efforts and communicating with our Director of Marketing, to Allied Health staff lack of knowledge of when and how to best disseminate information. Nurses are not by default great at selling things (if we were, we'd be pharmaceutical sales reps).

    The main goal here is to **revise our website** so that we can provide our own advertising on that site. [E.g. post relevant flyers, new course offerings etc.] We also need to **create a pattern** of when to time information about CPR classes (a four hour course) all the way up to the nursing program (a rigid, every two-year process).

    c. <u>Student Success</u>: Given that the VN program in particular is vocational and does not require a degree for an individual to become licensed, at this time students can enroll without having taken English 101 or college-level math classes. Thus, there can be a mismatch in student ability when they are challenged with nursing courses. We are diligent in referring students to DSPS (tactfully, of course, without saying the "D" word), the IRC, the Wellness Center, TeleHealth, and each other.

2. **How does the program consider or approach issues of student equity related to retention and success? This may include use of tutors and other student support services, etc.** See the answer above in 1(c). We are also cognizant of how the academic machine marches onward without regard to life changes or student challenges, and do our best to make accommodations. For example, during the first semester of the current nursing cohort, a student's dad died after a week in hospice. Both faculty extended due dates and provided emotional and academic support. When the student failed a final exam, they were given an Incomplete, and another opportunity to pass the exam. They were able to pass that semester, but would likely have failed without these accommodations.

   Describe the average student demographics of the program and discuss success rates of different student populations by mode of instruction (i.e., race, ethnicity, sex, age. Analyze data provided by the Institutional Research. *Look at enrollment, retention, and success data by delivery mode as applicable.* **What are your observations?** After review with the Institutional Researcher, the data from 2019 forward are too small to draw meaningful conclusions. However, we can tentatively conclude:
   - **In-person (on campus):** Our numbers here are fairly "good." NURS 100 has a 94% success/retention rate (n=16). For a PASS/NO PASS course, this is positive. Likewise, the overall VN Program numbers are also positive. Enrollment is overwhelmingly white, with a success rate of 93%. [Note that retention rate should not apply for VN core courses as students cannot progress if they receive below a "C."]
   - **Hybrid:** N/A
   - **Online:** Success rates in our two online courses are generally poor for NURS 111 and NURS 118 (70% and 57%, respectively).
   - **ISP:** N/A

3. **Are there differences in course retention and completion rates between in-person/on campus, online/hybrid courses and ISP courses as applicable? Explain.** See above.

4. **What has or might be done to improve course completion and retention rates?** I am uncertain how to improve success and retention rates for our online classes. Many students do not respond well to an online math class (NURS 111), so I am giving some thought to making it a hybrid course to allow for some face-to-face interaction, and/or providing stronger language in the course catalog description about the necessity of having a strong foundation in basic math to be comfortable with the online format. Also, the University of Nevada, Reno has a combined med math and medical terminology course that functions as a prerequisite for their nursing program (called Nursing Foundations). I'm wondering if this model would be helpful here, and am considering combining NURS 111 and NURS 118 into one 3 unit course.

Some students that get enrolled in NURS 111, are not even nursing or health focused students. Advisors will place athletes in this class to meet minimum unit requirements. Anecdotally, these students tend not to do well, which is not surprising as it is not related to their interests or course of study.

5. **What has been done to improve the number of degrees and certificates awarded? Explain.** Most attempts are in process. For example, the next Vocational Nursing cohort application period will be open 1/1/2024 – 3/31/2024. Given the small numbers of the current cohort, the Allied Health Director reached out to the Marketing Director earlier this year to co-create an advertising campaign in an effort to increase enrollment. Some key changes thus far include:
   - Updated Website Materials: This includes a new video professionally shot by Spanish Peak Productions with cooperation from Plumas District Hospital, and a homepage re-design to appear consistent with other FRC program pages (e.g. "accordion" breakout sections with specific titles).
   - Radio Show: Allied Health (including the Director and Nursing Instructor) are being featured in the November FRC radio show on 91.9FM KQNY.
   - Promotional Materials: Flyers and digital advertising on social media and FRC's website.

