

Agenda Item #12.B.1

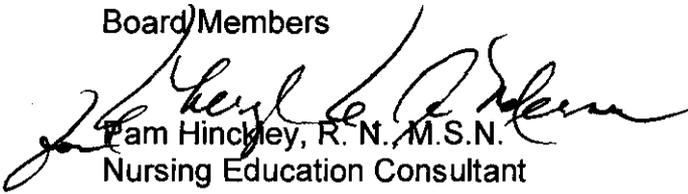


STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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DATE: August 17, 2012

TO: Board Members

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

SUBJECT: Advanced Pro Nursing Institute Vocational Nursing Program – Consideration of Request to Admit Students (Director: Jon Murphy, Hayward, Alameda County, Private)

On September 9, 2011 the Advanced Pro Nursing Institute Vocational Nursing Program was placed on Provisional Approval¹ for the two - year period from September 9, 2011 through September 30, 2013. That action was taken due to the program's noncompliance with Section 2530 (I) of the Vocational Nursing Rules and Regulations, which states:

In accordance with Section 2530(I) 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.."

The Board directed that the program demonstrate incremental progress in correcting identified violations. Further the program was required to admit no additional students unless approved by the full Board.

Advanced Pro Institute Vocational Nursing Program requests approval to admit a class of 18 full-time evening students on September 10, 2012, and graduating on November 29, 2013. Additionally, the program is requesting to admit a class of 18 full-time day students on January 2, 2013, and graduating on March 15, 2014.

History of Prior Board Actions

- On January 11, 2006, the Executive Officer approved Advanced Pro Nursing Institute's request to begin a vocational nursing program with an initial class of 30 students on

¹ 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.

February 6, 2006 only, and approved the program curriculum for 1719 hours, including 713 theory and 1006 clinical hours.

- On April 12, 2007, the Executive Officer approved initial full accreditation for the Advanced Pro Nursing Institute Vocational Nursing Program for the period April 12, 2007, through April 11, 2011, and issued a certificate accordingly. Additionally, the Board approved the program's request to admit a full-time class of 30 students on August 6, 2007 only, to **replace** students graduating on June 30, 2007.
- On April 10, 2008, the Executive Officer approved the program's request to admit 30 students on April 22, 2008 only, with a projected graduation of July 25, 2009.
- On November 13, 2008, the director was notified that the pass rates for Advanced Pro Nursing Institute Vocational Nursing Program had fallen more than ten (10) percentage points below state average pass rates for four (4) consecutive quarters.
- On February 24, 2009, the director was notified of two (2) violations of the California Code of Regulations.

The consultant discussed the performance of program graduates on the NCLEX/PN[®] with the director. The director was requested to complete an analysis of all program elements impacting student achievement. A written report summarizing that analysis and a comprehensive plan to address the program's low performance statistics on the NCLEX/PN[®] was to be submitted by March 31, 2009. The report was to include, but not be limited to, critical information relative to the following program elements.

- a. Admission Criteria.
 - b. Screening and Selection Criteria.
 - c. Evaluation Methodology for Determining Student Progress.
 - d. Identification of Students with Deficits in Theory and Clinical Performance.
 - e. Adequacy of Instructional Methods, Materials, and Resources.
 - f. Curriculum Performance.
 - g. Faculty Evaluations.
 - h. Clinical Facilities.
- On February 27, 2009, the Executive Officer approved the program's admission of a class of 30 students on March 2, 2009, only, with a projected graduation date of June 13, 2010, to **replace** students that graduated in November 2008.
 - On March 30, 2009, the program director submitted a written report, as requested. Information submitted per element follows:
 - a. **Admission Criteria:** The program increased the required pass rate on the TEAS entrance examination from 50% to 60%.
 - b. **Screening and Selection Criteria:** As noted in #1, above.
 - c. **Evaluation Methodology for Determining Student Progress:** The program began using the ATI Comprehensive Assessment and Review Program, including use of practice tests and the Proctored Comprehensive Predictor

Assessment tool that predicts a student's readiness for the NCLEX-PN® licensing examination.

- d. **Identification of Students with Deficits in Theory and Clinical Performance:** Not addressed in director's response.
 - e. **Adequacy of Instructional Methods, Materials, and Resources:** Not addressed in director's response.
 - f. **Curriculum Performance:** Not addressed in director's response.
 - g. **Faculty Evaluations:** Not addressed in director's response.
 - h. **Clinical Facilities:** Not addressed in director's response.
- On April 21, 2009, the Board notified the director that the program's pass rates had fallen more than ten (10) percentage points below state average pass rates for six (6) consecutive quarters. The director was requested to submit an analysis of the effects of the program's improvement plan.

