

# Agenda Item #12.B.1.



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BRADBURY

**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
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DATE: April 25, 2012

TO: Board Members  
*Pam Hinckley*

FROM: Pam Hinckley, R. N., M. S.,  
Nursing Education Consultant

SUBJECT: Advanced College Vocational Nursing Program – Request to Admit Students (Director: Minnie Douglas, South Gate, Los Angeles County, Private)

On February 25, 2011, the Board placed the Advanced College Vocational Nursing Program on Provisional Accreditation<sup>1</sup> for the two-year period from February 25, 2011 through February 28, 2013, and directed issuance of a notice to the program to identify specific areas of noncompliance and requirements for correction as referenced in Section 2526.1 (e) of the California Code of Regulations. That action was taken due to the program's noncompliance with Section 2530 (f) of the Vocational Nursing Rules and Regulations which states:

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (1) Failure to maintain the required yearly average minimum pass rate for two years or eight consecutive quarters may be cause to place a program on provisional accreditation."

The program was required to bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate for four (4) consecutive quarters by **February 28, 2013**.

The Board **rescinded** the program's approval for **ongoing admissions**, including the admission of three (3) classes each year with a maximum admission of 45 students per class; and **approved** the program's admission of 45 students on May 23, 2011 only,

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<sup>1</sup> Prior to January 1, 2012, references in article 4 of the Vocational Nursing Practice Act and article 4 of the Psychiatric Technicians Law provided that the Board accredits all vocational nursing and psychiatric technicians programs. Pursuant to Business and Professions Code Sections 2883 and 4532 (Senate Bill 539, Chapter 338, Statutes of 2011), **accredit** was changed to **approve**. There was no change to the Board's authority or jurisdiction.

graduating May 17, 2012, to **replace** students scheduled to graduate May 22, 2011. The program was required to admit no additional students unless approved by the Board.

Additionally, the program was required to show documented progress by submitting follow-up reports in ten (10) months, but no later than **December 1, 2011**, and 22 months, but no later than **December 1, 2012**. The Board specified that failure to show progress may be cause for reconsideration of the program's provisional accreditation.

In August 2011, the Board received program correspondence requesting approval to admit 45 students commencing October 17, 2011, and graduating September 21, 2012. The proposed class would **replace** the part-time class that graduated in August 2011.

On October 24, 2011, the Executive Officer deferred action on the program's request for consideration by the Board at the February 24, 2012 Board meeting. That action was based on the program's pass rate statistics. The consultant notified the director of the decision.

On February 24, 2012, the Board denied Advanced College Vocational Nursing Program's request to admit 45 students commencing February 27, 2012; and, continued to require the program to obtain Board approval prior to the admission of each class.

The program is currently requesting approval to admit 30 students on May 29, 2012, graduating May 19, 2013, to **replace** students that graduated May 27, 2012.

Additionally, the program is requesting approval to admit 30 students on October 1, 2012, graduating September 22, 2013.

### **History of Prior Board Actions**

- On May 12, 2006, the Executive Officer approved Advanced College's request to begin a vocational nursing program with an initial class of 45 students commencing July 10, 2006, only; and approved the program curriculum for 1536 hours, including 580 theory, and 956 clinical hours.
- **On July 12, 2006, a new program director was approved.**

Subsequently, the Board received notification that commencement of the initial class had been delayed until October 2, 2006, to allow sufficient time for candidate testing. The revised date of graduation is projected for September 14, 2007.

- On June 5, 2007, the Executive Officer approved initial full accreditation for the Advanced College Vocational Nursing Program for the four-year period, June 5, 2007, through June 4, 2011, and issued a certificate accordingly; **and** approved the program's request to admit a full-time class of 45 students commencing October 1, 2007, to **replace** students graduating September 14, 2007; **and** approved the admission of an additional class of 45 students to start on June 18, 2007 only, with a projected completion date of June 1, 2008, thereby increasing the frequency of

admissions; **and** approved the program's request for ongoing admissions to **replace** graduating classes only, with the following stipulations:

- a) No additional classes are added to the program's current pattern of admissions without prior Board approval. The program's pattern of admissions would be two classes a year with a maximum of 45 students per class.
  - b) The director documents that adequate resources, i.e. faculty and facilities, are available to support each admitted class of students.
- On December 12, 2007, the Executive Officer approved the program's request to admit a full-time class of 30 students starting January 14, 2008, with a projected completion of November 25, 2008, for one time only.
  - On December 8, 2008, the Executive Officer approved the program's request to admit a full-time class of 45 students starting January 26, 2009, with a projected completion of January 10, 2010, to **replace** students graduating December 14, 2008. Additionally, the program's request for ongoing admissions to **replace** graduating classes only, was approved with the following stipulations:
    - a. No additional classes are added to the program's pattern of admissions without prior approval. The program's pattern of admissions is three full-time classes per year with 45 students per class.
    - b. The director documents that adequate resources, i.e. faculty and facilities, are available to support each admitted class of students.
  - **On February 27, 2009, the Board approved a new program director.**
  - On May 1, 2009, the program was notified that its average annual pass rate had fallen below 10 percentage points of the state average annual pass rate for the past four (4) quarters. The program was requested to submit a written plan for improving their NCLEX-PN<sup>®</sup> pass rates by May 31, 2009.
  - On May 29, 2009, the Board received the program's plan to improve program pass rates.
  - On July 10, 2009, the program was notified that its average annual pass rate had fallen below 10 percentage points of the state average annual pass rate for the past five (5) quarters.
  - **On August 5, 2009, the Board approved a new program director.**
  - On November 18, 2009, the program was notified that its annual average pass rate had fallen below 10 percentage points of the state average annual pass rate for the past six (6) quarters.

- On December 8, 2010, the program was notified that its average annual pass rate had fallen more than 10 percentage points below the state average annual pass rate for more than eight (8) consecutive quarters. The following information was requested by December 23, 2010.
  - a. Current and projected enrollment.
  - b. Approved faculty.
  - c. Approved clinical facilities.
  - d. Clinical rotation schedule.
  - e. Analysis of the submitted corrective action plan.
- On December 22, 2010, the Board received the program's response to the December 8, 2010 request.
- January 13, 2011, the Supervising Nursing Education Consultant sent correspondence to the director requesting the submission of documents for Board presentation.
- On January 26, 2011, copies of the program's Performance Improvement Strategic Plan status report were received for dissemination to Board members.
- On February 25, 2011, the Board placed the Advanced College Vocational Nursing Program on Provisional Accreditation for the two-year period from February 25, 2011 through February 28, 2013, and directed issuance of a notice to the program to identify specific areas of non compliance and requirements for correction as referenced in Section 2526.1 (e) of the California Code of Regulations. The program was required to bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate for four (4) consecutive quarters by **February 28, 2013**.

The Board **rescinded** the program's approval for **ongoing admissions**, including the admission of three (3) classes each year with a maximum admission of 45 students per class; **approved** the program's admission of 45 students on May 23, 2011 only, graduating May 17, 2012, to **replace** students scheduled to graduate May 22, 2011, and required the program to admit no additional students unless approved by the Board.

Additionally, the program was required to show documented progress by submitting follow-up reports in 10 months, but no later than **December 1, 2011**, and 22 months, but no later than **December 1, 2012**. The reports must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.

- a. Current Enrollment.
- b. Admission Criteria.
- c. Screening and Selection Criteria.
- d. Terminal Objectives.
- e. Curriculum Objectives.
- f. Instructional Plan.
- g. Theory and Clinical Objectives for Each Course.

- h. Lesson Plans for Each Course.
- i. Textbooks.
- j. Attendance Policy.
- k. Remediation Policy.
- l. Evaluations of Theory and Clinical Faculty.
- m. Evaluations of Theory Presentations.
- n. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
- o. Evaluation of Student Achievement.

The Board specified that failure to show progress may be cause for reconsideration of the program's provisional accreditation. The program was required to comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.

Reconsideration of the program's provisional accreditation was scheduled for the **February 2013** Board meeting.

**Rationale:** The Board has serious concerns relative to the program's non-compliance with regulations relative to pass rates on the NCLEX-PN®.

The program has reported the admission of 314 students from initial accreditation through December 31, 2010. Of the total admitted, 141 students have graduated. **Of the total program graduates, 92% have completed the NCLEX/PN; 38% of those tested through the most recent reporting period passed; 62% failed.** Based on these statistics, rescission of the Board's prior approval for the program's ongoing admission of 45 students three (3) times each year is prudent.

The program has reported improvement in its pass rate performance. It must be noted that while some improvement has occurred, the program's average annual pass rates remain markedly noncompliant with regulatory requirements. Specifically, the program's average annual pass rates have been more than ten (10) percentage points below the state average annual pass rate for eleven (11) consecutive quarters.

- On April 5, 2011, the Board forwarded to the program, per certified and regular mail, the Notice of Change in Accreditation Status.
- On April 14, 2011, the Board received the program's signed Acknowledgement of Change in Accreditation Status. The document was signed by the program director on April 8, 2011.
- On October 24, 2011, the Executive Officer deferred action on the program's request to admit students to the Board for consideration at the February 24, 2012 meeting. That decision was based on the program's pass rate statistics. The consultant notified the director of the decision per telephone.

- On January 13, 2012, the assigned consultant telephoned the director relative to the absence of the required follow-up report. Submission of the report was directed by the Board on February 25, 2011.
- On January 18, 2012, the Board received electronic correspondence from the director stating her inability to "locate a document requesting information to the BVNPT by December 1, 2011."
- On January 24, 2012, the Board forwarded electronic correspondence referring the director to the April 5, 2011 Notice of Change in Accreditation status.
- On February 24, 2012, the Board **denied** Advanced College Vocational Nursing Program's request to admit 45 students commencing February 27, 2012; and, continued to require the program to obtain Board approval prior to the admission of each class.
- On March 12, 2012, the Board forwarded correspondence per certified and regular mail relative to the Board's decisions rendered February 24, 2012.
- On April 4, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider.
- On April 6, 2012, the Board received correspondence from the program director and eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.

### Enrollment

The program offers a full-time course of instruction that is 48 weeks in length. Board approval is required prior to the admission of additional students. The pattern of admissions for projected classes is seen in the enrollment table below.

The following table represents **current and projected** student enrollment based on class starts and completions. The table indicates a **maximum enrollment of 90 students** for the period from **January 2008 through October 2012**.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
1/08		31	20	20
6/08		29	19	20 + 19 = 39
9/08		28	19	39 + 19 = 58
	12/08 (1/08 Class)		-20	58 - 20 = 38
2/09		32	27	38 + 27 = 65

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
	5/09 (6/08 Class)		-19	65 - 19 = 46
6/09		37	25	46 + 25 = 71
	9/09 (9/08 Class)		-19	71 - 19 = 52
9/09		30	10	52 + 10 = 62
	1/10 (2/09 Class)		-27	62 - 27 = 35
1/10		40	29	35 + 29 = 64
	5/10 (6/09 Class)		-25	64 - 25 = 39
6/10		37	22	39 + 22 = 61
	9/10 (9/09 Class)		-10	61 - 10 = 51
9/10		44	25	51 + 25 = 76
	1/11 (1/10 Class)		-29	76 - 29 = 47
1/11		44	19	47 + 19 = 66
	5/11 (6/10 Class)		-22	66 - 22 = 44
6/11	5/12	37	23	44 + 23 = 67
	8/11 (9/10 Class)		-25	67 - 25 = 42
	12/11 (1/11 Class)		-19	42 - 19 = 23
5/12 (Proposed)		30		23 + 30 = 53
	5/12		-23	53 - 23 = 30
10/12 (Proposed)	9/13	30		30 + 30 = 90

### Licensing Examination Statistics

The following statistics, furnished by the Pearson Vue and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction" for the period April 2008 through March 2012, specify the pass percentage rates for graduates of the Advanced College, South Gate, Vocational Nursing Program on the National Council Licensure Examination for Practical (Vocational) Nurses (NCLEX-PN®).

NCLEX-PN® Licensure Examination Data						
Quarterly Statistics				Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate
Oct – Dec 2007	1	1	100%	76%	100%	76%
Jan-Mar 2008	8	7	88%	75%	89%	75%
Apr – Jun 2008	4	0	0%	75%	62%	75%
Jul – Sep 2008	3	2	67%	70%	63%	74%
Oct – Dec 2008	7	1	14%	73%	45%	73%
Jan – Mar 2009	16	4	25%	70%	23%	72%
Apr – Jun 2009	10	5	50%	71%	33%	70%
Jul – Sep 2009	12	7	58%	74%	38%	72%
Oct – Dec 2009	14	6	43%	76%	42%	73%
Jan – Mar 2010	19	7	37%	76%	45%	74%
Apr – Jun 2010	18	9	50%	74%	46%	75%
Jul – Sep 2010	10	3	30%	76%	41%	75%
Oct – Dec 2010	17	5	29%	77%	38%	76%
Jan – Mar 2011	23	11	48%	82%	41%	77%
Apr – Jun 2011	11	5	45%	71%	39%	76%
Jul – Sep 2011	21	16	76%	74%	51%	77%
Oct – Dec 2011	26	17	65%	74%	60%	75%
Jan – Mar 2012	27	22	81%	77%	71%	74%

\*The Annual Pass Rate changes every quarter. It is calculated by dividing the number of candidates who passed during the current and previous three quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available.

Based on the most current data available (January – March 2012), the program's average annual pass rate is 71%. The California average annual pass rate for graduates from accredited vocational nursing programs who took the NCLEX-PN® for the first time is 74%. The average annual pass rate for Advanced College, South Gate, Vocational Nursing Program is 3 percentage points **below** the state average annual pass rate.

### Faculty and Facilities

Section 2534 (d) of the Vocational Nursing Rules and Regulations states:

"For supervision of clinical experience, there shall be a maximum of 15 students for each instructor."

The number of Board-approved faculty totals nineteen (19), including the program director. The director has 80% administrative and 20% teaching duties. Of the total faculty, fourteen (14) are approved to teach in the clinical area. One (1) of which, is a teacher's assistant.

Based on a maximum enrollment of 90 students, six (6) instructors are needed. Therefore, the number of current faculty is adequate for the current and proposed enrollment.

Section 2534 (b) of the Vocational Nursing Rules and Regulations states:

"Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2533. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experiences consistent with competency-based objectives and theory being taught."

The program has clinical facilities that are adequate as to type and variety of patients treated to enable current and proposed students to meet clinical objectives, in accordance with Section 2534 (b) of the Vocational Nursing Rules and Regulations.

### **Other Considerations**

The program was placed on Provisional Approval for a two- year period from February 25, 2011 to February 28, 2013 due to poor pass rates. Relative to the conditions of Provisional Accreditation, the program was required to complete a comprehensive analysis and submit a detailed written report by **December 1, 2011** and again by **December 1, 2012** (see Attachment A).

The program failed to submit the report by the due date of December 1, 2011. On **February 16, 2012**, the Board received the program's report, dated **February 15, 2012**. The following elements are the major components of the submitted comprehensive analysis (see Attachment B):

- Each student was provided a laptop computer.
- The program opened a computer laboratory to assist students to prepare for completing the NCLEX/PN®.
- Admission Criteria – the entrance exam (Wonderlic) test score was **increased** to 25 or higher.
- The program identified that it is considering revising the curriculum; however, to date this has not been approved by the Board.
- Students are placed on remediation when grades fall below 75% in all courses at each term.
- The director verified that theory and clinical are correlated. Instructors must submit a weekly clinical report to the director.

- The director reported evaluation of all students with Assessment Technologies Institute (ATI) instruments during and upon completion of all other program requirements.
- Incorporated ATI clinical skills DVDs. These DVDs are used to re-enforce theory and clinical. Additionally they are used for clinical makeup.
- Students are required to pass a competency-based exit examination prior to graduation.
- Students are provided an NCLEX/PN® review at no additional costs.
- Students are placed on Probation for continued failure to meet program expectations regarding theory grades and attendance.

On February 24, 2012, the Board denied the program's request to admit 45 students commencing February 27, 2012; and, continued to require the program to obtain Board approval prior to the admission of each class. That action was taken due to the program's noncompliance with Corrective Action #2 in the Notice of Change in Accreditation Status, dated April 5, 2011.

Since many of the components of the program's submitted comprehensive analysis are the same as the report submitted to the Board on December 22, 2010, the director was requested to re-evaluate many areas. In addition, the director was asked to re-evaluate the current Probation Policy, which gives students endless numbers of final exams failures and remediation for those examinations. As a result of the re-evaluation, the director submitted the following information (see Attachment C):

- The director revised the Probation Policy relative to the number of times a student may fail a final exam, and remediate that exam, to three (3) per the entire program.
- Lesson plans were reviewed and feedback from instructors was sought. No changes were identified.
- Textbooks were reviewed and changes to the textbook requirements were made since in many cases the content did not always correlate with the presentation.
- Attendance Policy-all hours are made up in area missed.
- Instructors are evaluated each term and as necessary.
- Theory and clinical presentations are evaluated from student performance and achievement of objectives.
- Mathematics and computer tutoring have been incorporated into the curriculum.
- Student counseling is provided.

- ATI NCLEX predictor tests are offered at no charge to the students.
- Licensure testing fees are paid by the college directly to Pearson Vue, therefore, encouraging graduates to test.

The program has enrolled 389 students since January 2008. Of the 389 students, 215 graduated and 23 remain enrolled in classes. As such, 61.1% graduated and 38.9% did not graduate.

At the time the program was placed on Provisional Approval on February 25, 2011, the program's average annual licensure pass rate was 41%. Since that time, the average annual licensure pass rates are recorded as 39, 51%, 60% and 71%. The current average annual pass rate is **up 30** percentage points from the time the program was placed on Provisional Approval.

On April 4, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider (see Attachment D).

On April 6, 2012, the Board received correspondence from the program director and twenty (20) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider (see Attachment E).

- Hired three (3) ATI coordinators and an Administrative Assistant to summarize the ATI data and present findings to the Director or Assistant Director. The director or assistant director identifies the content area deficiency and implements remediation.

**Date of Implementation:** 2009.

- Developed marketing strategies to increase scholarship donors.

**Date of Implementation:** 2009.

- Students were provided a laptop computer and the school's computer lab was supplied with new Dell computers to make the ATI modules easily available.

**Date of Implementation:** 2009.

- ATI coordinators conduct a pre and post math test for each level. Continuous tutoring sessions are provided for math and computer as needed.

**Date of Implementation:** 2009.

- One (1) faculty member attended the National Council State Boards of Nursing (NCSBN) item review.

**Date of Attendance:** May 2009

- Re-formatted the curriculum to be taught in 49 weeks instead of 48 weeks.
- Faculty member graduated her residency in Psychiatry and teaches mental health for Advanced College. The ATI exam scores for the classes she has taught are higher than the national average.

**Date of Implementation:** 2010.

Additionally, she provides advising and test-taking skills.

**Date of Implementation:** January 2010

- In order to encourage graduates to take the licensure examination quickly after graduation, the packets will be submitted to the Board within seven (7) days after graduation. Maintain frequent contact with the graduates to determine their status pertaining to taking the licensure examination.