   Also, the Nursing Instructor and Director regularly participate in DITM, Resource Fair, Freshman Day, College & Career Fair, and other activities on campus for student recruitment.

   Semi-long term, we are looking at reviving the phlebotomy program (NURS 200) and the home health aide course (NURS 102). Both are in demand locally and would add additional licensing/certifications and career options for interested students.

PHYSICAL RESOURCES
1. **Describe the facility and resource needs of the program. Link these needs to student learning and overall program goals.** In recent years, we have been working on organizing supplies and obtaining needed supplies in a more organized fashion. We have utilized Strong Workforce and Perkins monies for storage (Tuff Shed, and interior locking cabinets to secure syringes, for example), new equipment (CPR manikins and AED trainers), and instructional supplies (syringes, nasogastric tubes, foley catheters, IV start kits, etc). We have successfully expanded our annual budget to include travel funds for faculty (for required clinical instruction at local and out-of-area facilities), an item that previously was unavailable.

   All Allied Health courses (with the exception of our online offerings) require the use of a lab to develop competence in hands-on skills. Thus, our physical facility directly correlates to all clinical objectives in each program (VN, EMT, CNA) and successful student learning.

One glaring omission in our physical resource offerings, is the **simulation lab**. FRC owns five manikins, four of which are considered "high-fidelity" and can be programmed to speak, have a variety of heart, lung, and abdominal sounds, and produce vital signs. However, time in simulation cannot be utilized for replacement clinical hours for the VN program as the BVNPT requires any instructors to be a Certified Healthcare Simulation Educator (CHSE) through the Society for Simulation in Healthcare. Becoming certified requires a minimum of two-years of simulation instruction, an interesting chicken-egg conundrum. While current instruction does involve low-fidelity skills lab activities with these manikins, the full scope of the lab is not being employed. Much research points to the effectiveness of simulation for students achieving course, program, and real-world objectives.

For current faculty to become certified would require a great deal of training, exposure, practice, and time. Creating a plan to move this forward is a daunting prospect in light of numerous program responsibilities and demands.

Note: given the opportunity to assess the Allied Health building as a whole, there are a few less-than-ideal features I'd like to mention:
- Shared Faculty Office: At present, the Nursing Instructor and Allied Health Director share an office. While we have made it functional, it also creates challenges. For example:
    o Private Meetings: One of us will need to vacate the office, or find another location, to hold a discussion with a student that may be of a sensitive nature.
    o Zoom Meetings/Phone Calls: Likewise, in a situation with one of us is making phone calls or in Zoom meetings, it creates distractions and interruptions for the non-participating colleague.
    o Working Styles: While it is helpful to have a joint workspace, and it does facilitate collaboration, it also means that we both have to constantly accommodate each other's working styles. Sometimes this takes more effort than others.
- Wildlife/Critters: The Allied Health building is frequently inhabited by critters that demand accommodation. We have wasps that invade the classroom through heating vents, or fly in when doors are opened. [Yes, maintenance assists with this, but it seems to be a seasonal problem.] Likewise, skunks live and mate underneath the building, creating seasonal odor issues, sometimes severe necessitating temporary relocation of classes.

2. **If applicable, discuss how the facilities used or needed for the program may be made or used in a more sustainable, environmentally-minded way?** We are delighted to have a water bottle filling station for faculty and students in our building. Beyond that, I

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am uncertain what to mention. Perhaps solar panels for the building? Our building currently faces east, and gets excellent morning and early afternoon sunshine.

ADVISORY COMMITTEES
1. **If there is a program advisory committee, list the names and titles of members, and the meeting dates since the last program review. Describe any advisory committee involvement in this program review.**
This committee did not appear to exist at the time of the current Allied Health Director's hire in Fall 2019. The pandemic further disrupted the establishment (resumption?) of this committee.