The director replied that the program strengthened its admissions, screening and selection criteria. The program required Human Anatomy and Physiology, General Psychology, and Pharmacology prior to admission. A 60% score is required on the ATI Admission Test, and CNA certification is preferred but not required.

The director did not address the adequacy of the instructional methods, how the program deals with student deficiencies, curriculum analysis, or faculty and facility evaluations.

- On June 30, 2009, the Board representative asked the director to completely answer the questions requested on February 24, 2009. As noted above, the director's response **did not** address how the program is actively dealing with the following issues:
 - a. Identification of Students with Deficits in Theory and Clinical Performance.
 - b. Adequacy of Instructional Methods, Materials, and Resources.
 - c. Curriculum Performance.
 - d. Faculty Evaluations.
 - e. Clinical Facilities.
- On August 19, 2009, the Board notified the director that the pass rates for the Advanced Pro Nursing Institute Vocational Nursing Program had fallen more than ten (10) percentage points below state average pass rates for seven (7) consecutive quarters. The consultant requested submission of an analysis of the effects of the program improvement plan.
- On August 31, 2009, the director submitted the requested information. As reported, the program: (a) strengthened its admissions, and screening and selection criteria; (b) revised the criteria by which facility clinical experiences are evaluated; (c) plans to review and revise the curriculum in September 2009; (d) addressed student behavior and attitude issues; (e) established more consistent remediation processes; and, (f) strengthened the clinical skills assessment criteria. If implemented, these actions may help to improve the program's pass rates

- On September 3, 2009, the Executive Officer approved the program's request to admit a class of 30 students on September 21, 2009, only, with a projected graduation date of November 30, 2010, to **replace** students that graduated in July 2009.
- On December 4, 2010, the Board notified the director that program pass rates had fallen more than ten (10) percentage points below state average annual pass rate for four (4) quarters. The assigned consultant requested the program's plan to increase their pass rates by December 17, 2010.
- On December 16, 2010, the Board received the program's response.
- On May 3, 2011, the director was notified of the program's noncompliance with regulatory requirements related to the failure to notify the Board of termination of faculty. The director was required to submit a plan of correction by May 13, 2011.
- On May 13, 2011, the Board received the program's plan of correction relative to the noncompliance cited on May 3, 2011.
- On May 16, 2011, the Board notified the director that program pass rates had fallen more than ten (10) percentage points below state average annual pass rates for five (5) quarters. The assigned consultant requested the program's plan to increase their pass rates by June 3, 2011.
- On June 30, 2011, the director was notified of three (3) violations and required to submit a plan to prevent future reoccurrences by July 8, 2011. The following violations were cited:
 - a. Admission of two (2) unapproved classes; and,
 - b. Utilization of unapproved curriculum; and,
 - c. Deficiency of curricular hours
- On July 20, 2011, the plan to prevent reoccurrence of the violations cited on June 30, 2011, was received.
- On August 5, 2011, the assigned consultant forwarded correspondence requesting the program to submit fifteen (15) copies of pertinent documents relative to the programs actions taken to correct identified problems that they desire Board members to consider.
- On August 17, 2011, the Board received correspondence from the director and fifteen (15) copies of the program's plan to improve licensure pass rates.
- On September 9, 2011, the Board placed Advanced Pro Nursing Institute, Vocational Nursing Program on provisional accreditation for the two-year period from September 9, 2011, through September 30, 2013, and issued 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; **and**, required the program to submit a revised instructional plan and objectives consistent with California Code of Regulations Section 2532 (b) and Section 2533 by October 14, 2011; **and**, denied the

program's request to admit 30 full-time students on November 9, 2011, graduating March 9, 2013, to **replace** a class that will graduate October 31, 2011; **and**, approved the program's admission of a class of 20 students commencing on November 9, 2011 only, graduating on March 9, 2013, to **replace** students graduating on October 31, 2011; **and**, required the program to bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate by September 30, 2013; **and**, required the program to submit follow-up reports in 9 months, but no later than **June 1, 2012**, and 21 months, but no later than **June 1, 2013**. 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. Admission Criteria.
- b. Screening and Selection Criteria.
- c. Terminal Objectives.
- d. Curriculum Objectives.
- e. Instructional Plan.
- f. Theory and Clinical Objectives for Each Course.
- g. Lesson Plans for Each Course.
- h. Textbooks.
- i. Attendance Policy.
- j. Remediation Policy.
- k. Evaluations of Theory and Clinical Faculty.
- l. Evaluations of Theory Presentations.
- m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
- n. Evaluation of Student Achievement.
- o. Current Enrollment; **and**,

Required the program to admit no additional students unless approved by the full Board; **and**, required the program 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; **and**, required the program to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's accreditation; **and**, failure to take any of these corrective actions may cause the full Board to revoke the program's accreditation; **and**, placed the program on the **September 2013** Board agenda for reconsideration of provisional accreditation.