**Date of Implementation:** 2009

- A direct payment to Pearson Testing Center was created to prevent graduates from using the money for other purposes.

**Date of Implementation:** 2011

Additionally, graduates who test quickly are encouraged to come back and speak with the enrolled students to encourage them to test quickly after graduation.

**Recommendations:**

1. Approve the Advanced College Vocational Nursing Program's request to admit 30 students on May 29, 2012, only, graduating May 19, 2013, to **replace** students that graduated May 27, 2012.
2. Defer the authority to the Executive Officer to consider the program's request to admit a class of 30 students commencing on October 1, 2012, graduating September 22, 2013, contingent on the program's continued improvement in its' average annual pass rates on the NCLEX-PN<sup>®</sup>.
3. Continue to require the program to admit no additional students unless approved by the Board.

**Rationale:** The program has a significant history of non compliant pass rates. Since April 2008, the program licensure data has been more than ten (10) percentage points below the state average annual licensure pass rate for 16 quarters (4 years). The program additionally has been non compliant relative to corrective actions required by the Board at the time of placement on provisional accreditation and specified in the Notice of

Change in Accreditation Status, dated April 5, 2011. The Board directed submission of the report by December 1, 2011. The Board received the report on February 16, 2011.

Since the time the program was placed on Provisional Approval, on February 25, 2011, the average annual licensure pass rate has improved 15 percentage points. As a result of the increase in licensure pass rates, and the February 16, 2012 submission of the required report, the class of 30 students is recommended. It is important to note, the current class of 23 students is scheduled to graduate on May 27, 2012.

The recommendation to have the Executive Officer evaluate the program's continued improvement on the licensure examination and consider the request to admit a class of 30 on October 1, 2012 is based upon the program's significant history of poor performance and the short history of minor improvement in licensure pass rates.

Board staff will continue to closely monitor the program's effectiveness by tracking class admissions, the effectiveness of employed interventions, and the program's licensure examination pass rates quarterly, analyzing Annual Reports submitted by the program, and performing accreditation surveys every four (4) years.

- Attachment A: Notice of Change in Accreditation Status Dated April 5, 2011; Acknowledgement of Change in Accreditation Status Dated April 8, 2011; Returned to Board April 14, 2011.
- Attachment B: Program Correspondence; Dated February 15, 2012, Received February 16, 2012.
- Attachment C: Program Correspondence Dated March 27, 2012; Received March 28, 2012.
- Attachment D: Board Correspondence Dated April 4, 2012.
- Attachment E: Program Correspondence Dated April 2, 2012; Received April 6, 2012.

# Agenda Item #12.B.1. Attachment /



STATE AND LOCAL GOVERNMENT SERVICES AGENCY • GOVERNOR JERRY BRIDENBACH  
**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
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## CERTIFIED MAIL

April 5, 2011

Minnie Douglas, Ed. D., R.N., Director  
Vocational Nursing Program  
Advanced College  
13180 Paramount Boulevard  
South Gate, CA 90280

**Subject: Notice of Change in Accreditation Status**

Dear Ms. Douglas:

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on February 25, 2011, the status of the Advanced College, South Gate, Vocational Nursing Program has been changed from full accreditation to provisional accreditation for the two – year period from February 25, 2011 through February 28, 2013. Please sign and return the enclosed "Acknowledgement of Change in Accreditation Status" form by Friday, April 15, 2011.

### AREAS OF NON-COMPLIANCE [VIOLATION(S)]

In accordance with Section 2526.1(c) of title 16 of the California Code of Regulations,

"The Board may place any program on provisional accreditation when that program does not meet all requirements as set forth in this chapter and in Section 2526..."

Section 2530(l) of title 16 of the California Code of Regulations states:

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (l) Failure to maintain the required yearly average minimum pass rate for two years or eight consecutive quarters may be cause to place a program on provisional accreditation."

The program pass rates of the Advanced College, South Gate, Vocational Nursing Program for the past eleven (11) quarters are set forth in the following table.

NCLEX-PN <sup>®</sup> Licensure Examination Pass Rates			
Quarter	State Annual Average Pass Rate	Program Annual Average Pass Rate	Variance from State Annual Average Pass Rate
Apr - Jun 2008	75%	62%	-13
Jul - Sep 2008	74%	63%	-11
Oct - Dec 2008	73%	45%	-28
Jan - Mar 2009	72%	23%	-49
Apr - Jun 2009	70%	33%	-37
Jul - Sep 2009	72%	38%	-34
Oct - Dec 2009	73%	42%	-31
Jan - Mar 2010	74%	45%	-29
Apr - Jun 2010	75%	46%	-29
Jul - Sep 2010	75%	41%	-34
Oct - Dec 2010	76%	38%	-38

Based on this data, the program failed to meet the annual average pass rate requirement.

#### REQUIRED CORRECTION(S)

1. The Advanced College, South Gate, Vocational Nursing Program must bring its licensure examination annual average pass rate to no more than ten (10) percentage points below the State annual average pass rate for four (4) consecutive quarters by **February 28, 2013**.
2. The program must prepare and submit a written plan to improve its pass rates and make modifications to the plan as necessary based on the success or failure of the actions taken. Follow - up reports must be submitted in 10 months, but no later than **December 1, 2011**, and 22 months, but no later than **December 1, 2012**. The reports must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.
  - a. Current Enrollment.
  - b. Admission Criteria.
  - c. Screening and Selection Criteria.
  - d. Terminal Objectives.
  - e. Curriculum Objectives.
  - f. Instructional Plan.
  - g. Theory and Clinical Objectives for Each Course.
  - h. Lesson Plans for Each Course.
  - i. Textbooks.
  - j. Attendance Policy.
  - k. Remediation Policy.

- l. Evaluations of Theory and Clinical Faculty.
  - m. Evaluations of Theory Presentations.
  - n. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
  - o. Evaluation of Student Achievement.
3. The program must cease the ongoing admission of three (3) classes each year with a maximum of 45 students admitted per class.
4. The program is approved to admit a class of 45 students on May 23, 2011 only, graduating May 17, 2012, to **replace** students scheduled to graduate May 22, 2011.
5. The program must admit no additional students unless specifically approved by the Board.
6. The program must comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, section 2526.

Failure to take these corrective actions may cause the Board to revoke the program's accreditation. In the event additional violations of the accreditation standards are identified, such violations may result in further corrective action or revocation of provisional accreditation.

#### FUTURE BOARD ACTION

Your program will be placed on the February 2013 Board Meeting agenda for reconsideration of your accreditation status. The nursing education consultant assigned to your program will ask you to submit documentation of the correction of your violation(s) by the fifteenth day of the second month prior to that Board meeting.

#### OTHER IMPORTANT INFORMATION

Please be advised that, pursuant to the Board's regulations, the program will not be authorized to admit new classes beyond the established pattern of admissions previously approved by the Board. The established pattern of admissions approved by the Board is as follows: Prior Board approval is required for the admission of each class.

In the event your program is required to submit any report(s) as a corrective action pursuant to this notice, such reports are required in addition to any other reports required pursuant to 2527 of the Board's regulations.

The program may no longer advertise that it has full accreditation, and should take steps to correct any ongoing advertisements or publications in that regard.

A copy of title 16, California Code of Regulations, section 2526.1, regarding provisional accreditation is attached for your reference. A complete copy of the Board's laws and regulations can be found on the Board's web site at [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov).

Should you have questions, please do not hesitate to contact the Board.

Sincerely,



TERESA BELLO-JONES, J.D., M.S.N., R.N.  
Executive Officer

cca

Enclosures

cc: Board Members



## TITLE 16 CALIFORNIA CODE OF REGULATIONS

### Section 2526.1

#### **2526.1. Provisional Accreditation.**

- (a) Provisional accreditation means a program has not met all requirements as set forth in this chapter and in Chapter 6.5, Division 2 of the Business and Professions Code.
- (b) Provisional accreditation shall be granted for a period determined by the Board.
- (c) The Board may place any program on provisional accreditation when that program does not meet all requirements as set forth in this chapter and in Section 2526. If the program has not met all requirements at the end of the initial provisional accreditation period, provisional accreditation may be extended if the program demonstrates to the satisfaction of the Board a good faith effort to correct all deficiencies.
- (d) Any program holding provisional accreditation may not admit "new" classes beyond the established pattern of admissions previously approved by the Board. The admission pattern is defined by the number of students per class and the frequency of admissions for the six class admissions that immediately precede the Board action to consider provisional accreditation.
- (e) A program placed on provisional accreditation shall receive written notification from the Board. The notification to the program shall include specific areas of noncompliance and requirements for correction. A program's failure to correct delineated areas of noncompliance is cause for revocation of provisional accreditation.
- (f) A material misrepresentation of fact by a vocational nursing program in any information submitted to the Board is cause for revocation of provisional accreditation.
- (g) A program whose provisional accreditation has been revoked shall be removed from the Board's list of accredited programs. The status of students as potential applicants for licensure will be determined by the Board.
- (h) A program that is removed from the Board's list of accredited programs subsequent to Board action based on the program's non-compliance with applicable regulations shall not reapply to establish a vocational nursing program for a minimum period of one calendar year.



STATE OF CALIFORNIA  
**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945 **B V N**  
 Phone (916) 263-7800 Fax (916) 263-7859 Web www.bvnpt.ca.gov



BVNPT Received  
 on 4-15-11 with CR  
 ede

2011 APR 14 PM 4:28

**Acknowledgement of Change in Accreditation Status**

I, Minnie Douglas, director of Vocational Nursing  
 (Director's Name) Name of Program)

hereby acknowledge that this program's status has been changed from full accreditation to provisional accreditation. I understand that in accordance with Section 2526.1 (f) of the Vocational Nursing Rules and Regulations and Section 2581.1 (f) of the Psychiatric Technician Rules and Regulations, the Board will consider any advertisement of full accreditation while on provisional accreditation as "material misrepresentation of fact". "Material misrepresentation of fact" may lead to revocation of the program's accreditation. Further, I understand the program's provisional accreditation status will be reflected on the Board's internet website.

Please complete and return this form to the Board by April 15, 2011.

*I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Minnie Douglas, E.D., R.N.  
 (Signature of Director)

April 8, 2011  
 (Date)

# Agenda Item #12.B.1. Attachment B



BVNPT  
2012 FEB 16 PM 12:05

*edc*  
BVNPT Received  
on 2.22.12 with KR

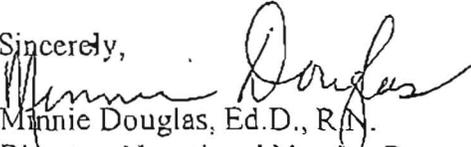
February 15, 2012

Cheryl C. Anderson, M.S., R.N.  
Supervising Nursing Education Consultant  
California Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, California 95833-2945

Dear Ms. Anderson:

The report as requested.

Sincerely,

  
Minnie Douglas, Ed.D., R.N.  
Director, Vocational Nursing Program  
Advanced College

*edee*  
BVNPT Received  
on 3/22/12 with KB

ADVANCED COLLEGE  
VOCATIONAL NURSING PROGRAM

PROVISIONAL ACCREDITATION REPORT

This report is in response to Advanced College being placed on Provisional Accreditation effective February 25, 2011.

**CURRENT ENROLLMENT**

Date class started	Date class will complete	# Students Admitted	#Students who are still in the class
June 5, 2011	May 27, 2012	37	24

Prior Enrollment submitted to Nursing Education Consultant upon her request:

October 12, 2011 (Appendix A)

January 12, 2012 (Appendix B)

In addition, The Annual Program Report submitted October 14, 2011 outlined enrollment data and status of the program.

**ADMISSION CRITERIA**

Admission to the Vocational Nursing Program shall be in adherence to all applicable policies and procedures of the college.

**Admission Requirements:**

1. Proof of completion of an approved general education course of study through the 12<sup>th</sup> grade or evidence of completion of the equivalent thereof.
2. Completion of Mathematic and Reading testing- Wonderlic with a score of 21 or better (highest scores will be given priority.)
3. History and physical with immunization record completed by physician or designee, indicating no restrictions in performing nursing duties required in the program.
4. Criminal background screening.

**Plan:**

An analysis of data relative to graduates passing the NCLEX-PN on the first attempt indicates that a mean score of 28 on the Wonderlic was prevalent. As a result of these findings, the college will change its Admission Requirement to include passing of Wonderlic test with a score of 25 or higher.

**Screening and Selection Criteria**

1. Prospective students shall submit to the director, official documentation of

- educational courses completed prior to the personal interview. Foreign transcripts must be translated into English and evaluated prior to submission
2. Prospective vocational nursing students shall submit official documentation of all related work experience, indicating the length of time worked and the duties assigned prior to the personal interview.
  3. Prospective vocational nursing students shall have a personal interview with the Director or Assistant Director of the Vocational Nursing Program.
  4. Prior education, related work experience, the personal interview and admission requirements shall be considered in the selection of candidates.
  5. Attend a mandatory orientation session.

### TERMINAL OBJECTIVES

Graduates of Advanced College shall be prepared to:

1. Successfully pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN)
2. Integrate foundations of nursing care at age appropriate levels for all patients.
3. Utilize learned nursing skills as an entry-level vocational nurse within the scope of the Vocational Nursing Practice Act.
4. Make sound judgments when incorporating legal and ethical principles in all direct and indirect patient care.
5. Address emotional, socio-economic and cultural issues for all patients.
6. Utilize the nursing process as the guide for contributing to assessment (data collection), planning, implementation and evaluation of patient care within the vocational nurse's scope of practice.
7. Pursue formal and informal continuing education and be active in professional groups and organizations.

### CURRICULUM OBJECTIVES

The Curriculum Objectives are congruent with the department's philosophy and conceptual framework. The philosophy as implemented is in agreement with the mission statement, goals and objectives of Advanced College to provide quality education that promotes students to accept intellectual, social, ethical and professional responsibilities. To develop abilities for students that would lead to an improved quality of life by reaching potential to succeed in a culturally diverse, technological world. Vocational Nursing as a department of Advanced College, will build on these core competencies and knowledge by increasing the skills needed for employment in the field of nursing, and the tools to further their education. It is our philosophical belief that each man in society lies on the health continuum in a kinetic state of wellness or illness. It is the objective of the faculty to teach concepts from simple to complex with the expectation of progressive mastery of the subject matter. The faculty believes that moral and ethical excellence is

essential in the personal and professional growth of nursing students and incorporates this philosophy throughout all teaching and learning experiences. We support interactive prepare entry-level practitioners to function within the vocational nurse scope of practice. The Conceptual Framework that guides the Vocational Nursing Program is the nursing process. The faculty fosters learning in students to problem solve patients needs utilizing the conceptual framework of the nursing process. The concept of assessment (data collection), planning, implementation and evaluation is taught through creative teaching techniques to meet diverse learning styles utilizing a variety of learning settings. The assessment phase consists of systematic collection of data about the patient as a bio-Psychosocial being. Information is obtained from the patient, family, physician, multidisciplinary team, and patient records. The nursing diagnosis identifies biological and psychosocial systems needs and risk factors utilizing the North American Nursing Diagnosis Association (NANDA) list. The planning phase involves goal setting as determined by the nursing diagnosis. These goals are time oriented, measurable, and directly related to the goal. This plan directs all patient and nursing efforts. Implementation is the phase in which the nurse interacts with the patient to provide therapeutic interventions that assist the patient to meet the established goals. The evaluation phase determines the degree of progress or lack of progress toward the fulfillment of patient goals. Modification of the plan is established in the event goals are unmet. The licensed vocational nurse uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan within a health care system. The curriculum was reformatted to be taught in four (4) terms instead of three (3) and forty-nine (49) weeks instead of forty-eight weeks. The reformatted curriculum was submitted. The major benefits of the changes has seen an increase in the college's pass rate. The changes made were as follows:

1. Increase from forty-eight (48) weeks to forty-nine (49) weeks with:
  - a) Term I increased from 10 weeks to 14 weeks with content of Anatomy and Physiology -56 hours, 204 hours of theory with discrete content; 144 clinical hours and 88 laboratory hours .( See Appendix 1 for Curriculum objectives, instructional plan, theory, clinical objectives and lesson plans for Terms I to Term IV)
  - b)Term II increased from 18 weeks to 18 weeks – 204 hours of theory with discrete content, 346 clinical hours and 54 laboratory hours.
  - c)Term III : 14 weeks – 158 hours of theory with discrete content, 238 hours clinical and 42 laboratory hours
  - d. Term IV: 3 weeks- 30 hours of theory with discrete content, 26 clinical hours and 18 laboratory hours

These changes were included in the materials submitted to the Nursing Education Consultant for the college's continued accreditation on January 24, 2011.

### **Plan**

Advanced College submitted a plan to the Nursing Education Consultant July 29, 2011 requesting approval to a curriculum modification with an increase from 1536 hours to 1680 hours. The increase in hours included 60 hours of orientation to equip the students with knowledge, skills and behaviors which could assure their success in the program and hours for independent study in the last term. ( Appendix C) No response from the Nursing Education Consultant resulting in the college not making the changes as intended. The college's accrediting agency, Council on Occupational Education COE) has allowed the college to continuc with its 1536 hours.

### **EVALUATION OF CURRICULUM**

The educational standards used in the evaluation of student's success and as a factor in determining the effectiveness of teaching is the basis for the grading policies. Students will receive final grades at the end of each term. Theory grades are based on relevant assignments, quizzes and mastery of subject matter examinations using Assessment Technologies Institute (ATI) testing services. ATI tests are prescriptive learning tools that focuses on mastery of subject matter and assist students to identify weakness and strengthen critical thinking skills.( Appendix D) The student must earn and maintain a "C" grade (75% or better in all courses at each term) and satisfactory clinical performance to be eligible for enrollment in the next term. The student must successfully pass each module examination with a minimum of 75%. Students receiving less than 75% on any module examination remediate and take an alternate examination of the content. Remediation includes a review of content of examination to identify learning deficits and a corrective plan to assist student in conceptualization of content. This plan includes independent reading and research; ATI online practice assessments; homework review : study guide review and tutoring. Retake of an examination results in a score not to exceed 75%. Students failing a term examination after remediation are placed on Probation Students who continually are unable to maintain grade at 75% are counseled to withdraw and seek re-entry at a later date. To assure that students have ample opportunities to maintain their grade, a Make-up Policy is utilized. The Makeup policy states that when a student misses a scheduled module examination or quiz due to medical reasons or unforeseen emergency, the student must notify the Instructor and the Administrative Assistant prior to class in which the examination or quiz is scheduled. Upon return, a student must provide the school a copy of the doctor's certificate or proof of the emergency. The make-up examination or quiz( different questions covering the same content as the original) must be taken within four (4) calendar days of the original scheduled examination or quiz. Regardless of the grade on the make-up examination or quiz, the student receives a maximum grade of 75%.

Students meeting clinical objectives receive a “Satisfactory” grade for clinical. Partially met clinical objectives will result in a “Needs Improvement” grade. Since the implementation of ATI mastery testing, students have shown great growth in the mastery of subject matters relevant to providing quality patient care. Students unable to meet clinical objectives receive an “Unsatisfactory” grade and fail the term regardless of grade earned in theory. An “Unsatisfactory” clinical evaluation results in dismissal from the program and a grade of “F” for the term.