The Allied Health Advisory Committee last met 4/20/2022. Some members were absent (most notably the CNOs from all local hospitals, even though every attempt was made to accommodate their schedule).
Attendees/members included:
   - JoDee Read, CEO at Plumas District Hospital
   - Christina Adams, Alliance for Workforce Development
   - Lisa Kelly, K-12 Pathway Coordinator for Feather River College District
   - Tina Venable, Director of Nursing at Plumas County Public Health Agency
   - Gina Pixler, CTE Coordinator for Plumas County Office of Education
   - Nancy Moore, Nursing Instructor at FRC
   - Darlene Oertle, FRC Allied Health Director

This committee has not been involved with this CPR.

A distinct goal is to hold annual advisory committee meetings. However, there is a great deal of overlap with other similar groups and committees. The Allied Health Director participates in:

   - Plumas-Sierra/FRC Education Summit (annual)
   - North-Far North Nursing Consortium (quarterly)
   - LVN Community of Practice (quarterly)
   - BVNPT Quarterly Directors' Meeting
   - BVNPT: Annual Directors' Forum

Each of these meetings connects FRC Allied Health with local and regional workforce needs, changes in legislation and regulation, challenges in education (e.g. hiring faculty), and day-to-day program development and operation.

It should also be noted that maintaining healthy clinical partnerships necessitates regular communication with local leaders, which is often best done on an individual basis (rather than a group advisory setting).

PROGRAM GOALS MOVING FORWARD

1. **Given the analyses and reflection in this CPR, what are the goals of this program in the coming year?**

   - <u>Next Nursing Cohort</u>: Successfully recruit, admit, and retain a minimum Vocational Nursing cohort size of 20 students. Likely this will necessitate hiring at least one Associate Faculty for clinical instruction.
   - <u>Website Revision</u>: Develop increasing comfort and ability to re-design and update our website. Include standardizing a "schedule" for advertising for key program/course offerings.
   - <u>Curriculum Revision</u>: Revise the VN curriculum to provide a slightly shorter and more streamlined curriculum.
   - <u>SLOs</u>: Add SLOs to address Civic Responsibility and Lifelong Learning.
   - <u>Advisory Committee</u>: Reestablish this committee and initiate yearly meetings.
   - <u>Simulation Lab</u>: In partnership with FRC leadership, decide on the best way to approach utilizing this equipment, beginning with strategies for simulation program development and ongoing maintenance/use.

Building Equity into Curriculum and Reducing Barriers to Learning (i.e., ideas, checklist)

Every member of a learning community brings their social identities and social locations with them into the classroom. Equity is about addressing how these identities and locations are part each person's perspective, their learning process and learning experience. Instructors can build on the unique perspectives that students bring with them to make learning meaningful and relevant.

What does this mean? Equity in the classroom means recognizing differences in race, gender, class, ethnicity, sexual orientation, and other social identities among students and adjusting pedagogical approaches accordingly. For instance, including how those identities and experiences shape how students learn.

How to practice equity and create an equity-minded classroom
- Reflecting on your own beliefs and how they influence your perspective as a teacher, and the curriculum you select.
- Establishing an inclusive environment early. This includes listening to students and communicating classroom standards that create an equitable environment. Another example is to ask students early in the semester to identify how they relate to the material based on their backgrounds.
- Designing dynamic classroom spaces. Recognize the diversity in the room, in the class, and use this to create a community; this may include discussion groups and group-building exercises.
- Accommodating learning styles and disabilities.
- Being mindful of how technology is used.

Equity in curriculum design
Curriculum in the program provides relevant examples of significant contributions from persons of diverse backgrounds (age, race, ethnicity, gender, sexuality, religion, and ability). Examples may show attention to diversity by providing descriptors that reference the represented group(s). Here are some ways to review program curriculum through an equity lens:
- Provide appropriate context to major events and contributions to a discipline/field.
- Present and describe major events with attention to diversity and the social and cultural circumstances that produced them.
- Exhibit sensitivity to the experiences of marginalized groups.
- Use appropriate and current language, including naming conventions, of ethnic groups, and sex and gender inclusivity.
- Include components of the discipline and sub-disciplines that represent contemporary research and trajectories of the field.
- Choose texts that are culturally-inclusive and accessible.