- On October 4, 2011, the Board forwarded to the director the Notice of Change in Accreditation Status.
- **On April 30, 2012 a new director was approved by the Board.**
- On June 4, 2012 the Board received the program's follow – up report specified in Corrective Action #3 of the Notice of Change in Accreditation Status, dated October 4, 2011.

- On July 24, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider by August 3, 2012.
- On August, 6, 2012, the Board received correspondence from the program director and eighteen (18) copies of pertinent documents including subsequent actions taken to correct identified problems that they desire the Board members to consider.

Enrollment

The program offers full - time day and full - time evening classes that are 72 weeks in length. Prior Board approval is required for the admission of classes into each class. The pattern of admissions for the proposed class is seen in the enrollment table below.

The following table represents **current and proposed** student enrollment based on class starts and completions. The table indicates a **maximum enrollment of 40 students** for the period **July 2010 through January 2013**.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
7/10 (Unapproved AM)	1/11	17	19	19
	1/11		-19	19 - 19 = 0
1/11 (Unapproved PM)	5/12	15	14	0 + 14 = 14
	5/12		-14	14 - 14 = 0
09/12 PM (Proposed)	12/13	18		0 + 18 = 18
01/13 (Proposed)	2/14	18		18 + 18 = 36

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 October 2007 through June 2011, specify the pass percentage rate for graduates of the Advanced Pro Nursing Institute, Vocational Nursing Program on the National Council Licensure Examination for Practical (Vocational) Nurses (NCLEX-PN®).

The total number of Board - approved faculty is seven (7), including the program director. The director has 100% administrative duties. One (1) of the seven (7) faculty members is an additional faculty. Of the total faculty, six (6) are approved to teach in the clinical area.

Based on a maximum enrollment of 40 students, three (3) instructors are required. 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. This has been verified by the consultant.

Other Considerations

As noted previously, the Board placed the Advanced Pro Nursing Institute Vocational Nursing Program on Provisional Approval on September 9, 2011 due to noncompliance with regulatory requirements relative to program pass rates. On October 4, 2011, the Board forwarded to the director the Notice of Change in Accreditation Status identifying violations and required corrections (see Attachment A).

The program's average annual pass rates have been more than ten (10) percentage points **below** the state average annual pass rate for 17 out of the previous 19 quarters. As such, the program has been **compliant** with the state average annual pass rate for **10.53%** of the time and **non-compliant** for **89.47%** of the time. During the 17 quarters of noncompliance, the pass rates dropped **11 to 53 percentage points below** state average annual pass rates. The current quarter pass rate is **50 percent** and the **average annual pass rate is 58%**. This is 16 percentage points **below** the state average annual pass rate.

The director is in the process of revising the curriculum to attempt to bring up the program's licensure pass rates.

On June 4, 2012, the Board received the program's follow – up report required by Corrective Action #3 of the Notice of Change in Accreditation Status, dated October 4, 2011 (see Attachment B). Included in the analysis were the following elements:

- TEAS Entrance Test. Potential students who do not achieve a score of 60% or better will be referred to other resource programs to increase their ability prior to retesting.

- Minor changes to the terminal objectives.
- Minor changes to the curriculum objectives.
- In the process of revising the curriculum.
- Textbooks evaluated and changed as needed.
- Lesson plans revised.
- Revised remediation policy. Students who achieve below 75% are placed on a remediation contract and/or probation.
- Program director identified faculty who were not following the instructional plan and made necessary faculty changes.

On July 24, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire Board members to consider by August 3, 2012 (see Attachment C).

On August 6, 2012, the program director submitted eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider (see Attachment D). The elements of that plan are as follows:

- Utilizing ATI's comprehensive program of tests for entrance, throughout the program and upon completion of the program.
- Entrance test (TEAS) requirement is 60% or better.
- Added ATI virtual program. This is an optional program for students who achieve 90% or better on the predictor exams and mandatory for those students who do not achieve the 90%.
- Marketing strategies have been employed to attempt to get a higher level of student.
- Added ESL remediation program for applicants who fail the entrance exam.
- Added a pre-requisite course that includes Medical Terminology, Anatomy and Physiology, Pharmacological dosage calculations.