### **Correlation of Theory and Clinical Experiences**

The Instructional Plan-Class syllabus includes specific activities to be completed in the clinical facilities for correlation of theory to practice. The curriculum threads include critical thinking activities as identified in the ATI content.(Appendix E) In addition, instructors are required to submit weekly clinical reports to the Director . These reports assist all in remaining current in how theory and clinical practice are correlated. (Appendix F)

### **Plans to improve NCLEX-PN scores**

Advanced College has been diligent in conducting activities to improve its graduate’s successes in passing the National Council Licensure Examination-PN (NCLEX-PN) on their first attempt. These activities include:

- 1.. Setting up Computer Laboratory with three (3) Assessment Technology Coordinators. The Assessment Technology Coordinators all have degrees in computer science or related fields. The ATI Coordinators assist students with computer skills and practice mathematics sessions. In addition, they provide a valuable testing and data collection support system for the nursing instructors by: a) filing; b) monitoring the post-testing after lectures, quizzes and examinations as a class room assistant; c) assisting in monitoring remediation and probations as a classroom assistant; d) assisting in monitoring attendance; e) staffing the Computer lab five (5) days per week with hours of 8 a.m. – 10 p.m., and f) assisting instructors in computer technology as it relates to transfer of knowledge to the clinical setting. All students are provided with a laptop computer and computer training as needed to assist them in their comfort level of working on the computer.
2. Developed measurable policies for students’ growth academically and clinically. Students are placed on Remediation when grades fall below 75% anytime during the term and placed on Probation with continued failure to meet the expectations of the program as it relates to theory grade and attendance.
3. Developed ongoing means of evaluating students’ progress on a weekly basis and provided necessary learning strategies to assist students with their learning needs. Received input from faculty regarding changes for success in implementing curriculum and correlation to theory to practice. These recommended changes

include: 1) Using ATI Clinical DVD's for discussions during conference time; 2) placing students on remediation when students unable to meet expectations in the clinical facilities; 3) requiring actual clinical makeup hours with instructors when hours are missed; 4) offering extra practice sessions on campus when students are unable to perform specific skills during clinical time.

4. In addition to the aforementioned, the college established a competency based exit examination for graduation and provides the students with a NCLEX-PN Review at no cost to students. ( Appendix G)

The program has adequate learning environment, resources and approved clinical facilities for enrolled students which was submitted January 2011 to Nursing Education Consultant in Advanced College's Application for Continued Accreditation. This includes classrooms, with computers, a skills laboratory with three(3) bedside units consisting of teaching manikins, electric beds, over bed tables, bedside stands and two functional medication carts. An ATI computer laboratory and library.

Overall, the college believes the aforementioned changes have resulted in an overall increase in Advanced College's NCLEX-PN pass rate. This response is predicated upon the following reports of the National Council Licensure Examination for Practical

Nurses: G4 ROLLING QUARTERS-JURISDICTION PROGRAM SUMMARY OF ALL FIRST TIME CANDIDATES EDUCATED IN CALIFORNIA BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

CURRENT QUARTER				YEAR TO DATE			
Candidates	Pass	Fail	% pass	Candidates	Pass	Fail	% Pass
4/01/11 - 6/30/11  11	5	6	45.45	7/01/11- 6/30/11  61	24	37	39.34
7/01/11 - 9/30/11  21	16	5	76.19	10/01/10 -- 9/30/11  72	37	35	51.39
10/01/11 - 12/31/11  26	17	9	65.38	01/01/11- 12/31/11  81	49	32	60.49

The changes in the pass rate as reflected in the chart shows an increase for the last three (3) carters and annual pass rate.

Advanced College's collection of data regarding NCLEX-PN pass rate indicates that there has been an increase in its overall number for graduates passing the first time.(Appendix H). Since being placed on Provisional Accreditation, the college has graduated three (3) classes with each showing improvement according to data collected by the college. The changes made to improve the NCLEX-PN pass rate are as follows:

1. Increased program from 48 weeks to 49 weeks.
2. Installed all new Dell computers in a separate computer lab for students.
3. Provided all vocational nursing students with individual laptop computers.
4. Provided a week orientation ,free of charges, to new Vocational Nursing students in which computer workshops were held to familiarize students with the use of the computer and study techniques.
5. Implemented ATI Competency based testing for all terms with students being placed on Remediation or Probation status with specific objectives to master before becoming academically satisfactory.
6. Hired an Educational Chair, Administrative Assistant to the Director of Nursing and three (3) ATI coordinators. The Educational Chair assists in monitoring and advising students progress as it relates to their personal life and the impact on the students academic performance and direct communications regarding filing to take the NCLEX-PN examination. The main task of the Administrative Assistant is to summarize all the data of the ATI examinations and present to the Director of Nursing, ATI coordinators, all who have degrees and are computer proficient, have the responsibilities of assisting instructors in proctoring ATI tests, monitoring attendance and tutoring in mathematics.
7. Coordinated clinical experiences with didactic content and monitors this by having instructors complete weekly report.
8. Submitted paperwork to the Board of Vocational Nursing and Psychiatric Technicians within one to two days of student's graduation. Presently, the response from the BVNPT is approximately 6 -8 weeks . Once, the students receive their paperwork from BVNPT, the Educational Chair works with each in setting up the NCLEX-PN testing with Pearson Testing services.

9. Reformatted Instructional Plan in a student friendly format with lesson plans for each day. The reformatted Instructional Plan was submitted to the Education Consultant for the college's continued accreditation on January 24, 2011.
10. Implemented content post testing after each lecture to ascertain students understanding of content.
11. Provided tutoring sessions for students.
12. Continued to have students make up theory hours on campus in ATI laboratory.
13. Continued to have students make up clinical hours in the hospital setting.
14. Evaluated students' clinical performance two (2) times during each term.
15. Provided students who receive less than a 90% probability of passing the NCLEX-PN on the ATI comprehensive Examination free tutoring and review sessions to improve their probability of passing. Students are given an opportunity to take another form of the ATI Comprehensive Examination.
16. Fees for taking the NCLEX-PN are no longer given to graduates. The Educational Chair makes direct payments with credit card to Pearson Testing. This enables students to take the examination immediately receiving permission to test from the BVNPT.

#### **Evaluation of Advanced College's efforts**

The modifications outlined in this report has enabled Advanced College to increase its pass rate on the NCLEX- PN. Presently, the college has one class which will graduate May 27, 2012. The inability to admit students will prevent the college from making further progress relative to improving its pass rate by February 2013. Advanced College is requesting approval to admit students as follows:

March 15, 2012 with graduation February 19,2013

May 28, 2012 with graduation May 20,2013 ( to replace May 27 ,2012 graduating class

October 1, 2012 with graduation September 23, 2013

Submitted by : Minnie Douglas, Ed.D., R.N

Director, Vocational Nursing Program

Advanced College

## APPENDIX A

Please complete the following *Enrollment Data Table* for all currently enrolled classes and for those classes that are proposed.

School Name: Advanced College

ENROLLMENT DATA			
CLASS DATES		#Students Admitted at time of class start	#Students who are still in the class
Date class started or will start	Date class will Complete		
09/07/10	09/22/11	41	24 Graduated
01/10/11	12/18/11	44	29
06/06/11	05/27/12	37	30
10/17/11	10/07/12	Proposed 45	

Signature: Minnie Dwyer

Date: 10-12-11

## APPENDIX B

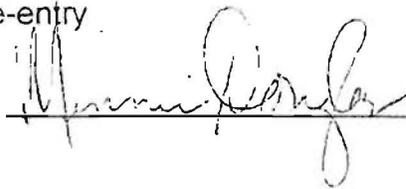
Please complete the following *Enrollment Data Table* for all currently enrolled classes and for those classes that are proposed.

School Name: Advanced College

ENROLLMENT DATA			
CLASS DATES		#Students Admitted at time of class start	#Students who are still in the class
Date class started or will start	Date class will Complete		
1/14/2008	12/14/2008	31	20 Graduated
6/16/2008	5/29/2009	29	19 Graduated*
9/22/2008	9/6/2009	28	19 Graduated
2/2/2009	1/17/2010	32	27 Graduated*
6/8/2009	5/22/2010	37	25 Graduated
9/14/2009	9/5/2010	30	10 Graduated
1/19/2010	1/09/2011	40	29 Graduated*
6/1/2010	5/22/2011	37	22 Graduated
9/7/2010	8/28/2011	38	25 Graduated
01/10/2011	12/18/2011	44	19 Graduated* 13 Remediating
06/06/2011	05/27/2012	37	24 Current*

\*Includes re-entry

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

1-2-2

## APPENDIX C

## Dr. Minnie Douglas

---

**From:** Dr. Minnie Douglas [mdouglas@advancedcollege.edu]  
**Sent:** Friday, July 29, 2011 3:44 PM  
**To:** 'Cheryl.Anderson@dca.ca.gov'  
**Cc:** 'Dr. Lida Mansaurian'  
**Subject:** REquest to admit students and Curriculum modification  
**Attachments:** Advanced College May 2011 Grads.docx; curriculum (current) (2).doc; Proposed Curriculum.doc

Cheryl,

A request to admit students in September and acceptance of curriculum modification was submitted previously. This is to provide rationale for these requests

Advanced College is requesting to admit forty-five (45) students September 5, 2011.

### Rationale:

1. The college has been keeping updated data regarding students taking and passing the NCLEX-PN. The data relative to students' pass rates since receiving the National Council Licensure Examination for Practical Nursing ,G4 Rolling Quarters report 07/01/2010-06/30/2011 indicate an improvement. (See Attachment –May 2011 Graduates Data).
2. The Plan presented to BVNPT February 3, 2011 has proven to be effective, especially as it relates to having students take the examination as soon as possible upon receiving paperwork from BVNPT. Currently, graduated students are returning to the campus with paperwork. The college has created an account with Pearson Testing Center which allows the examination fees to be charged to a credit card. This assures that the examination fee is immediately accepted thus decreasing the one(1) to two (2) weeks delay for scheduling of the examination.
3. Presently, we have a list of fifty-one (51) students desirous of entering the V.N. Program. We believe that an admission of a class September 5, 2011 will assist in meeting the needs of the local students. A majority of our students are from the immediate area of South Gate and have indicated that the distance and hours of the program meets their needs. During these economical difficulty times, we are desirous of helping individuals improve their lives as an education will ensure.
4. The employment of teachers will be affected.
5. The college's continued use of clinical facilities s may be affected as facilities will give our assigned spaces to other schools.
6. The college submitted a plan to increase the total hours from 1536 hours to 1680 and length of program from forty –nine (49 ) weeks to 57 weeks. The additional hours include an Orientation of two (2) weeks –forty (40 hours) and NCLEX\_PN Independent Study of eighty (80 )hours. The Orientation class will focus on Curriculum Threads as related to: Communication; critical thinking, teaching/learning principles; mathematics; professionalism; diversity; collaboration; self care; fiscal responsibility and patient advocacy.

Please advice relative to: 1 ) Admission of class, September 5, 2011 and 2) Modification of curriculum.

Thank you for your assistance in this matter.

Minnie Douglas, Ed.D., R.N.  
Director, Vocational Nursing Program  
Advanced College, South Gate  
562-408-6969

ADVANCED COLLEGE  
VOCATIONAL NURSING PROGRAM

CURRENT - JULY 7, 2011

CURRICULUM

	Orientation	Term I (14 wks)	Term II (18 wks)	Term III (14 wks)	Term IV (3 wks)	Totals
Anatomy and Physiology		56				56
Nutrition		20				20
Psychology				24		24
Normal Growth and Development		16				16
Nursing Fundamentals		84				84
Nursing Process		12				12
Communication		4				4
Patient Education					6	6
Pharmacology		12	32	10		54
Medical-Surgical Nursing			148	44		192
Communicable Diseases			8			8
Gerontological Nursing				30		30
Rehabilitation Nursing				6		6
Maternity Nursing				26		26
Pediatric Nursing				18		18
Leadership					24	24
Supervision						
<b>Total Theory Hours</b>	0	204	188	158	30	580
Clinical Hours		144	346	238	26	
Skills Lab Hours		88	54	42	18	
<b>Total Clinical Hours</b>		232	400	280	44	956
<b>Term Total</b>	0	436	588	438	74	1536

LENGTH OF PROGRAM 49 WEEKS

TOTAL PROGRAM HOURS 1536

ADVANCED COLLEGE  
VOCATIONAL NURSING PROGRAM

PROPOSED

CURRICULUM

	Orientation (2wks)	Term I (16 wks)	Term II (18 wks)	Term III (14 wks)	Term IV(7 wks)	Totals
Anatomy and Physiology		56				56
Nutrition		20				20
Psychology				24		24
Normal Growth and Development		16				16
Nursing Fundamentals		84				84
Nursing Process		12				12
Communication		4				4
Patient Education					6	6
Pharmacology		12	56	10		78
Medical-Surgical Nursing		30	118	44		192
Communicable Diseases			8			8
Gerontological Nursing				30		30
Rehabilitation Nursing				6		6
Maternity Nursing				26		26
Pediatric Nursing				18		18
Leadership/Supervision					24	24
Independent Study/NCLEX					80	80
<b>Theory Hours</b>	40	234	182	158	110	724
<b>Clinical Hours</b>		144	346	238	26	754
<b>Skills Lab Hours</b>		88	54	42	18	202
<b>Total Clinical</b>		232	400	280	44	956
<b>Term Total</b>	40	466	582	438	154	1680

LENGTH OF PROGRAM 58 WEEKS

TOTAL PROGRAM HOURS 1680

## APPENDIX D

## PN FUNDAMENTALS 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### BASIC CARE AND COMFORT (15)

- Complementary and Alternative Therapies: Guided Imagery
- Fluid and Electrolyte Imbalances: Findings to Report
- Grief, Loss, and Palliative Care: Priority Action
- Hygiene: Clients who have Dementia
- Mobility and Immobility: Applying Antiembolic Stockings
- Mobility and Immobility: Benefits of Therapy
- Mobility and Immobility: Passive Range-of-Motion Exercises
- Mobility and Immobility: Teaching Use of a Cane
- Nasogastric Intubation and Enteral Feedings: Administering Feedings
- Nasogastric Intubation and Enteral Feedings: Promoting Drainage
- Nutrition and Oral Hydration: Calculating Output
- Nutrition and Oral Hydration: Data Collection of a Client Who is Malnourished
- Nutrition and Oral Hydration: Enteral Tube Feedings
- Nutrition and Oral Hydration: Promoting Independence After a Cerebrovascular Accident
- Pressure Ulcers, Wounds, and Wound Management: Measures to Maintain Client Skin Integrity

### COORDINATED CARE (7)

- Data Collection and General Survey: Appropriate Documentation
- Ethical Responsibilities: Client Advocacy
- Information Technology: Appropriate Abbreviations
- Information Technology: Completing an Incident Report
- Legal Responsibilities: Disclosure of Confidential Health Information
- Legal Responsibilities: Maintaining Confidentiality
- Legal Responsibilities: Witnessing Informed Consent

### HEALTH PROMOTION AND MAINTENANCE (7)

- Client Education: Developing a Plan of Care
- Data Collection and General Survey: Subjective Data
- Health Promotion and Disease Prevention: Classification Based on Body Mass Index
- Infant (Birth to 1 Year): Promotion of Parent Bonding
- Integumentary and Peripheral Vascular Systems: Dorsalis Pedis Pulse
- Middle Adult (35 to 65 Years): Health Promotion
- Sources of Nutrition: High-Protein Foods

### PHARMACOLOGICAL THERAPIES (4)

- Dosage Calculation: Administering Medication to a School-Age Child
- Dosage Calculation: IV Infusion
- Pharmacokinetics and Routes of Administration: Administering Otic Medications to School-Age Child
- Safe Medication Administration and Error Reduction: Disposal of an Unused Opioid

### PHYSIOLOGICAL ADAPTATIONS (2)

- Bowel Elimination: Ostomies
- Respiratory Management: Managing Hyperventilation

### PSYCHOSOCIAL INTEGRITY (5)

- Cultural and Spiritual Nursing Care: Conflicts Between Client Beliefs and Care
- Grief, Loss, and Palliative Care: Assisting Family with Loss
- Hygiene: Oral Care
- Therapeutic Communication: Adolescent
- Therapeutic Communication: Interventions for a Client with Depression

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## PN FUNDAMENTALS 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### REDUCTION OF RISK POTENTIAL (7)

- Intravenous Therapy: Infiltration
- Urinary Elimination: Collecting Mid-Stream Urine Specimen
- Urinary Elimination: Incontinence
- Urinary Elimination: Mid-Stream Urine Specimen
- Urinary Elimination: Preparing to Insert an Indwelling Urinary Catheter
- Urinary Elimination: Priority Action for Oliguria
- Vital Signs: Correct Procedure for Measuring Blood Pressure

### SAFETY AND INFECTION CONTROL (13)

- Client Safety: Preventing Falls After Bed Rest
- Client Safety: Priority Action For Client Falls
- Client Safety: Reinforcing Client Education About Falls
- Client Safety: Reinforcing Teaching About Seizure Management
- Client Safety: Use of a Belt Restraint
- Ergonomic Principles: Moving a Client up in Bed
- Ergonomic Principles: Proper Lifting
- Home Safety: Home Care Considerations with Insulin Injection
- Infection Control: Appropriate Sequence for Use of Personal Protective Equipment
- Medical and Surgical Asepsis: Hand Hygiene
- Medical and Surgical Asepsis: Sterile Field
- Urinary Elimination: Indwelling Urinary Catheter
- Vital Signs: Evaluating Postoperative Client

## PN PHARMACOLOGY 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### HEALTH PROMOTION AND MAINTENANCE (1)

- Immunizations: Contraindications to Influenza Immunization

### PHARMACOLOGICAL THERAPIES (45)

- Airflow Disorders: Evaluating Client Teaching about Montelukast (Singulair)
- Angina: Client Teaching for Anginal Pain
- Angina: Evaluating Client Teaching
- Antibiotics Affecting Protein Synthesis: Monitoring for Side Effects of Gentamicin (Garamycin)
- Antilipemic Agents: Reinforcing Client Teaching About Atorvastatin (Lipitor)
- Bipolar Disorders: Avoiding Lithium Toxicity
- Bipolar Disorders: Recognizing Lithium Toxicity
- Blood and Blood Product Transfusions: Appropriate Solutions
- Blood and Blood Transfusions: Indications of Fluid Overload
- Bone Disorders: Adverse Effects to Report for Alendronate sodium (Fosamax)
- Cardiac Glycosides and Heart Failure: Findings to Report
- Chronic Neurological Disorders: Evaluating Teaching for Levodopa (Dopar)
- Chronic Neurological Disorders: Valproic Acid (Depakote)
- Diabetes Mellitus: Administering Two Insulins
- Diabetes Mellitus: Mixing NPH and Regular Insulins
- Dosage Calculation: Calculating Hourly IV Volume
- Dosage Calculation: Calculating Tablets
- Dosage Calculation: Dosage by Weight
- Dosage Calculation: Subcutaneous Heparin
- Gastrointestinal Disorders: Reinforcing Teaching About Scopolamine (Transderm Scop)
- Growth Factors: Monitoring Adverse Effects
- Growth Factors: Monitoring for Therapeutic Effects
- Growth Factors: Route of Administration
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- Medications Affecting Blood Pressure: Monitoring the Client Receiving Propranolol (Inderal)
- Medications Affecting Blood Pressure: Monitoring Therapeutic Effect of Lisinopril (Prinivil)

- Medications Affecting Blood Pressure: Reinforcing Teaching for Calcium Channel Blockers
- Medications Affecting Coagulation: Reviewing Laboratory Data
- Medications Affecting Coagulation: Warfarin Interactions
- Medications Affecting Urinary Output: Counteracting Side Effects of Loop Diuretics
- Medications Affecting Urinary Output: Monitoring Laboratory Values for Hydrochlorothiazide (Hydrodiuril)
- Medications Affecting Urinary Output: Spironolactone (Aldactone)
- Nonopioid Analgesics: Treating an Overdose
- Opioid Agonists and Antagonists: Counteracting Adverse Effects of Morphine
- Pharmacokinetics and Routes of Administration: Reinforcing Teaching About Metered-Dose Inhalers
- Psychoses: Appropriate Medications for Client who has Schizophrenia
- Psychoses: Interactions With An Antipsychotic Agent
- Rheumatoid Arthritis: Prednisone (Deltasone)
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- Safe Medication Administration and Error Reduction: Documentation
- Safe Medication Administration and Error Reduction: Giving IM Medication
- Safe Medication Administration and Error Reduction: Verifying Client Identification
- Upper Respiratory Disorders: Medication Contraindications With Hypertension
- Urinary Tract Infections: Therapeutic Effect of Nitrofurantoin (Macrochantin)

### PSYCHOSOCIAL INTEGRITY (1)

- Opioid Agonists and Antagonists: Acute Opioid Toxicity

### SAFETY AND INFECTION CONTROL (3)

- Antibiotics Affecting the Bacterial Cell Wall: Priority Actions for Adverse Effects
- Antibiotics Affecting Protein Synthesis: Decision-making Regarding Allergies
- Medication Administration and Error Reduction: Using the Six Rights

## PN ADULT MEDICAL-SURGICAL 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

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- Airway Management: Tracheostomy Care
- Aneurysms: Treatment Goals
- Appendicitis: Findings to Report
- Appendicitis: Identifying Appendicitis
- Cholecystitis and Cholelithiasis: Postoperative Teaching
- Chronic Obstructive Pulmonary Disease (COPD): Airway Management
- Chronic Obstructive Pulmonary Disease (COPD): Expected Findings for Emphysema
- Electrocardiography and Dysrhythmia Monitoring: Rhythm Interpretation
- Esophageal Disorders: Appropriate Intervention
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- Fluid and Electrolyte Imbalances: Identifying Manifestations of a Specific Imbalance
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- Gastrointestinal Therapeutic Procedures: Ostomy Care
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- Heart Failure: Prioritizing Interventions for Pulmonary Edema
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- Hemodialysis and Peritoneal Dialysis: Caring for a Client who is Receiving Peritoneal Dialysis
- Increased Intracranial Pressure Disorders: Preventative Interventions
- Leukemia and Lymphoma: Client Management During Radiation Therapy
- Parkinson's Disease: Priority Findings
- Pressure Ulcers, Wounds, and Wound Management: Priority Interventions
- Respiratory Emergencies: Responding to Pulmonary Embolism

- Sources of Nutrition: Increased Nutrients for a Client who is Taking Furosemide (Lasix)
- Thyroid Disorders: Identifying Manifestations of Hypothyroidism

### PSYCHOSOCIAL INTEGRITY (2)

- Amputations: Responding to Altered Body Image
- Burns: Facilitating Client Transition into the Community

### REDUCTION OF RISK POTENTIAL (14)

- Acid-Base Imbalances: Expected Laboratory Values
- Acid-Base Imbalances: Laboratory Values to Report to the Provider
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- Fluid and Electrolyte Imbalances: Paracentesis Complications
- Gastrointestinal Diagnostic Procedures: Evaluating a Client's Understanding of a Colonoscopy
- Neurological Diagnostic Procedures: Performing a Lumbar Puncture
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- Respiratory Diagnostic and Therapeutic Procedures: Maintaining Patency
- Respiratory Diagnostic and Therapeutic Procedures: Preparing a Client for a Thoracentesis
- Respiratory Diagnostic and Therapeutic Procedures: Reinforcing Teaching About Bronchoscopy

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## PN ADULT MEDICAL-SURGICAL 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### SAFETY AND INFECTION CONTROL (10)

- Alzheimer's Disease. Home Safety
- Bacterial, Viral, Fungal, and Parasitic Infections: Health-Care Associated Infections
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- Emergency Nursing Principles and Management. Caring for a Client with Anaphylaxis
- Hepatitis and Cirrhosis: Precautions for Hepatitis A
- Immune and Infectious Disorders Diagnostic Procedures: Transmission of Toxoplasmosis
- Leukemia and Lymphoma: Interventions for a Client with an Unexpected WBC Count
- Neurological Diagnostic Procedures: Preparing a Client for a Cerebral Angiogram
- Tuberculosis: Caring for a Client who had a BCG Vaccine
- Vitamins, Minerals, and Supplements: Contraindications of Enoxaparin (Lovenox)

## PN MATERNAL NEWBORN 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### BASIC CARE AND COMFORT (4)

- Newborn Assessment: Priority Findings
- Nursing Care of the Client During the Postpartum Period: Understanding Breastfeeding
- Nutrition During Pregnancy: Dietary Considerations
- Nutrition During Pregnancy: Interventions for Nausea

### HEALTH PROMOTION AND MAINTENANCE (21)

- Assessment of Fetal Well-Being: Nonstress Test
- Care of the Postpartum Client: Episiotomy Care
- Contraception: Complications of Diaphragm Use
- Contraception: Use of Oral Contraceptives During Lactation
- Newborn Assessment: Findings to Report
- Newborn Assessment: Postmaturity
- Newborn Assessment: Reportable Findings
- Nursing Care of the Client During the Postpartum Period: Data Collection
- Nursing Care of the Client During the Postpartum Period: Education Regarding Rubella Vaccination
- Nursing Care of the Client During the Postpartum Period: Lochia
- Nursing Care of the Client in Labor: Rupture of Membranes
- Nursing Care of the Newborn: Breastfeeding Techniques
- Nursing Care of the Newborn: Circumcision Client Teaching
- Nursing Care of the Newborn: Cord Care
- Nursing Care of the Newborn: Reflux
- Nursing Care of the Newborn: Reinforcing Teaching About Elimination
- Nutrition During Pregnancy: Increasing Iron Intake
- Nutrition During Pregnancy: Vitamin and Mineral Intake
- Prenatal Care: Common Discomforts During the First Trimester of Pregnancy
- Prenatal Care: Monitoring Fetal Heart Tones
- Prenatal Care: Nagele's Rule

### PHARMACOLOGICAL THERAPIES (4)

- Contraception: Adverse Effects
- Early Onset of Labor: Pharmacological Therapy

- Nutrition During Pregnancy: Importance of Folate During Pregnancy
- Prenatal Care: RhoGAM Injection

### PHYSIOLOGICAL ADAPTATIONS (6)

- Bleeding During Pregnancy: Abruptio Placentae
- Clinical Disorders: Nursing Interventions for Evisceration
- Complications of Pregnancy: Nursing Interventions
- Complications of the Postpartum Period: Client who has Preeclampsia and Postpartum Bleeding
- Fetal Assessment During Labor: Priority Intervention for Spontaneous Rupture of Membrane
- Prenatal Care: Reinforcing Teaching Regarding Heartburn

### REDUCTION OF RISK POTENTIAL (10)

- Clinical Disorders: Abnormal Findings
- Clinical Disorders: Reportable Findings for Pre-eclampsia
- Clinical Disorders: Reporting Critical Findings During Gestation
- Complications of the Newborn: Hypoglycemia
- Newborn Assessment: Monitoring Vital Signs
- Nursing Care of the Newborn: Correct Suctioning Technique
- Prenatal Care: Alterations in Laboratory Data
- Prenatal Care: Determining Gravida
- Prenatal Care: Findings to Report
- Prenatal Care: Reinforcing Client Teaching About Laboratory Testing

### SAFETY AND INFECTION CONTROL (5)

- Complications of the Newborn: Use of Phototherapy Lights
- Medical and Surgical Asepsis: Sterile Technique for Insertion of an Indwelling Urinary Catheter
- Nursing Care of the Client During Labor: Standard Precautions
- Nursing Care of the Newborn: Crib Safety
- Nursing Care of the Newborn: Newborn Safety

## PN MENTAL HEALTH 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### COORDINATED CARE (4)

- Basic Mental Health Nursing Concepts: Client Confidentiality
- Electroconvulsive Therapy: Informed Consent
- Legal and Ethical Issues: Client Rights
- Legal and Ethical Issues: Informed Consent

### HEALTH PROMOTION AND MAINTENANCE (2)

- Chemical and Other Dependencies: Readiness for Treatment
- Substance and Other Dependencies: Withdrawal from Opiates

### PHARMACOLOGICAL THERAPIES (5)

- Medications for Bipolar Disorders: Adverse Effects of Lithium (Eskalith)
- Medications for Bipolar Disorders: Identifying Complications
- Medications for Depression: Side Effects of Tricyclic Antidepressants
- Medications for Psychoses: Reinforcing Client Teaching about Clozapine (Clozaril)
- Medications to Treat Depression: Contraindications for MAOIs

### PHYSIOLOGICAL ADAPTATIONS (1)

- Substance and Other Dependencies: Cocaine Intoxication

### PSYCHOSOCIAL INTEGRITY (30)

- Anxiety and Defense Mechanisms: Managing Anxiety
- Anxiety and Defense Mechanisms: Recognizing Client Use of Displacement
- Anxiety Disorders: Hypochondriasis
- Anxiety Disorders: Planning Behavioral Strategies During Attacks
- Anxiety Disorders: Recognizing Somatization
- Bipolar Disorders: Recognizing Behavioral Manifestations
- Bipolar Disorders: Relapse
- Care of Those Who are Dying and/or Grieving: Evaluating Client Coping
- Care of Those Who are Dying and/or Grieving: Recognizing Maladaptive Grieving
- Cognitive Disorders: Appropriate Interventions for Alzheimer's Disease
- Cognitive Disorders: Interventions for Client with Dementia
- Cognitive Disorders: Priority Intervention
- Creating and Maintaining a Therapeutic and Safe Environment: Appropriate Techniques

- Creating and Maintaining a Therapeutic and Safe Environment: Priority Nursing Care
- Crisis Management: Priority Nursing Intervention
- Crisis Management: Stepwise Intervention
- Defense Mechanisms: Intimate Partner Abuse
- Eating Disorders: Laboratory Values
- Effective Communication: Grief
- Effective Communication: Planning the Orientation Phase
- Effective Communication: Therapeutic Response
- Group and Family Therapy: Adaptation to Role Change
- Medications for Substance Abuse: Alcohol Withdrawal
- Personality Disorders: Appropriate Interventions
- Personality Disorders: Expected Findings
- Schizophrenia: Priority Response to Hallucinations
- Schizophrenia: Recognizing Symptoms
- Schizophrenia: Therapeutic Response to Hallucinations
- Substance and Other Dependencies: Nicotine Replacement Therapy
- Suicide: Priority Intervention for Client in Crisis

### REDUCTION OF RISK POTENTIAL (4)

- Electroconvulsive Therapy: Reinforcing Teaching
- Medications for Bipolar Disorders: Effect on Serum Sodium Levels
- Medications for Bipolar Disorders: Reinforcing Teaching about Lithium Carbonate
- Medications for Psychoses: Managing Adverse Effects of Clozapine (Clozaril)

### SAFETY AND INFECTION CONTROL (4)

- Cognitive Disorders: Prevention of Falls for a Client with Dementia
- Creating and Maintaining a Therapeutic and Safe Environment: Documenting the Use of Restraints
- Schizophrenia: Priority Findings
- Suicide: Client Safety Following Suicide Attempt

## PN NURSING CARE OF CHILDREN 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### BASIC CARE AND COMFORT (6)

- Fractures: Appropriate Interventions for Sprain
- Fractures: Priority Interventions for Child in Skeletal Traction
- Health Promotion of the Toddler (1 to 3 years): Meeting Nutritional Needs
- Health Promotion of the Toddler: Promoting Sleep
- Musculoskeletal Congenital Disorders: Findings Associated with Scoliosis
- Nutrition for Adolescents: Findings Associated with Severe Calorie Restriction

### HEALTH PROMOTION AND MAINTENANCE (10)

- Cystic Fibrosis: Reinforcing Dietary Teaching
- Health Promotion of the Adolescent: Communication Techniques
- Health Promotion of the Infant (Birth to 1 Year): Reinforcing Nutritional Teaching
- Health Promotion of the Infant: Weight Gain in the Infant
- Health Promotion of the Toddler: Appropriate Snack Foods
- Hospitalization, Illness, and Play: Preparing a Preschooler for a Procedure
- Immunizations: Contraindications for Influenza Vaccine
- Nutrition for Children: Nutritional Risks for Toddlers
- Physical Assessment Findings: Abdomen
- Safe Administration of Medication: Strategies for Administration

### PHARMACOLOGICAL THERAPIES (6)

- Asthma: Evaluating Teaching about Inhaler
- Attention Deficit Hyperactivity Disorder (ADHD): Adverse Effects of Psychostimulants
- Dosage Calculation: Dosage by Weight
- Dosage Calculation: Medication for Heart Failure
- Hematological Disorders: Iron Deficiency Anemia
- Safe Administration of Medication: Site Selection

### PHYSIOLOGICAL ADAPTATIONS (13)

- Acute and Infectious Respiratory Illnesses: Primary Intervention for Epiglottitis
- Acute Infectious Gastrointestinal Disorders: Fluid Recommendations for Acute Diarrhea
- Acute Neurological Disorders: Increased Intracranial Pressure

- Acute Neurological Disorders: Interventions for Meningitis
- Burns: Eliminating the Burning Process
- Cardiovascular Disorders: Manifestations of Heart Failure
- Congenital Heart Disease: Digoxin (Lanoxin)
- Diabetes Mellitus: Signs and Symptoms of Hyperglycemia
- Musculoskeletal Congenital Disorders: Expected Findings with Developmental Dysplasia of the Hip
- Pediatric Cancers: Appropriate Interventions for Mucositis
- Physical Assessment Findings: Inguinal Hernia
- Seizures: Immediate Postictal Phase
- Skin Infections and Infestations: Impetigo

### PSYCHOSOCIAL INTEGRITY (2)

- Death and Dying: Meeting Family Needs
- Psychosocial Issues of Infants, Children, and Adolescents: Identifying Indications

### REDUCTION OF RISK POTENTIAL (17)

- Acute and Infectious Respiratory Illnesses: Complications Following Tonsillectomy
- Acute Neurological Disorders: Findings Associated with Bacterial Meningitis
- Acute Neurological Disorders: Findings to Report
- Cardiac Glycosides: Monitoring Laboratory Values
- Cardiovascular Disorders: Cardiac catheterization
- Cardiovascular Disorders: Tetralogy of Fallot
- Chronic Neuromuscular Disorders: Juvenile Idiopathic Arthritis
- Communicable Diseases: Interventions for Conjunctivitis
- Diabetes Mellitus: Determining Adherence to Treatment Plan
- Enuresis and Genitourinary Tract Defects: Collecting Urine Specimen from a Preschooler
- Fractures: Care of Child in Skin Traction
- Fractures: Findings to Report to the Provider
- Health Promotion of the School-Age Child: Monitoring Laboratory Values
- Hematologic Disorders: Hemophilia
- Hematologic Disorders: Laboratory Results
- Hematologic Disorders: Priority Finding with Vasoocclusive Crisis
- Physical Assessment Findings: Identifying Unexpected Vital Signs

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## PN NURSING CARE OF CHILDREN 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### SAFETY AND INFECTION CONTROL (6)

- Acute and Infectious Respiratory Illnesses:  
Respiratory Syncytial Virus
- Communicable Diseases: Isolation  
Precautions
- Communicable Diseases: Preventing  
Transmission of Varicella
- Health Promotion and the Infant: Risk For  
Injury
- Health Promotion and the School-Age Child:  
Bicycle Safety
- Skin Infections and Infestations: Preventing  
the Spread of Pinworms

## PN MANAGEMENT 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### COORDINATED CARE (48)

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- Coordinating Client Care: Appropriate Referral following Cerebrovascular Accident
- Coordinating Client Care: Appropriate Referral to Occupational Therapist
- Coordinating Client Care: Appropriate Strategies for Time Management
- Coordinating Client Care: Assignment for a Licensed Practical Nurse
- Coordinating Client Care: Client Transfer to Wheelchair by Assistive Personnel
- Coordinating Client Care: Information to Include in Shift Report
- Coordinating Client Care: Initiation of Home Care
- Coordinating Client Care: Orienting New Employees
- Coordinating Client Care: Peer Evaluation
- Coordinating Client Care: Performance Review for Assistive Personnel
- Coordinating Client Care: Prioritizing Client Care
- Coordinating Client Care: Priority Actions for Client being Discharged
- Coordinating Client Care: Recognizing Client Need for Interdisciplinary Care Conference
- Coordinating Client Care: Recommending Interdisciplinary Client Care Conference
- Coordinating Client Care: Serving as a Resource to Other Staff
- Coordinating Client Care: Supervising Assistive Personnel Performance of New Task
- Coordinating Client Care: Supplies Needed for Care after Discharge
- Coordinating Client Care: Unit Policy Development
- Facility Protocols: Inappropriate Medication Prescription
- Maintaining a Safe Environment: Identifying Signs of Abuse
- Managing Client Care: Appropriate Assignment for Assistive Personnel
- Managing Client Care: Appropriate Assignment for Assistive Personnel on a Medical-Surgical Unit
- Managing Client Care: Appropriate Task to Delegate to Assistive Personnel
- Managing Client Care: Documentation for Medicare
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- Managing Client Care: Priority Findings to Report
- Managing Client Care: Reinforcing Client Teaching about Minor Head Injuries
- Managing Client Care: Reinforcing Teaching with Newly Licensed Nurse
- Managing Client Care: Responding to Work Assignment Conflict
- Managing Client Care: Total Patient Care Delivery Nursing
- Professional Responsibilities: Actions to Maintain Client Confidentiality
- Professional Responsibilities: Appropriate Methods for Client Confidentiality
- Professional Responsibilities: Client Concern with Primary Care Provider
- Professional Responsibilities: Client Request for Clarification
- Professional Responsibilities: Client Right to Refuse Treatment
- Professional Responsibilities: Determining Client Understanding of Advance Directives
- Professional Responsibilities: Ensuring Understanding of Spanish-Speaking Client
- Professional Responsibilities: Implementing Advance Directives
- Professional Responsibilities: Inappropriate Medication Administration
- Professional Responsibilities: Maintaining Client Confidentiality
- Professional Responsibilities: Procedures that Require Informed Consent
- Professional Responsibilities: Recognizing Need for Further Teaching
- Professional Responsibilities: Sharing Client Information

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## PN MANAGEMENT 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### SAFETY AND INFECTION CONTROL (12)

- Antibiotics Affecting the Bacterial Cell Wall:  
Monitoring for Adverse Effects following  
Medication Administration Error
- Facility Protocols: Appropriate Delegation  
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- Facility Protocols: Mass Casualty Triage
- Facility Protocols: Priority Action for Chemical  
Contamination
- Facility Protocols: Priority Action to Take  
Following Incident
- Facility Protocols: Response to Fire
- Facility Protocols: Situations Requiring  
Completion of an Incident Report
- Maintaining a Safe Environment: Appropriate  
Use of Restraints
- Maintaining a Safe Environment: Dressing  
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- Maintaining a Safe Environment: Infection  
Control for Client Receiving Chemotherapy
- Maintaining a Safe Environment: Methods of  
Client Identification
- Maintaining a Safe Environment: Precautions  
for Botulism

## APPENDIX E

PN PHARMACOLOGY FOR NURSING  
EDITION 5.0

CONTENT MASTERY SERIES®  
REVIEW MODULE



YOU MAY BEGIN.