Recommendations:

1. Approve the program's request for admission of a class of 18 students contingent upon the following:
 - a. Proof of implementation, as demonstrated by a report indicating the impact of elements a through f above on improving the program's pass rates.

The date of class commencement shall be contingent on the consultant's review and approval of the submitted report.
2. Deny the program's request to admit a class of 18 students commencing on January 2, 2013, only, graduating on March 15, 2014.
3. Require the program to admit no additional students unless approved by the full Board.

Rationale: As noted previously, the program was placed on Provisional Approval at the September 9, 2011 Board meeting, due to the program's noncompliance with regulatory requirements relative to program pass rates and required the program to obtain Board approval prior to the admission of additional students. At that time, the program's average annual pass rate of 60% was **16** percentage points **below** the state average annual pass rate.

Since that time, the licensure pass rates recorded for the program are 62%, 57%, 65%, and the current average annual pass rate is **58%**. The program's current average annual pass rate of 58% is **16** percentage points **below** the state average annual pass rate. As such, the program has had non-compliant pass rates for 17 of the 19 quarters in which data has been available for the program.

The director has begun a revision of the program's curriculum and submitted several strategies to improve program pass rates. No students are currently enrolled in classes. Approving a class of 18 students will allow the director time required to focus on student achievement, evaluate the effectiveness of the interventions, identify and implement necessary modifications, and monitor their effectiveness, while focusing on revising the curriculum.

Board staff will continue to monitor the program's effectiveness and licensure pass rates.

- Attachment A: Notice of Change in Accreditation Status Dated October 4, 2011.
- Attachment B: Program Correspondence dated May 30, 2012, Received June 4, 2012.
- Attachment C: Board Correspondence Dated July 24, 2012.
- Attachment D: Program Correspondence Dated August 3, 2012; Received August 6, 2012.

Agenda Item #12.B.1.Attachment A



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

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CERTIFIED MAIL

October 4, 2011

Linda Pousson
Vocational Nursing Director
Advanced Pro Nursing Institute
2505 Technology Drive
Hayward, CA 94545

Subject: Notice of Change in Accreditation Status

Dear Ms. Poussen:

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on September 9, 2011, the accreditation status of the Advanced Pro Nursing Institute Vocational Nursing Program has been changed from full accreditation to provisional accreditation for the two – year period from September 9, 2011 through September 30, 2013. The purpose of this letter is to explain the areas of noncompliance found and the corrections required of your program to avoid losing accreditation completely.

Once you have reviewed this letter, please sign and return the enclosed "Acknowledgement of Change in Accreditation Status" form by **Friday, October 14, 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 (k) of title 16 of the California Code of Regulations states:

"The program shall have prior Board approval to increase the number of students per class and/or increase the frequency of admission of classes. Criteria to evaluate a school's request to increase the number of students per class and/or increase the frequency of class admissions include but are not limited to:

- (1) Sufficient program resources as specified in Section 2530 (a).
- (2) Adequacy of clinical experience as specified in section 2534.
- (3) Licensure examination pass rates as specified in Section 2530 (l).

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.”

Section 2532 (b) of the Vocational Nursing Rules and Regulations states:

“The minimum hours required shall be as follows: Theory Hours - 576, which shall include a minimum of 54 hours in pharmacology; Clinical Hours - 954.”

Section 2533 (f) of the Vocational Nursing Rules and Regulations states:

“All curricular changes that significantly alter the program philosophy, conceptual framework, content, objectives, or other written documentation as required in Section 2526, shall be approved by the Board prior to implementation...”

The program pass rates of the Advanced Pro Nursing Institute Vocational Nursing Program for the past fifteen (15) quarters are set forth in the following table.