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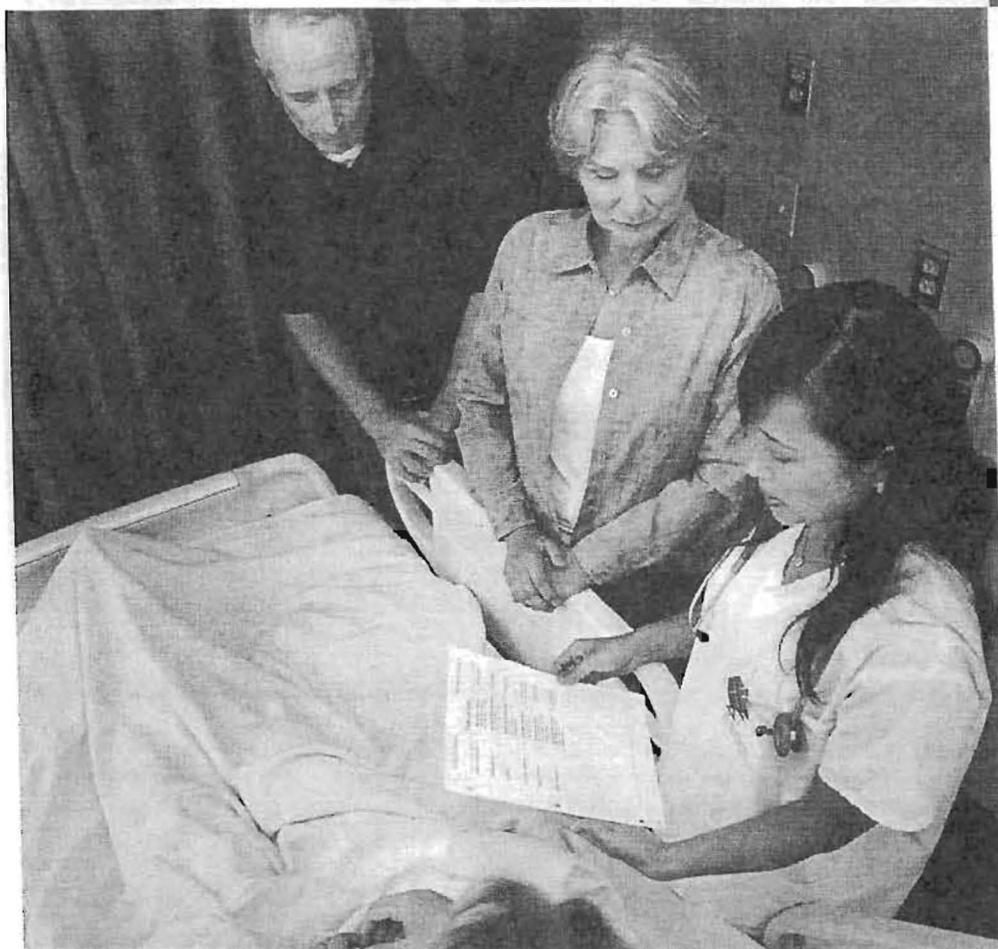


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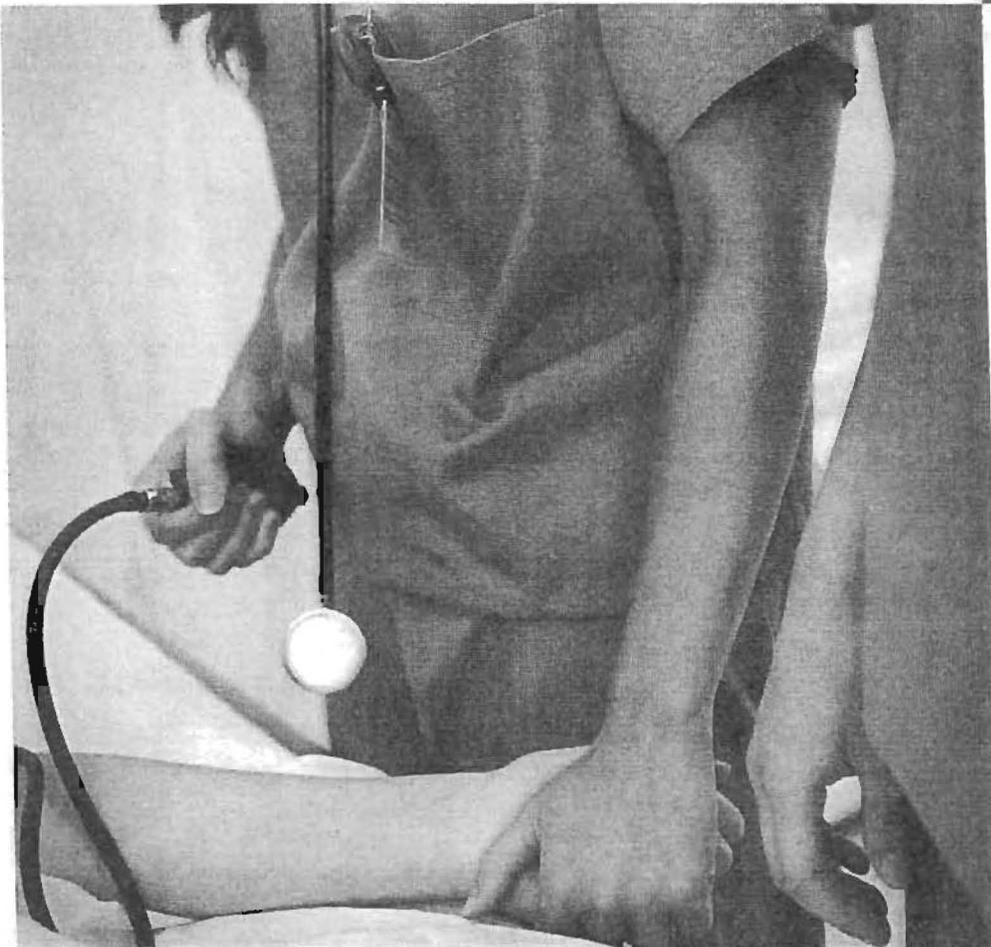


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63. Diagnostic Procedures for Male Reproductive Disorders	<ul style="list-style-type: none"> <li>• Continuous Bladder Irrigation (Animation)</li> </ul>
66. Musculoskeletal Surgical Procedures	<ul style="list-style-type: none"> <li>• Artificial Knee Joint (Image)</li> <li>• Artificial Hip Joint (Image)</li> </ul>
67. Amputations	<ul style="list-style-type: none"> <li>• Doppler Assessment of Pulses (Video)</li> <li>• AK and BK Amputation (Images)</li> <li>• Amputation Stump Wrapping (Video)</li> </ul>
68. Osteoporosis and Osteoarthritis	<ul style="list-style-type: none"> <li>• Kyphosis (Image)</li> </ul>
69. Fractures	<ul style="list-style-type: none"> <li>• X-Ray of Leg Fracture (Image)</li> <li>• Buck's Traction (Image)</li> <li>• Skeletal Traction (Image)</li> </ul>
70. Pressure Ulcers, Wounds, and Wound Management	<ul style="list-style-type: none"> <li>• Pressure Ulcer Staging (Image)</li> <li>• Dehiscence and Evisceration (Image)</li> </ul>
71. Chronic Skin Conditions	<ul style="list-style-type: none"> <li>• Psoriasis (Image)</li> <li>• Seborrheic Keratoses (Image)</li> </ul>
72. Skin Cancer	<ul style="list-style-type: none"> <li>• Basal Cell Cancer (Image)</li> <li>• Squamous Cell Cancer (Image)</li> <li>• Melanomas (Images)</li> </ul>
73. Burns	<ul style="list-style-type: none"> <li>• Burn Staging (Images)</li> </ul>
76. Thyroid Disorders	<ul style="list-style-type: none"> <li>• Exophthalmos (Image)</li> <li>• Myxedema (Image)</li> </ul>
77. Adrenal Disorders	<ul style="list-style-type: none"> <li>• Moon Face (Image)</li> </ul>
78. Diabetes Management	<ul style="list-style-type: none"> <li>• Insulin Pump (Image)</li> <li>• Insulin SQ Injection Sites (Image)</li> <li>• Diabetic Retinopathy (Image)</li> <li>• Diabetic Foot Ulcers (Images)</li> </ul>
81. Autoimmune Disorders	<ul style="list-style-type: none"> <li>• Butterfly Rash (Image)</li> <li>• Raynaud's Syndrome (Image)</li> <li>• Ulnar Deviation of the Hand (Image)</li> </ul>
83. Bacterial, Viral, Fungal, and Parasitic Infections	<ul style="list-style-type: none"> <li>• Chain of Infection (Image)</li> </ul>
87. Preoperative Nursing Care	<ul style="list-style-type: none"> <li>• Incentive Spirometer Education (Video)</li> <li>• Preoperative Checklist (Image)</li> </ul>
88. Postoperative Nursing Care	<ul style="list-style-type: none"> <li>• Penrose Drain (Image)</li> <li>• Hemovac Drain (Image)</li> <li>• Jackson-Pratt Drain (Image)</li> <li>• Wound Evisceration (Video)</li> </ul>

Chapter	Media
<b>Fundamentals for Nursing</b>	
2. Members of the Interdisciplinary Team	• Interdisciplinary Team (Video)
4. Legal Responsibilities	• Informed Consent (Video)
5. Information Technology	• Confidentiality (Video)
6. Delegation and Supervision	• Delegation (Video)
7. Nursing Process	• Maslow's Hierarchy (Image)
8. Critical Thinking and Clinical Judgement	• Priority Setting (Video)
9. Admissions, Transfers, and Discharge	• Discharge Teaching (Video)
11. Infection Control	• Precautions (Video)
14. Ergonomic Principles	• Ergonomic Principles (Video)
16. Health Promotion and Disease Prevention	• Health Screening (Video)
17. Client Education	• Client Education (Video)
27. Vital Signs	• Pulse Points (Image) • Apical Pulse (Image)
28. Head and Neck	• Extraocular Movements (Image) • Rinne Test (Image) • Weber Test (Image)
29. Thorax, Heart, and Abdomen	• Lung Landmarks (Animation) • Cardiac Landmarks (Image) • Abdominal Assessment (Image)
30. Integumentary and Peripheral Vascular Systems	• Capillary Refill (Video) • Skin Turgor (Animation)
32. Therapeutic Communication	• Therapeutic Communication (Video)
36. Grief, Loss, and Palliative Care	• Postmortem Care (Video)
41. Pain Management	• Patient-Controlled Analgesia (Video)
43. Bowel Elimination	• Bowel Elimination (Video)
47. Safe Medication Administration and Error Reduction	• Sound-alike Medications (Video)
49. Intravenous Therapy	• Needleless Injection System (Images)
53. Respiratory Management	• Nasal Cannula, Simple Mask, Nonrebreather Mask, Face Tent, and Venturi Mask (Images)
54. Nasogastric Intubation and Enteral Feedings	• Enteral Feeding Tube (Images) • Sengstaken-Blakemore Tube (Image)
55. Pressure Ulcers, Wounds, and Wound Management	• Stages of Pressure Ulcers (Images) • Pressure-Relieving Devices (Image)
57. Cardiac Arrest, CPR, and Defibrillation	• Ventricular Tachycardia Strip (Animation) • AED (Image)

Chapter	Media
<b>Nursing Leadership and Management</b>	
1. Managing Client Care	<ul style="list-style-type: none"> <li>• Conflict Mediation (Video)</li> </ul>
2. Coordinating Client Care	<ul style="list-style-type: none"> <li>• Transfer Report (Image)</li> <li>• Interfacility Transfer (Image)</li> <li>• Discharge Summaries (Image)</li> </ul>
3. Professional Responsibilities	<ul style="list-style-type: none"> <li>• Client Rights (Video)</li> <li>• Client Advocacy (Video)</li> <li>• Informed Consent (Video)</li> <li>• Advance Directives (Image)</li> </ul>
5. Facility Protocols	<ul style="list-style-type: none"> <li>• Incident Report (Image)</li> </ul>
<b>PN Maternal Newborn Nursing</b>	
1. Contraception	<ul style="list-style-type: none"> <li>• Barrier Method of Contraception-Diaphragm (Image)</li> <li>• Bilateral Tubal Ligation (Image)</li> <li>• Intrauterine Devices (Image)</li> <li>• Spermicides (Images)</li> <li>• Vasectomy (Image)</li> </ul>
2. Prenatal Care	<ul style="list-style-type: none"> <li>• Danger Signs of Pregnancy (Video)</li> <li>• Measuring Fundal Height (Video)</li> <li>• Prenatal Interview (Video)</li> </ul>
4. Assessment of Fetal Well-Being	<ul style="list-style-type: none"> <li>• Reactive NST (Image)</li> </ul>
5. Bleeding During Pregnancy	<ul style="list-style-type: none"> <li>• Abruptio Placentae (Image)</li> <li>• Placenta Previa (Image)</li> </ul>
6. Infections	<ul style="list-style-type: none"> <li>• Herpes Simplex Type 2 (Image)</li> </ul>
9. Nursing Care of the Client in Labor	<ul style="list-style-type: none"> <li>• Contraction Pattern (Animation)</li> <li>• Schultze and Dirty Duncan (Images)</li> <li>• Stages of Labor (Video)</li> </ul>
11. Nursing Care of the Client During the Postpartum Period	<ul style="list-style-type: none"> <li>• Fundal Height (Image)</li> <li>• Postpartum Data Collection (Video)</li> <li>• Vaginal Bleeding (Image)</li> </ul>
12. Complications of the Postpartum Period	<ul style="list-style-type: none"> <li>• Mastitis (Image)</li> </ul>
13. Newborn Assessment	<ul style="list-style-type: none"> <li>• Apgar Scoring (Video)</li> <li>• Babinski's Reflex (Image)</li> <li>• Caput Succedaneum (Image)</li> <li>• Cephalohematoma (Image)</li> <li>• Mongolian Spots (Image)</li> <li>• Telangiectatic Nevi (Image)</li> </ul>
14 Nursing Care of the Newborn	<ul style="list-style-type: none"> <li>• Breastfeeding Techniques (Images)</li> <li>• Circumcision Gomco (Images)</li> <li>• Circumcision Plastibell (Images)</li> </ul>
<b>PN Mental Health Nursing</b>	
1. Basic Mental Health Nursing Concepts	<ul style="list-style-type: none"> <li>• Mental Status Examination (Video)</li> </ul>
2. Legal and Ethical Issues	<ul style="list-style-type: none"> <li>• Restraint Use (Video)</li> </ul>

## ati PN Review Modules: Media Index

Chapter	Media
3. Effective Communication	<ul style="list-style-type: none"> <li>• Therapeutic and Nontherapeutic Communication (Video)</li> </ul>
9. Electroconvulsive Therapy	<ul style="list-style-type: none"> <li>• Electroconvulsive Therapy (ECT) (Image)</li> </ul>
11. Depression	<ul style="list-style-type: none"> <li>• Understanding Major Depression (Video)</li> </ul>
12. Bipolar Disorders	<ul style="list-style-type: none"> <li>• Understanding Bipolar Disorder (Video)</li> </ul>
13. Schizophrenia	<ul style="list-style-type: none"> <li>• Understanding Schizophrenia (Video)</li> </ul>
21. Medications for Psychoses	<ul style="list-style-type: none"> <li>• Reinforcing Client Education with Antipsychotic Medications (Video)</li> </ul>
24. Care of Those Who are Dying and/or Grieving	<ul style="list-style-type: none"> <li>• Caring for Those Who are Grieving or Dying (Video)</li> </ul>
<b>PN Nursing Care of Children</b>	
3. Health Promotion of the Infant (Birth to 1 Year)	<ul style="list-style-type: none"> <li>• Fine and Gross Motor Development (Video)</li> </ul>
5. Health Promotion of the Preschooler (3 to 6 Years)	<ul style="list-style-type: none"> <li>• Pediatric Eye Chart (Image)</li> </ul>
8. Safe Administration of Medication	<ul style="list-style-type: none"> <li>• Pediatric IM Injections (Video)</li> </ul>
9. Pain Management	<ul style="list-style-type: none"> <li>• Pain Evaluation in Children (Video)</li> </ul>
10. Hospitalization, Illness, and Play	<ul style="list-style-type: none"> <li>• Interventions for Hospitalization (Video)</li> </ul>
12. Acute Neurological Disorders	<ul style="list-style-type: none"> <li>• Decorticate Posturing (Image)</li> <li>• Decerebrate Posturing (Image)</li> </ul>
15. Oxygen and Inhalation Therapy	<ul style="list-style-type: none"> <li>• Supplements Metered-Dose Inhaler (Animation)</li> </ul>
16. Acute and Infectious Respiratory Illnesses	<ul style="list-style-type: none"> <li>• Laryngotracheobronchitis (Croup) (Animation)</li> </ul>
17. Asthma	<ul style="list-style-type: none"> <li>• Asthma (Video)</li> </ul>
18. Cystic Fibrosis	<ul style="list-style-type: none"> <li>• Gastrostomy (G-button) Tube (Image)</li> </ul>
19. Cardiovascular Disorders	<ul style="list-style-type: none"> <li>• Ventricular Septal Defect (Image)</li> <li>• Coarctation of the Aorta (Image)</li> <li>• Pulmonary Stenosis (Image)</li> <li>• Tetralogy of Fallot (Image)</li> <li>• Clubbed Fingers (Image)</li> </ul>
20. Hematologic Disorders	<ul style="list-style-type: none"> <li>• Sickle Cell Anemia (Image)</li> </ul>
22. Gastrointestinal Structural and Inflammatory Disorders	<ul style="list-style-type: none"> <li>• Cleft Palate (Image)</li> <li>• Cleft Palate Feeder (Image)</li> </ul>
24. Structural Disorders of the Genitourinary Tract and Reproductive System	<ul style="list-style-type: none"> <li>• Hypospadias (Image)</li> <li>• Epispadias (Image)</li> <li>• Chordee (Image)</li> </ul>
26. Fractures	<ul style="list-style-type: none"> <li>• Fractures (Images)</li> <li>• Halo Traction (Image)</li> </ul>
27. Musculoskeletal Congenital Disorders	<ul style="list-style-type: none"> <li>• Club Foot (Image)</li> <li>• Brace for Scoliosis (Image)</li> <li>• Developmental Dysplasia of the Hip (Image)</li> </ul>
28. Chronic Neuromusculoskeletal Disorders	<ul style="list-style-type: none"> <li>• Spina Bifida (Image)</li> </ul>
29. Skin Infections and Infestations	<ul style="list-style-type: none"> <li>• Impetigo (Image)</li> <li>• Lice (Image)</li> </ul>
30. Dermatitis and Acne	<ul style="list-style-type: none"> <li>• Poison Ivy Rash and Poison Ivy Plant (Image)</li> </ul>

## ati PN Review Modules: Media Index

Chapter	Media
31. Burns	<ul style="list-style-type: none"> <li>• Percentage of Burns (Image)</li> <li>• Stage of Burns (Image)</li> </ul>
35. Communicable Diseases	<ul style="list-style-type: none"> <li>• Chickenpox Vesicles (Image)</li> <li>• Rubella (Image)</li> <li>• Mumps (Image)</li> </ul>
36. Acute Otitis Media	<ul style="list-style-type: none"> <li>• Acute Otitis Media (Image)</li> </ul>
38. Pediatric Cancers	<ul style="list-style-type: none"> <li>• Petechiae (Image)</li> </ul>
<b>Nutrition for Nursing</b>	
4. Guidelines for Healthy Eating	<ul style="list-style-type: none"> <li>• Food Pyramid (Image)</li> <li>• Understanding Food Labels (Video)</li> </ul>
9. Enteral Nutrition	<ul style="list-style-type: none"> <li>• Enteral Tube Feeding (Animation)</li> </ul>
10. Total Parenteral Nutrition	<ul style="list-style-type: none"> <li>• Total Parenteral Nutrition (Video)</li> </ul>
<b>PN Pharmacology for Nursing</b>	
1. Pharmacokinetics and Routes of Administration	<ul style="list-style-type: none"> <li>• Sites for Medication Administration (Video)</li> </ul>
2. Safe Medication Administration and Error Reduction	<ul style="list-style-type: none"> <li>• Safe Administration of Medications (Videos)</li> </ul>
14. Eye and Ear Disorders	<ul style="list-style-type: none"> <li>• Administration of Ear Medications (Video)</li> <li>• Administration of Eye Medications (Video)</li> </ul>
17. Airflow Disorders	<ul style="list-style-type: none"> <li>• Bronchoconstriction (Animation)</li> <li>• Metered-Dose Inhaler (Image)</li> </ul>
22. Angina	<ul style="list-style-type: none"> <li>• Application of Nitroglycerin Transdermal Patch and Topical Ointment (Video)</li> </ul>

## PN ADULT MEDICAL-SURGICAL 2011 FORM B PROCTORED ASSESSMENT TOPIC DESCRIPTORS

### BASIC CARE AND COMFORT (16)

- Acute and Chronic Glomerulonephritis: Client Teaching
- Cerebrovascular Accident Preventing Aspiration
- Chronic Obstructive Pulmonary Disease (COPD): Client Teaching
- Chronic Obstructive Pulmonary Disease (COPD): Monitoring Laboratory Findings
- Diabetes Management: Reinforcing Teaching
- Fractures Caring for a Client in Buck's Traction
- Fractures: Cast Care
- Heart Failure: Reinforcing Dietary Teaching
- Infections of the Renal System: Clinical Manifestations Related to Acute Pyelonephritis
- Ingestion, Digestion, Absorption, and Metabolism: Adjusting Diet Based on Calorie Count
- Nutrition Across the Lifespan: Dietary Teaching for Ferrous Sulfate
- Pain Management: Transcutaneous Electrical Nerve Stimulation
- Peripheral Vascular Disease: Promoting Circulation
- Postoperative Nursing Care: Bowel Elimination
- Pressure Ulcers, Wounds, and Wound Management: Dietary Interventions for Pressure Ulcers
- Voiding Disorders: Urge Incontinence

### COORDINATED CARE (2)

- Alzheimer's Disease: Appropriate Nursing Interventions
- Fluid and Electrolyte Imbalances: Prioritizing Clients

### HEALTH PROMOTION AND MAINTENANCE (7)

- Bowel Elimination: Screening for Occult Blood
- Colorectal Cancer: Identifying Risk Factors
- Disorders and Cancers of the Female Reproductive System: Reinforcing Teaching about Human Papillomavirus
- Disorders of the Eye: Risk Factors for Glaucoma

- Infections of the Renal System: Preventing Urinary Tract Infections
- Skin Cancer: Findings to Report
- Thorax, Heart, and Abdomen: Health Promotion

### PHARMACOLOGICAL THERAPIES (14)

- Angina: Contraindications of Nitroglycerin (Nitrostat)
- Antibiotics Affecting the Bacterial Cell Wall: Adverse Effects to Report
- Chronic Neurological Disorders: Side Effects of Benztropine (Cogentin)
- Diabetes Management: Blood Glucose Evaluation
- Diabetes Mellitus: Self Administration of Insulin
- Dosage Calculation: Fluid Replacement for Gastroenteritis
- Dosage Calculation: Heparin Injection
- Dosage Calculation: IV Infusion by Gtt/Min
- Medications Affecting Blood Pressure: Questioning a Prescription
- Medications Affecting Blood Pressure: Therapeutic Effect of Spironolactone
- Medications Affecting Coagulation: Self Administration of Enoxaparin (Lovenox)
- Miscellaneous Central Nervous System Medications: Reinforcing Teaching about Oxybutynin (Ditropan)
- Nonopioid Analgesics: Cross-Sensitivity with Sulfa
- Vitamins, Minerals, and Supplements: Reinforcing Teaching about Iron Supplementation

## APPENDIX F

ADVANCED COLLEGE  
VOCATIONAL NURSING PROGRAM

CLINICAL INSTRUCTOR WEEKLY REPORT

Term \_\_\_\_\_ Clinical Site \_\_\_\_\_ Instructor \_\_\_\_\_ Date \_\_\_\_\_

1. Copy of Term Clinical Objectives posted at each nurses' station. Yes \_\_\_\_\_ No \_\_\_\_\_
2. Advanced College Clinical Assignment form posted at each nurses' station. Yes \_\_\_\_\_ No \_\_\_\_\_
3. Number of patients assigned to each student. \_\_\_\_\_

Was this adequate for their current skill level? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Submitted Care Plans Yes \_\_\_\_\_ No \_\_\_\_\_ Submitted Practice Charting Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Were you able to assign patients with disorders or patients that are 'at risk for' as Identified under the CLINICAL section in the syllabus for the current module?

Comments:

Number of students that passed medication this week \_\_\_\_\_

Problems identified:

Route of medication administrations performed ( Please circle all that apply)

- Oral
- Sublingual
- G Tube or NG tube
- Inhaled
- Subcutaneous
- Intramuscular
- Transdermal

4. Special Experiences/treatment/procedures performed (Please list)
5. Students attired according to dress code.
6. Communicated appropriately to instructor.
7. Preplanning with facility staff completed or planned. ( Please provide date)
8. Post Planning with facility staff completed or planned. ( Please provide date)
9. Student evaluation completed (Please circle)  
Midterm                  Remediation                  Probation                  End of Term                  Facility
10. Attendance submitted: Sign in sheet \_\_\_\_\_ Instructor Attendance Tracking \_\_\_\_\_

Please submit this form on a weekly basis with attendance to the Nursing Department. Please do not use students or clients names on this form. Incident reports to be completed on proper form.

## APPENDIX G



October 27, 2010

Minnie Douglas, Ed.D, R.N.  
Director, Vocational Nursing Program  
Advanced College  
13180 Paramount Blvd.  
South Gate, CA 900280

Dear Ms. Douglas,

The Board has received and placed in your file the revised exit criteria for your program.

Sincerely,

A handwritten signature in cursive script that reads 'Pam Hinckley'.

Pam Hinckley, RN, MSN  
Nursing Education Consultant  
Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833  
(916) 263-7840 Phone  
(916) 263-7866 Fax  
[Pam\\_hinckley@dca.ca.gov](mailto:Pam_hinckley@dca.ca.gov)



August 10, 2010

Cheryl Anderson, MS, RN  
Education Consultant  
Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive  
Sacramento, California 95833

Dear Ms. Anderson:

Advanced College, South Gate is requesting permission to revise its Vocational Nursing Program exit criteria to include nursing licensure preparation as follows:

Upon completion of Term IV students must pass an exit examination in order to be a graduate of the Vocational Nursing Program. Students failing the exit examination will be required to attend a four (4) week, two (2) days- six (6) hours each day nursing licensure preparation review. A second exit examination will be given during the second week of the review. Students failing the second exit examination will continue with the review and take a third (3<sup>rd</sup>) exit examination. Students failing the third exit examination will not be considered a graduate of the Vocational Nursing Program, however, these students will be allowed to appeal this decision to the Appeals Committee.

Rationale

Advanced College has provided NCLEX-PN review courses to students at no cost to the students. Because it was not mandatory, students did not attend. In addition, the college has provided the students with Assessment Technologies Institute, LLC (ATI) assessments package which includes Virtual-ATI post completion of the Program. The college has in its research and documentation from ATI learned that students did not use the Virtual ATI as a method of review. The aforementioned revision of the exit criteria is to assist the students to be successful on the NCLEX-PN. This licensure preparation review will be provided at no additional cost to the students.

Sincerely,

  
Minnie Douglas, Ed.D., R.N.  
Director, Vocational Nursing Program



August 9, 2010

**T O** : ALL VOCATIONAL NURSING STUDENTS  
**F R O M** : LIDA MANSOURJAN, President  
MINNIE DOUGLAS, Director, Vocational Nursing Program  
**S U B J E C T** : NCLEX – PN PREPARATION

Advanced College has the best interest of the students in mind. During the meeting with our faculty, staff and Program Advisory Board Meeting held last August 5, 2010, it was agreed that the college will create NCLEX-PN preparation for one (1) month.

Review of reports disclosed that Virtual ATI, which is accessible to all VN students was not extensively utilized by the students after Level 4. Research shows that students who used Virtual ATI had positive passing rates. NCLEX-PN preparation is created to prepare our students to pass the NCLEX – PN exam on the first attempt; hence, it will be called NCLEX-PN Preparation.

During the 1<sup>st</sup> week, the students will be required to come to campus and review content using Virtual ATI and assistance of assigned instructor. After the 1<sup>st</sup> week, students will have to take the ATI Comprehensive Test Form B. Students who scored 75% and above, will be considered a graduate of the college and will be given their transcripts. Students who scored with a percentage of 74% and below will be given 2 more chances in 3<sup>rd</sup> and 4<sup>th</sup> week, to successfully pass the ATI comprehensive test. The students will be assisted in their areas of concern by ATI coordinators and faculty.

If on the 4<sup>th</sup> week, the student passes the exit exam with 75% and above, the student will be considered a graduate of Advanced College and given transcripts.

If the student does not pass, the student will be allowed to get his/her transcripts but not considered as a graduate of Advanced College. The student can go the Appeal Committee and formally request for reconsideration.

This addendum to the policy and procedure will take effect as of August 9, 2010. This additional month does not change the curriculum and there will be no additional cost for students.

Should you have further questions, please feel free to see the Director of Nursing, Dr. Minnie Douglas or the President, Dr. Lida Mansourian. Thank you.

I, \_\_\_\_\_, have read this NCLEX-PN preparation and agree to adhere to its requirements.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PN COMPREHENSIVE PREDICTOR<sup>®</sup> 2011**  
**FORM A TOPIC DESCRIPTORS (2011 NCLEX-PN<sup>®</sup> TEST PLAN)**

**BASIC CARE AND COMFORT (18)**

- Care of Those Who are Dying and/or Grieving: Interventions Consistent with Goals
- Circumcision. Evaluating Pain
- Complementary Alternative Therapies: Non-pharmacological Interventions
- Cultural Awareness: Food and Nutrition: Vegan Diet
- Elimination: Application of Condom Catheters
- Fractures: Therapeutic Management of an Injury
- Gastric Surgery and Dumping Syndrome: Reinforcing Dietary Teaching
- Hygiene Care: Oral Care for Client with Decreased Level of Consciousness
- Hygiene Care: Planning Routine Care
- Immobilizing Interventions: Planning Care for Skeletal Traction
- Joint Replacements: Appropriate Action Following Knee Arthroplasty
- Laryngeal Cancer: Managing Chemotherapy-Related Mucositis
- Musculoskeletal Congenital Disorders: Congenital Clubfoot, Dysplasia of the Hip, Scoliosis: Pavlik Harness
- Oxygen Therapy: Use of CPAP Machine
- Pain Management: Interventions for Back Pain
- Pain Management: Nonpharmacological Pain Management
- Renal Failure: Dietary Management
- Urinary Elimination Needs and Specimen Collection: Preventive Care for Clients at Risk

**COORDINATED CARE (24)**

- Advance Directives: Nursing Responsibilities
- Assigning, Delegating and Supervising Client Care: Appropriate Delegation to Assistive Personnel
- Assigning, Delegating, and Supervising Client Care: Appropriate Assignment for Float Nurse
- Assigning, Delegating, and Supervising Client Care: Supervising Assistive Personnel
- Chronic Obstructive Pulmonary Disease (COPD): Prioritizing Client Care
- Client Advocacy: Choosing Treatment Options
- Client Rights: Refusal of Treatment
- Confidentiality: Family Member Request for Information
- Continuity of Care, Case Management, and Discharge Planning: Discharging a Client Diagnosed with Diabetes Mellitus
- Continuity of Care: Shift Report on Multiple Clients
- Coordinating Client Care: Incorrect Medication Administration
- Delegating Client Care: AP Assignment
- Ethics and Values: Client Understanding of Organ Donation
- Grief, Loss and Palliative Care: Responding to Client Concerns
- Informed Consent: Nursing Responsibility

- Legal Responsibilities: Appropriate Process for Informed Consent
- Legal Responsibilities: Impaired Staff
- Legal Responsibilities: Recognizing Malpractice
- Legal Responsibilities: Securing Client Valuables
- Prioritizing Client Care: Priority Data Collection following Report
- Referrals, Consultations, and Collaboration with Interdisciplinary Team: Discharging a Client
- Referrals: Need for Diabetes Mellitus Education
- Resource Management, Safe Use of Equipment, and Handling Infectious and Hazardous Materials
- Supervising Client Care: Identifying Need for Intervention

**HEALTH PROMOTION AND MAINTENANCE (15)**

- Contraception: Contraindications to Oral Contraceptives
- Contraception: Educational Needs
- Female Cancers: Screening Recommendations
- Health Promotion and the Adolescent (12 to 20 years): Age-Appropriate Education about Smoking
- Health Promotion and the Adolescent (12 to 20 Years): Testicular Examination
- Health Promotion and the Preschooler (3 to 5 Years): Psychosocial Development
- Health Promotion of the Infant (Birth to 1 Year): Developmental Milestones
- Immunizations: Monitoring Adherence with Immunization Schedule
- Immunizations: School-Age Child
- Myocardial Infarction: Reinforcing Lifestyle Changes
- Nursing Care of the Client in Stages of Labor: Further Evaluation
- Nursing Care of the Newborn: Breastfeeding
- Nursing Care of the Newborn: Cord Care
- Nutrition and Pregnancy: Folate
- Nutritional Needs of the Newborn: Breast Milk

**PN COMPREHENSIVE PREDICTOR® 2011  
FORM A TOPIC DESCRIPTORS (2011 NCLEX-PN® TEST PLAN)**

**PHARMACOLOGICAL THERAPIES (21)**

- Anticoagulants: Route of Administration
- Antilipemics: Side Effects of Atorvastatin (Lipitor)
- Antithyroid Medications: Side Effects
- Basic Dosage Calculation: Number of Tablets to Administer
- Blood Transfusions: Monitoring for Adverse Reactions
- Cardiac Glycosides: Client Teaching About Digoxin (Lanoxin)
- Common Respiratory Illnesses: Pneumonia
- Decongestants: Identifying Appropriate Medication
- Dosage Calculation: IV Flow Rate
- Dosage Calculation: Liquid Dosages
- High Ceiling Loop Diuretics: Monitoring for Adverse Effects
- High Ceiling Loop Diuretics: Monitoring for Adverse Effects
- Insulin: Mixing Insulin
- Iron Preparations: Oral Iron Administration
- Medications to Treat Mood Disorders: Depression: Evaluating Client Teaching
- Medications to Treat Mood Disorders: Reinforcing Client Teaching about Lithium
- Opioid Agonists: Hydromorphone (Dilaudid)
- Organic Nitrates: Nitroglycerin (Nitro-Dur)
- Progestinones: Adverse Effects
- Safe Medication Administration and Error Prevention: Administration Skills
- Thyroid Hormones: Levothyroxine (Synthroid)

**PHYSIOLOGICAL ADAPTATION (18)**

- Cancer: Client Teaching on Radiation Therapy
- Client Safety: Prioritizing Interventions During a Seizure
- COPD: Client Teaching on Pathophysiology
- Cystic Fibrosis: Expected Findings
- Diabetes Management: Hypoglycemia
- Fluid and Electrolyte Imbalances: Manifestations of Hypocalcemia
- Fluid Imbalances: Identifying Fluid Volume Deficit
- Fluid Imbalances: Recognizing Signs and Symptoms
- Head Injury: Expected Findings
- Heart Failure and Cardiomyopathy: Recognizing Manifestations
- Lung Cancer: Identifying Manifestations
- Meningitis: Expected Findings
- Peripheral Arterial Disease: Monitoring Circulation
- Pulmonary Embolism: Appropriate Nursing Interventions
- Sensory Disorders - Visual and Hearing Impairments: Managing Eye Injuries
- Vascular Access: Signs of IV Infiltration
- Wound Dehiscence/Evisceration: Immediate Care
- Wound Management: Vacuum-Assisted Closure

**PSYCHOSOCIAL INTEGRITY (15)**

- Anxiety Disorders: Behavioral Interventions
- Cognitive Disorders: Recognizing Behaviors
- Cognitive Disorders: Recovering from Delirium
- Crisis Management: Acute Anxiety
- Culturally Aware Mental Health Nursing: Sensitivity in Communication
- Defense Mechanisms: Suppression
- Eating Disorders: Anorexia Nervosa
- Effective Communication in Mental Health Nursing: Therapeutic Communication
- Family Violence: Reinforcing Teaching
- Mood Disorders: Bipolar: Recognizing Manifestations
- Schizophrenia: Identifying Needs of the Client with Hallucinations
- Substance-Related and Nonsubstance-Related Dependencies: Smoking Cessation
- Substance-Related Dependencies: Treatment of Alcohol Withdrawal
- Understanding Anxiety and Defense Mechanisms: Borderline Personality Disorder
- Understanding Anxiety and Defense Mechanisms: Client Response

**REDUCTION OF RISK POTENTIAL (18)**

- Acid-Base Imbalances: Interpreting Laboratory Results
- Antepartum Diagnostic Interventions: Client Understanding of an Amniocentesis
- Arterial Blood Gases: Client Teaching
- Blood Pressure: Orthostatic Hypotension
- Cerebrovascular Accident: Identifying Manifestations
- Client Education: Promoting Adherence
- Complications of Pregnancy: Hyperemesis Gravidarum
- Complications of Pregnancy: Identifying Manifestations of Placenta Previa
- Complications of Pregnancy: Signs of Preeclampsia
- Diabetes Management: Foot Care
- Dysrhythmias: Procedure for Obtaining a 12-Lead ECG
- Electroconvulsive Therapy: Reinforcing Teaching
- Head Injury: Data Collection Findings
- Immobilizing Interventions: Casts, Splints, and Traction: Data Collection
- Normal Physiologic Changes in Pregnancy: Laboratory Values
- Normal Physiological Changes of Pregnancy: Supine Hypotension
- Respirations and Pulse Oximetry: Nursing Interventions
- Tonsillectomy: Signs of Hemorrhage

\*For faculty use only-do not distribute to students

**PN COMPREHENSIVE PREDICTOR<sup>®</sup> 2011  
FORM A TOPIC DESCRIPTORS (2011 NCLEX-PN<sup>®</sup> TEST PLAN)**

**SAFETY AND INFECTION CONTROL (21)**

- Client Safety: Evaluating Client Understanding of Home Safety
- Common Respiratory Illnesses: Period of Contagion
- Communicable Diseases: Preventing Transmission of Varicella
- Creating and Maintaining a Therapeutic and Safe Environment: Suicide Precautions
- Disaster Planning and Emergency Management: Fire Response
- Discharge Teaching: Car Seat Safety
- Ergonomic Principles and Client Positioning: Providing Assistance
- Health Promotion and the Infant (Birth to 1 Year): Crib Safety
- Health Promotion and the Infant: Car Seat Safety
- Health Promotion and the Toddler: Reinforcing Parent Teaching about Safety
- Infection Control: Preventing Transmission of Hepatitis B
- Infection Control: Transmission Precautions
- Legal and Ethical Issues in Mental Health Nursing: Appropriate Use of Seclusion
- Legal and Ethical Issues in Mental Health Nursing: Restraints
- Medical and Surgical Asepsis: Appropriate Application Standard Precautions
- Medical and Surgical Asepsis: Preventing Transmission of Staphylococcal Infection
- Reporting Incidents: Client Situations
- Safe Medication Administration: Needle Disposal
- Skin Infections and Infestations: Pediculosis Transmission
- Tuberculosis: Nursing Interventions
- Vital Signs: Ensuring Accuracy

**PN COMPREHENSIVE PREDICTOR<sup>®</sup> 2011  
FORM B TOPIC DESCRIPTORS (2011 NCLEX-PN<sup>®</sup> TEST PLAN)**

**BASIC CARE AND COMFORT (18)**

- Benign Prostatic Hypertrophy: Post Operative Care
- Bowel Elimination Needs: Evaluating Client Teaching on Constipation
- Cerebrovascular Accident: Assisting with Meals
- Cognitive Disorders: Interventions to Promote Sleep
- Complementary Alternative Therapies: Non-pharmacological interventions
- Complementary and Alternative Therapies: Reinforcing Client Teaching about Music Therapy
- Fractures: Therapeutic Management of an Injury
- Heart Failure: Planning Care
- Immobilizing Interventions: Casts, Splints, and Traction: Buck's Traction
- Laryngeal Cancer: Managing Chemotherapy-Related Mucositis
- Musculoskeletal Congenital Disorders: Congenital Clubfoot, Dysplasia of the Hip, Scoliosis: Pavlik Harness
- Oxygen Therapy: Use of CPAP Machine
- Pain Management: Nonpharmacological Pain Management
- Promoting Venous Return: Appropriate Actions to Decrease Swelling of Lower Extremities
- Sources of Nutrition: Low-Potassium Diet
- Sources of Nutrition: Wound Healing
- Urinary Elimination Needs: Assisting Client to Use a Bedpan
- Urinary Incontinence: Preventing Skin Breakdown
- Injury Prevention, Security Plans, and Reporting Incidents: Unsafe Care
- Legal Responsibilities: Physical Abuse
- Legal Responsibilities: Recognizing Scope of Practice
- Legal Responsibilities: Securing Client Valuables
- Performance Improvement: Outcome Indicator
- Prioritizing Client Care: Discharge Planning for Home Diabetes Mellitus Management
- Referrals, Consultations, and Collaboration with Interdisciplinary Team: Discharging a Client
- Resource Management, Safe Use of Equipment, and Handling Infectious and Hazardous Materials
- Spinal Cord Injury: Client Referral
- Urinary Tract Infection: Findings Associated with Urosepsis

**HEALTH PROMOTION AND MAINTENANCE (15)**

- Amputation: Body Image Change
- Breasts: Self-Examination
- Childhood Immunizations: Contraindications
- Contraception: Appropriate Methods for an Adolescent
- Contraception: Appropriate Use of Contraception
- Health Promotion and the Adolescent (12 to 20 Years): Testicular Examination
- Health Promotion and the Adolescent (12 to 20 Years): Testicular Examination
- Health Promotion of the Infant (Birth to 1 Year): Developmental Milestones
- Hyperbilirubinemia: Phototherapy
- Legal Responsibilities: Appropriate Documentation
- Meeting the Nutritional Needs of Newborns: Breastfeeding
- Nursing Care of the Newborn: Breastfeeding
- Nursing Care of the Newborn: Cord Care
- Nursing Care of the Newborn: Reinforcing Teaching About Breastfeeding
- Older Adult (over 65 years): Activities of Daily Living

**COORDINATED CARE (24)**

- Assigning, Delegating and Supervising Client Care: Appropriate Delegation to Assistive Personnel
- Assigning, Delegating, and Supervising Client Care: Appropriate Assignment for Float Nurse
- Assigning, Delegating, and Supervising Client Care: Supervising Assistive Personnel
- Bacterial, Viral, and Fungal Infections: Nationally Notifiable Infectious Diseases
- Cerebrovascular Accident: Appropriate Referral
- Client Advocacy, Advance Directives, and Informed Consent: Obtaining Consent When the Client Does Not Speak English
- Client advocacy, Advance Directives, and Informed Consent: Purpose of Living Wills
- Client Advocacy: Managing Treatment Costs
- Collaboration with Interdisciplinary Team: Coordination of Care
- Continuity of Care, Case Management, and Discharge Planning: Discharging a Client Diagnosed with Diabetes Mellitus
- Delegating: Assigning Task to Assistive Personnel
- Ethics and Values: Client Advocacy
- Ethics and Values: Client Understanding of Organ Donation
- Female Cancers: Appropriate Referrals

PN COMPREHENSIVE PREDICTOR<sup>®</sup> 2011  
FORM B TOPIC DESCRIPTORS (2011 NCLEX-PN<sup>®</sup> TEST PLAN)

**PHARMACOLOGICAL THERAPIES (21)**

- Anticoagulants: Reinforcing Client Teaching
- Anticoagulants: Coumadin (Warfarin)
- Antiprotozoals: Medication Interactions with Metronidazole
- Antithyroid Medications: Side Effects
- Basic Dosage Calculation: IM Medication Administration
- Basic Principles of Medication Administration: Appropriate Positioning
- Beta2-Adrenergic Agonists: Helping the Client Understand Therapy
- Cardiac Glycosides: Client Teaching About Digoxin (Lanoxin)
- Common Respiratory Illnesses: Pneumonia
- Dosage Calculation: IV Flow Rate
- Dosage Calculation: Powdered Dosages
- Heparin: Adverse Effects
- Insulin: Mixing Insulin
- Iron Preparations: Side Effects
- Nursing Care of the Newborn: Administration of Vitamin K
- Opioid Agonists: Preventing Side Effects
- Organic Nitrates: Nitroglycerin (Nitro-Dur)
- Potassium-Sparing Diuretics: the Action of Spironolactone (Aldactone)
- Progesterones: Adverse Effects
- Safe Medication Administration and Error Reduction: Appropriate Site for IM Injection
- Thyroid Hormones: Levothyroxine (Synthroid)

**PHYSIOLOGICAL ADAPTATION (18)**

- Angiography: Priority Intervention for Postoperative Bleeding
- Asthma: Emergency Management of Bee Sting Allergy
- Cancer and Oncological Emergencies: Client Teaching about Radiation
- Chest Tube Monitoring: Reporting Complications
- Cystic Fibrosis: Expected Findings
- Diabetes Management: Hypoglycemia
- Electrolyte Imbalances: Hypocalcemia
- Fluid Imbalances: Identifying Fluid Volume Deficit
- Head Injury: Interventions for Increased Intracranial Pressure
- Heart Failure and Cardiomyopathy: Recognizing Manifestations
- Lung Cancer: Identifying Manifestations
- Meningitis: Expected Findings
- Peripheral Arterial Disease: Monitoring Circulation
- Peripheral Vascular Disease: Data Collection
- Pulmonary Embolism: Appropriate Nursing Interventions
- Temperature: Reducing Fever
- Urinary Tract Infection: Reinforcing Teaching
- Wound Evisceration: Emergency Management

**PSYCHOSOCIAL INTEGRITY (15)**

- Anger Management: Priority Interventions
- Anxiety Disorders: Panic Attack
- Care of Those Who are Dying and/or Grieving: Reinforcing Family Teaching
- Client Education: Identifying Client Needs
- Cognitive Disorders: Recognizing Behaviors
- Crisis Management: Acute Anxiety
- Cultural Awareness: Food and Nutrition: Dietary Restrictions
- Culturally Aware Mental Health Nursing: Sensitivity in Communication
- Depression: Planning Care
- Eating Disorders: Anorexia Nervosa
- Eating Disorders: Behavioral Management
- Mood Disorders: Bipolar: Recognizing Manifestations
- Personality Disorders: Discharge Teaching
- Suicide: Priority Actions
- Understanding Anxiety and Defense Mechanisms: Borderline Personality Disorder

**REDUCTION OF RISK POTENTIAL (18)**

- Acid-Base Imbalances: Interpreting Laboratory Results
- Amputations: Discharge Teaching
- Blood Pressure: Abnormal Vital Signs
- Complications of Pregnancy: Hyperemesis Gravidarum
- Complications of Pregnancy: Identifying Manifestations of Placenta Previa
- Diabetes Management: Evaluating Client Response to Foot Care Teaching
- Electroconvulsive Therapy: Reinforcing Teaching
- Electrolyte Imbalances: Reporting Abnormal Findings
- Hypertension: Creatinine Clearance Test
- Immobilizing Interventions: Casts, Splints, and Traction: Data Collection
- Mechanical Ventilation: Planning Care
- Musculoskeletal Congenital Disorders: Skin Care
- Normal Physiologic Changes in Pregnancy: Laboratory Values
- Normal Physiological Changes of Pregnancy: Supine Hypotension
- Pyelonephritis: Intravenous Pyelogram (IVP)
- Systemic Lupus Erythematosus: Hygiene
- Urinary Elimination Needs and Specimen Collection: Catheterization for Residual Urine
- Vascular Access: Care for AV Shunt

\*For faculty use only-do not distribute to students

**PN COMPREHENSIVE PREDICTOR® 2011  
FORM B TOPIC DESCRIPTORS (2011 NCLEX-PN® TEST PLAN)**

**SAFETY AND INFECTION CONTROL (21)**

- Cancers: Caring for Clients Who are Immunocompromised
- Client Safety: Applying Wrist Restraints
- Client Safety: Evaluating Client Understanding of Home Safety
- Cognitive Disorders: Planning Care in an Adult Day Care Setting
- Common Respiratory Illnesses: Period of Contagion
- Communicable Diseases: Management of Varicella
- Disaster Planning and Emergency Management: Recommending Clients for Discharge
- Disaster Planning and Emergency Management: Responding to Fire
- Ergonomic Principles and Client Positioning: Providing Assistance
- Handling Hazardous Materials: Intracavity Radiation Therapy
- Handling Infectious Materials: MRSA
- Health Promotion and the Infant (Birth to 1 Year): Crib Safety
- Incident Reports: Identifying the Need for Occurrence Reporting
- Infection Control: Appropriate Application Standard Precautions
- Infection Control: Transmission Precautions
- Legal and Ethical Issues in Mental Health Nursing: Appropriate Use of Seclusion
- Medical and Surgical Asepsis: Hand Hygiene
- Oxygen Therapy: Home Safety
- Oxygen Therapy: Monitoring Delivery
- Reporting Incidents: Appropriate Procedure
- Tuberculosis: Transmission Precautions

## APPENDIX H

**Advanced College**  
**Vocational Nursing Program**  
**College's data - NCLEX - PN**

Graduation Period	Total # students Graduating	Total # Taking Exam	# Passing 1 <sup>st</sup> time	% passing	# to take Exam	Pass 2 <sup>nd</sup> time	Comments
January 11	29	26	12	46%	3		3 have not scheduled exam*
May/June 11	22	21	18	85%	1	1	1 has not scheduled exam*
August/September 11	25	18	17	94%	7		7 have not scheduled exam*
December 11/ January 12	28	14	13	92%	14		14 have not scheduled exam*

\*Weekly calls made to offer assistance and encourage to come in and schedule to take NCLEX-PN.

*As of 2/13/12*

# Agenda Item #12.B.1. Attachment C



BVNPT

2012 MAR 27 AM 11:47

*edu*  
BVNPT Received  
on 3-29-12 with KR

March 27, 2012

Pam Hinckley, R.N., M.S.N  
Nursing Education Consultant  
Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive  
Sacramento, California 95833

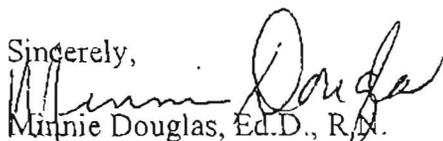
Ms. Hinckley,

In responding to your email of March 23, 2012, the information regarding Comprehensive Analysis items h (Lesson Plans for Each Course); i (Textbooks); j (Attendance Policy); l (Evaluations of Theory and Clinical Faculty); m (Evaluations of Theory Presentations); n (Evaluations of Clinical Rotations and Their Correlation to Theory Presentations) and o (Evaluation of Student Achievement) is attached.

The materials previously submitted were to indicate the changes that were in progress and to indicate that the department was following through in meeting the goals of improving its NCLEX-PN. The college has seen an improvement in students' performance as demonstrated by the most recent quarterly reports.

Thank you for your assistance.

Sincerely,

  
Minnie Douglas, Ed.D., R.N.

Director, Vocational Nursing Program

c file

ADVANCED COLLEGE  
COMPREHENSIVE ANALYSIS  
SUPPLEMENTAL REPORT

### LESSON PLANS FOR EACH COURSE

The Lesson Plans for each Term format has been developed based upon feedback from students and instructors. Currently the daily lesson plan includes the week of the program, day/date, time allocated for each content as stated in clear and concise objectives, reading assignments and audio visual subject matter. Thus, any instructor or substitute is able to conduct the class in an informed manner. In addition, clinical objectives are provided that correlate with the theory content. Term Syllabi and power point lectures are provided to each instructor and a copy of each Term is kept in each classroom. Instructors input is sought to enhance/improve daily lesson plans.

### TEXTBOOKS

Textbooks were evaluated. It was determined that the reading level of textbooks and presentation of content did not always correlate with content presentation of the NCLEX-PN. The current textbooks list is found in Appendix A. Students have found these textbooks meet their needs in completing objectives for each class day.

### ATTENDANCE POLICY

The rationale for the college's attendance policy is first explained to the students during their interview by the Director of the program. An attempt is made to impress upon them the importance of being in class and clinical each day so that their understanding of content can be clarified and reinforced. Students are informed that absent hours must be made up for theory and clinical. The instructor takes attendance at the beginning of class and after break. Students must sign the attendance sheet. The policy being implemented and is provided to each student in the V.N. Program Student Handbook is explained in Appendix B.

### EVALUATIONS OF THEORY AND CLINICAL FACULTY

#### Theory Faculty

Instructors are evaluated by the students, program director, educational chair and self using evaluation tools. These evaluative instruments are completed at the end of each Term and when it has been identified that the instructor may be having difficulty in delivering the content. The program director and/or the educational director observe the instructor in the classroom setting. The purpose is to make sure that students are receiving relevant information and skills preparation to prepare them to provide quality patient care as students, to pass the NCLEX-PN on the first attempt and to seek employment as an entry level Vocational Nurse practitioner.

### Evaluation of Clinical Faculty

Clinical Instructors are evaluated by students, program director, educational chair and staff in clinical facilities at the end of each clinical rotation. In addition, if a problem occurs, the evaluation may be completed before the end of the rotation so that corrective actions may be instigated. Results of the evaluations are discussed with the instructors. To ascertain that instructors are performing at peak levels the V.N. Program Director or V.N Assistant Director make rounds in the clinical facilities and discuss with instructors the progress of the Term.

### EVALUATIONS OF THEORY PRESENTATION

The Licensed Vocational Nurse uses and practices basic assessment (data collection) participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan within a health care system. The goal is to assist the student in these endeavors by meeting the Terminal Objectives of the program. Theory presentation of content include lecture/discussion with a post test of content covered during the class given at the end of each class, ATI materials, audiovisual aids, completion of relevant materials in the study guides, student group work, student presentations. Evaluations of students' understanding of theory content is determined by the post tests, assignments, quizzes and module examinations. The ATI Competency module examinations enable the program to determine the students' grasp of the materials and competency level.

### EVALUATIONS OF CLINICAL ROTATIONS AND THEIR CORRELATION TO THEORY PRESENTATIONS

The purpose of clinical rotations is to determine if the clinical facility offers the opportunities for students to meet the clinical objectives of the rotation. Also, to determine if students are able to meet clinical objectives with a correlation of theory to practice in meeting clients needs through critical thinking and providing quality patient care. In meeting the clinical objectives which are correlated with content taught on campus, students must complete total patient care and a nursing care plan using the nursing process. Content understanding is clarified during conference time. In evaluation for this, clinical evaluative tools are used. These include: 1) Evaluation of Student's Clinical Performance by Instructor; 2) Evaluation of Instructor by Students; 3) Evaluation of Skills Laboratories; 4) Evaluation of performance by students by clinical facility staff. These methods of evaluation have proven to be effective and has enabled the school to make changes in instructors and clinical facilities for their effectiveness

## EVALUATION OF STUDENT ACHIEVEMENT

Students' achievements are monitored through out each term. Students with overall performance in theory below 75% are advised and assisted through instructor tutoring and peer tutoring to improve their grades. Students failing to improve to 75% or higher are placed on remediation-failure to remediate satisfactorily results in students being placed on Probation. Students on Probation must pass all Module Examinations at 75% or higher. Students failing a Module Examination are given an opportunity to remediate and allowed to retake the examination. Failure of the retake examination results in student being advised to withdraw from the program.

Clinical Evaluation are given to students at the mid way point and end of the term. Clinical evaluations are classified as Satisfactory, Needs Improvement or Unsatisfactory. Any overall Unsatisfactory evaluation results in students being dropped from the program. Students with Unsatisfactory rating in specific behaviors are given the opportunity to improve before the end of the term-failure to improve results in an overall Unsatisfactory and dismissal from the program.

### Additional Information

#### 1. Faculty and Administrative professional improvement

The Advanced College president, who has nearly 30 years' experience in teaching and administration at the college and university level, is active since 2003 with our National Accreditation. She has also been nominated to serve as a national appeal member. Our DON and educational chair are also actively involved. Therefore, all of them have had chances to visit different VN and RN schools. These team visits provide a lot of informational exchange which helps our school better assist our nursing students. These visits have taken place during the academic year of 2010-2011. In addition faculty members are encouraged to attend educational seminars.

2. It was determined that there was a need for students Mathematics and Computer improvement. Therefore, faculty member and ATI coordinators developed and implemented Pre-Testing and Post Testing for Mathematics each term. Tutoring section were conducted for students who continue to need assistance with mathematics and use of the computer.
3. Our educational chair, who is a Board Certified Psychiatrist voluntarily provides individual advising to each student (on her own time at no cost to the college). She provides test-taking strategies and various strategies

to decrease anxiety to help improve student's study and testing skills. (Testimonials can be provided per Board request).

4. In addition, it was identified that some students take the examination money provided to them and spend it for other personal needs, further delaying their examination date. Educational Chair contacted Pearson Testing Center and created an account that provides the college to pay via credit card for the examination fee online. This assures that the examination fee is immediately paid for and since it is done online, it decreases the one-two week's delay in mailing time that a student would wait to get the Authorization to Test. Additionally, another ATI comprehensive is immediately registered at no cost to the students that predicts their NCLEX passing probability, and an exam date is determined.
5. To motivate graduating students to take the examination immediately after receiving paperwork, the college invites students who passed the examination the first time to speak to current students regarding developing study habits, ATI practice sessions, and to take the examination immediately upon receiving the paperwork.

## Conclusion:

We've received support and are appreciative of BVNPT, especially Ms. Cheryl Anderson and Pam Hinckley for all their efforts, however due to these action plans impact/results were visible by our graduates May and September 2011.

National Council Licensure Examination for Practical Nurses 10/01/2011 Through 12/31/2011					
Grad Date	# Who took test	PASS	Fail	%Pass	
6-11	9	6	3	66.67	
5-11	10	10	0	100.00	
9-11	7	7	0	100.00	
8-11	10	9	1	90	

\* College has been calling those students who have not passed and offers them free NCLEX preparation to help them pass on their second time.

Report submitted by Minnie Douglas, Ed.D., R.N.  
Director, Vocational Nursing Program

ADVANCED COLLEGE  
VOCATIONAL NURSING PROGRAM  
REQUIRED TEXTBOOKS

Barbara L. Christensen and Elaine O. Kochrow, Foundation of Nursing, 2011. 6<sup>th</sup> Edition, Mosby Elsevier.

Barbara L. Christensen and Elaine O. Kochrow, Foundation of Nursing Study Guide, 2011. 6<sup>th</sup> Edition, Mosby Elsevier.

Marie T. O'Toule, Editor, Miller – Keane, Encyclopedia and Dictionary of Medicine, Nursing and Allied Health, 2003, 7<sup>th</sup> Edition, Saunders.

Marilyn W. Edmunds, Introduction to Clinical Pharmacology, 2010, 6<sup>th</sup> Edition, Mosby Elsevier.

Marilyn W. Edmunds, Introduction to Clinical Pharmacology – Study Guide, 2010, 6<sup>th</sup> Edition, Mosby Elsevier.

Adrienne D. Linton, Introduction to Medical – Surgical Nursing, 2012, 5<sup>th</sup> Edition, Elsevier Saunders.

Adrienne D. Linton, Introduction to Medical – Surgical Nursing Study Guide, 2012, 5<sup>th</sup> Edition, Elsevier Saunders

Roth, Ruth, Nutrition and Diet Therapy, 2011, 10<sup>th</sup> Edition, Delmar Cengage Learning

Bruce J. Colbert, Jeff Ankney/ Karen Lee, Anatomy and Physiology for Health Professions (An Interactive Journey), 2011, 2<sup>nd</sup> Edition, Pearson.

Bruce J. Colbert, Jeff Ankney/ Karen Lee, Anatomy and Physiology for Health Professions (A, Interactive Journal) Workbook to Accompany, 2011, 2<sup>nd</sup> Edition, Pearson

Jones and Barlett Learning, Nurse's Drug Handbook, 2011 10th Edition

Assessment Technologies Institute (ATI), The Content and Mastery Components – PN (2011):

- a) ATI DVDs (set of 6 DVDs)
- b) Fundamental for Nursing
- c) Pharmacology for Nursing
- d) Nutrition for Nursing
- e) Adult Medical surgical
- f) Maternal Newborn
- g) Nursing Care of Children
- h) Mental Health Nursing
- i) Community Health Nursing Practice
- j) Leadership and Management for Nursing Practice

ADVANCED COLLEGE  
VOCATIONAL NURSING PROGRAM

ATTENDANCE POLICY

*General Attendance*

It is of the utmost importance that students attend each class and clinical opportunity to maximize their learning experience. Students seeking to gain licensure are expected to attend all scheduled classes, labs and clinical. There is a direct relationship between attendance/punctuality and successfully passing the nursing program and meeting the requirements for nursing licensure. Therefore, punctuality and attendance throughout the designated time is expected, as it will be as a nursing professional. Each faculty will record and report attendance for every scheduled class, skills lab or clinical. Students absent in excess of 10% scheduled theory and lab hours will be placed on Attendance Probation. Accumulating absences in excess of 10% of scheduled theory and lab hours while on Attendance Probation, is considered a violation of the terms of the Probation, and can result in dismissal from the program. If a student fails to attend any scheduled class for more than two consecutive calendar weeks, the student will be automatically dismissed from the program. Due to hour requirements of the Vocational Nursing program, students are not eligible for academic or Medical Leaves of Absence.

*Clinical Attendance*

**Requirements**

Vocational nursing students must submit all the following prior to clinical orientation:

- i. Physical health examination (including the required immunizations on the health form) completed by physician or designee within the last year, indicating no restrictions in performing nursing duties required in the program.
- ii. Complete a criminal background screening, which the fee is non-refundable, and satisfactorily pass it prior to the start of class.
- iii. Proof of certification in the American Heart Association Health Care Provider (BLS) CPR
- iv. Failure to submit any of the above items by designated dates will result in dismissal.

In the event of an absence, it is requested that the student notify the Clinical Instructor and Administrative Assistant in advance and provide the necessary documentation. Repetitive student absences or tardiness hinder the student's growth in clinical experience and preparation, which may not allow faculty to fully evaluate the student, therefore a course failure.

1. Students accumulating three (3) clinical absences will receive a "Needs Improvement" warning and will be placed on Attendance Probation until which time the absences are made-up. Clinical absences must be made up in real time prior to the end of the Term.
2. Students honoring the terms of Attendance Probation will be removed from probation at the end of the term in which the probation began.
3. Students dismissed from the program for violation of Attendance Probation may apply to reenter the program at a later date. The request must be submitted in writing to the Director of Advanced College and be approved by the Academic Committee.

4. Students missing theory hours are responsible for meeting the course objectives. Students missing lab hours are responsible for demonstrating skill competency and must reschedule a make-up date with the instructor. Failure to meet the course/clinical objectives will result in a course failure.
5. Arriving to clinic 15 minutes or more late or departs clinic before dismissal is considered tardy: three clinical (3) tardy's will equal one (1) absence.

Clinical Attendance	Sanction
1 <sup>st</sup> clinical tardy	Verbal warning
3 <sup>rd</sup> clinical tardy	Considered one (1) day absence
Failure to notify faculty & Administrative Assistant of clinical absence	May be Sent home, resulting in clinical absence
2 <sup>nd</sup> clinical Absence	Written warning
3 <sup>rd</sup> clinical absence	Placed on probation
4 <sup>th</sup> clinical absence	May be cause for dismissal from the program
Failure to notify faculty & Administrative Assistant of clinical absence	Written warning. 3 <sup>rd</sup> occurrence will result in probation

***Attendance Makeup Policy***

1. Theory: ATI assessments on campus based on a designed plan by the instructor, Educational Chair, Assistant Director of Nursing and/or Director of Nursing and monitored by ATI coordinator.
2. Clinical: Performance evaluation in skills laboratory or additional supervised time in the clinical area with clients/patients.

# Agenda Item #12.B.1. Attachment D



STATE AND COUNTY EMPLOYERS AGENCY • PROFESSIONAL BOARD OF COUNSELORS

**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945  
Phone (916) 263-7800 Fax (916) 263-7855 Web [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov)



## **CERTIFIED MAIL**

April 4, 2012

Dr. Minnie Douglas  
Advanced College  
Vocational Nursing Program, Director  
13180 Paramount Boulevard  
South Gate, CA 90820

### **Re: Consideration of Request to Admit Students**

Dear Ms. Douglas:

The Board is scheduled to consider **Angeles College, Vocational Nursing Program's** request to admit students at its meeting scheduled May 11, 2012. That meeting will be held at the Embassy Suites Milpitas – Silicon Valley, in Milpitas, California.

To ensure dissemination and review by individual Board members and relevant staff for timely consideration prior to the May Board meeting, please submit the following written information by **Wednesday, April 11, 2012**:

- Eighteen (18) copies of pertinent documents related to subsequent actions taken by the program to correct identified problems ***that you desire Board members to consider***. Please remember existing statutes require that any document considered by the Board will become a public record. Accordingly, please redact all names of students.
- In addition, please provide information on a compact disc (CD) for Board use. Again, please remember to redact any student names prior to copying information onto the CD.

Although the primary purpose of this letter is to convey the Board's need for the copies, please be assured that, if timely submitted, any correspondence and attachments will be reviewed and, if appropriate, information submitted may be included in the report of the assigned consultant.

The Board strongly recommends that you plan to attend the meeting and be prepared to respond to questions from Board members relative to your program.

Please contact the Board at (916) 263-7843 should further clarification be needed.

Sincerely,

A handwritten signature in blue ink that reads "Pam Hinckley". The signature is written in a cursive, flowing style.

**PAM HINCKLEY, RN, MSN**  
Nursing Education Consultant  
Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
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# Agenda Item #12.B.1. Attachment E



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BVNPT Received

on 4-6-12 with KR

April 2, 2012

Pam Hinckley, R.N., M.S.N.  
Nursing Education Consultant  
Board of Vocational Nursing and Psychiatric Technicians  
2325 Capitol Oaks Drive  
Sacramento, California 95833

Ms. Hinckley,

I am submitting twenty (20) copies of Advanced College's pertinent information and a compact disc as requested relative to actions the college has taken to improve its NCLEX-PN pass rate.

Please advise if additional information is required. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Minnie Douglas".

Minnie Douglas, Ed.D., R.N.  
Director, Vocational Nursing Program

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# **ADVANCED COLLEGE**

## **Vocational Nursing Program**

### **Improvement plan for Licensure Examination Pass Rate**

#### **Introduction:**

Advanced College was approved by the BVNPT to offer the Vocational Nursing Program in 2006.

According to the first quarter (2008) report of BVNPT, the pass rate was 88.9 %. Due to the unexpected financial situation, particularly in city of South Gate, it had an effect on the passing rate.

We serve approximately 75% Hispanic and 18 % African American students. California was in a financial crisis; in addition, AC is situated in South Gate, which is the lowest income city in the state of CA. It is surrounded by nearby cities such as Compton, Bell Gardens and Huntington Park, which are also low-income cities (please refer to [www.laalmanac.com/employment](http://www.laalmanac.com/employment)).

#### **Problem #1:**

As a result of this major employment crisis, many of our students are forced to work more hours and therefore, have less time to study.

#### **Action Plan 1.1 (implemented in 2009)**

With the compassion and determination to support these students, Advanced College made changes in the organizational structure. The main reason for the change in the organizational structure was to provide more of an individualized student approach which allowed us to determine each of our students' areas of weakness.

Advanced College hired additional employees to prepare and support the students, specifically, the hiring of three (3) ATI Coordinators and an Administrative Assistant. Their main tasks are to summarize all the data of the ATI exams and present them to the Director of Nursing or Assistant Director, who then evaluates and determines the areas to target. This has proven to be effective in assisting students with identifying the objectives, which require further studying or tutoring sessions. Also, it helps maintain measurable evaluation and grading policies to assure that students receive assistance as needed during the term.

#### **Action Plan 1.2 (implemented in 2009)**

Developed marketing strategies to increase scholarship donors from target groups such as alumni, ethnic donors, faculty donors and community donors. Use outreach strategies specific to each target group such as ethnic organization and organize an alumni group to assist in promotion of positive accomplishments.

### **Action Plan 1.3 (implemented in 2009)**

The College has set up a separate computer lab, "ATI lab" with new Dell computers with the main purpose of making computers and ATI sessions readily available for students' use. This enables the student to work with the ATI package and practice in preparation for the licensure exam. Students were also provided with laptop computers and Assessment Technologies Institute Plan (ATI) instructional and study materials at no extra cost. The ATI is a prescriptive learning program that focuses on mastery and aids in predicting students capability in passing the NCLEX-PN on first attempt.

### **Action Plan 1.4 (implemented in 2009)**

It has been determined that there is more need for Math and Computer improvement. Therefore, ATI coordinators conducted Pre-Test and Post Test Math for each level and have continuous tutoring sessions for math and computer on an as needed basis.

### **Action Plan 1.5 (implemented in 2009)**

For Faculty and Administrative professional improvement, a faculty member was chosen as a member of a panel of expert nurses who reviewed items for NCLEX-PN examination by the National Council of State Boards of Nursing (NCLEX-PN). The session started May 12, 2009 and concluded on May 15, 2009.

The Advanced College president, who has nearly 30 years' experience in teaching and administration at the college and university level, has been active since 2003 with our National Accreditation. She has also been nominated to serve as a national appeal member. Our DON and Educational Chair are also actively involved. Therefore, all of them have had chances to visit different VN and RN schools. These team visits provide a lot of informational exchanges which helps our school better assist our nursing students. These visits have taken place during the academic year of 2010-2011 too. In addition, faculty members are encouraged to attend educational seminars.

### **Action Plan 1.6 (implemented in January 2009)**

Reformatted V.N. Program curriculum to be completed in 49 weeks instead of 48 weeks with a focus on the student, the profession and the employer. The reformatted curriculum is designed to provide relevant experiences in the classroom, skills laboratory and clinical settings. The content has been developed to integrate both the theoretical and clinical aspects of licensed vocational nursing practice.

Maintain measurable evaluation and grading policies, to assure that students receive assistance as needed during each term. The grading policy has been submitted to the Education Consultant.

### **Action Plan 1.7 (implemented in 2010)**

One of our faculties who graduated her residency in psychiatry joined Advanced College as the Educational Chair and Mental Health instructor. She decided to work full time for Advanced College. She has taught the mental health course for the September 2010,

January 2011, June 2011, September 2011 and December 2011 graduates. All five (5) graduating classes' average ATI exam score was higher than the national average.

#### **Action Plan 1.8 (implemented in January 2010)**

Implemented content post testing after each lecture to ascertain students understanding of the content.

#### **Action Plan 1.9 (implemented in January 2011)**

Reformatted Instructional Plan in a student friendly format with lesson plans for each day. The reformatted Instructional Plan was submitted to the Education Consultant for the college's continued accreditation on January 24, 2011.

#### **Action Plan 1.10 (implemented in January 2011)**

Our educational chair, who is a Board Certified Psychiatrist voluntarily, provides individual advising to each student (on her own time at no cost to the college). She provides test-taking strategies and various strategies to decrease anxiety to help improve student's study and testing skills. (Testimonials can be provided per Board request).

### **Problem #2**

According to different research studies and ATI, there is a direct correlation between passing the NCLEX and taking it immediately after graduation. It has been proven that the percentage of passing the NCLEX on first attempt decreases drastically if the student does not take the NCLEX immediately after graduation.

#### **Action Plan 2.1 (implemented in 2009)**

It has been identified that graduates taking the examination in this period have taken the examination six to seven months after graduation, some almost nine months. In researching this issue, it has been determined that due to the financial crisis, graduates lack the finances to complete the application process and taking the examination in a timely manner.

To alleviate a time lapse after graduation and taking the examination, the college includes the cost of applying for licensure in the total cost for the program. This change will enable graduates to file and take the examination in a timely manner, thus improving their chance of being successful on the first attempt.

Submit graduates application to the Board within seven (7) days of graduation.

Maintain frequent contact with graduates via telephone, e-mail or postal contact to determine their follow through regarding taking the examination.

### **Action Plan 2.2 (implemented in 2011)**

In addition, it was identified that some students after taking the examination money provided to them, spent it for other personal needs thus, further delaying their examination date. Educational Chair contacted Pearson Testing Center and created an account that allows the college to pay via credit card for the examination fee online. This assures that the examination fee is immediately paid for and since it is done online, it decreases the one-two week's delay in mailing time that a student would wait to get the Authorization to Test.

Additionally, the college pays for students with low scores to take another ATI examination to improve their scores.

### **Action Plan 2.3 (implemented in 2011)**

To motivate graduating students to take the examination immediately after receiving paperwork, the college invites students who passed the examination the first time to speak to current students regarding developing study habits, ATI practice sessions, and to take the examination immediately upon receipt of the paperwork from the BVNPT.

### **Problem#3**

Textbooks being used were found to be very difficult for Advanced College's students reading levels.

### **Action Plan 3.1 (implemented in 2011)**

An evaluation of other textbooks resulted in the college's changing textbooks to meet student's learning needs. A list of required textbooks was supplied to the Education Consultant.

### **Problem#4**

Wonderlic score of 21 was not adequate.

### **Action Plan 4.1 (To be implemented with the next admission)**

An investigation of the score that students pass the NCLEX-PN resulted in a need to increase the score from 21 to 25 for admission to the program.

**Conclusion:**

We are appreciative of BVNPT, especially Ms. Cheryl Anderson and Pam Hinckley for all their support and guidance, however, these action plans impact/results were visible only by our May and September 2011 graduates.

National Council Licensure Examination for Practical Nurses 10/01/2011 Through 12/31/2011					
Grad Date	#				
	Who took test	PASS	Fail	%Pass	
6-2011	9	6	3	66.67	
5- 2011	10	10	0	100	
9-2011	7	7	0	100	
8- 2011	10	9	1	90	

\* College has been calling those students who have not passed and offers them free NCLEX preparation to help them pass on their second attempt.

Report submitted by Minnie Douglas, Ed.D.,R.N.  
Director, Vocational Nursing Program