NCLEX-PN® Licensure Examination Pass Rates			
Quarter	State Annual Average Pass Rate	Program Annual Average Pass Rate	Variance from State Annual Average Pass Rate
Oct – Dec 2007	76%	63%	-13
Jan – Mar 2008	75%	44%	-31
Apr – Jun 2008	74%	42%	-32
Jul – Sep 2008	74%	38%	-36
Oct – Dec 2008	73%	20%	-53
Jan – Mar 2009	72%	36%	-36
Apr – Jun 2009	70%	59%	-11
Jul – Sep 2009	72%	64%	-8
Oct – Dec 2009	73%	62%	-11
Jan – Mar 2010	74%	61%	-13
Apr – Jun 2010	75%	58%	-17
Jul – Sep 2010	75%	56%	-19
Oct – Dec 2010	76%	59%	-17
Jan – Mar 2011	77%	54%	-23
Apr – Jun 2011	76%	60%	-16

Based on this data, the program failed to comply with regulatory requirements relative to the admission of students, minimum curriculum hours, and curricular changes. Further, the program failed to maintain its annual average pass rates, as required by regulation.

REQUIRED CORRECTION(S)

1. The Advanced Pro Nursing Institute Vocational Nursing Program shall submit a revised instructional plan and objectives consistent with California Code of Regulations Section 2532 (b) and Section 2533 by **October 14, 2011**.
2. The program shall bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate by **September 30, 2013**.
3. The program shall submit follow-up reports in 9 months, but no later than **June 1, 2012**, and 21 months, but no later than **June 1, 2013**. 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. Admission Criteria.
 - b. Screening and Selection Criteria.
 - c. Terminal Objectives.
 - d. Curriculum Objectives.
 - e. Instructional Plan.
 - f. Theory and Clinical Objectives for Each Course.
 - g. Lesson Plans for Each Course.
 - h. Textbooks.
 - i. Attendance Policy.
 - j. Remediation Policy.
 - k. Evaluations of Theory and Clinical Faculty.
 - l. Evaluations of Theory Presentations.
 - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
 - n. Evaluation of Student Achievement.
 - o. Current Enrollment.
4. The program shall admit no additional students unless approved by the full Board.
5. The program shall demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's accreditation.
6. The program shall 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.
7. Failure to take any of these corrective actions may cause the full 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 **September 2013** Board Meeting agenda, at which point the Board may revoke or extend the program's accreditation. 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. If you have additional information that you wish considered beyond the required corrections listed on page 3, you must submit this documentation by the fifteenth day of the second month prior to the Board meeting.

If you have additional information that you wish considered beyond the required corrections listed on page 3, you must submit this documentation by the fifteenth day of the second month prior to the 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 was required for the admission of each class; however, based on the above corrections, the full Board's permission will be required for each future class admission.**

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.

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

Enclosures

cc: Board Members

TBJ:ph

May 30, 2012

BVNPT Received *edu*
on 6/4/12 with MC.

Ms. Pam Hinckley, NEC
BVNPT
2535 Capital Oaks Drive, Suite205
Sacramento, CA 95833-7859

Dear Ms. Pam Hinckley,

This letter is the follow-up report to the BVNPT's Notice of August 25, 2011, which officially placed Advanced Pro Nursing Institute (APNI) on Provisional Accreditation and cited multiple deficiencies. Please place this report on the Board's agenda for the September, 2012 meeting. We ask the Board to consider approval and/or recommendations to APNI's proposals for improvements. We are sending this letter as our report and analysis of areas where our program can improve. This nine page letter identifies problems in most of the subject areas followed by proposed solutions by APNI's Management team: Linda Pousson (Retiring Program Director), Jon Murphy (new Program Director), and Hooi Yeap (School Director). In the proposed solutions we are generally asking the BVNPT to approve the proposed new policies and procedures referenced in the Appendices A through L in the subsequent 28 pages. Please read through all of the Appendices and Advise further modifications or approve as they are written for each request. Our management team is in the process of revamping the entire week-by-week lesson plan of the Program to improve NCLEX-VN pass rates and overall student success throughout the entire program.

Our initial response to the Notice of Provisional Accreditation started with revising Remediation measures in the fall of 2011. The objective was for current students to benefit from changes we found to be necessary, especially affecting those about to graduate. We immediately responded to the deficiency in NCLEX Pass Rate by directly requiring current and future graduates who fail the ATI NCLEX Predictor of Success Test to remediate with ATI's Virtual ATI NCLEX Preparation Program. Our second action was to improve the Prerequisites required as part of the revised Admission, Screening and Selection Process. This was put in place for the class to be admitted in November, 2011. The letter is organized sequentially to match the line item analysis requested of our School. The following items address action plans for improving all areas of most notable deficiencies related to items (a) through (o) listed on page 11 of the BVNPT Notice of Provisional Accreditation sent on August 25, 2011.

a. Admission Criteria

Problems Identified: In reviewing our program's admission criteria and the NCLEX results, we have found that 1) the prerequisites are not meeting the needs of the potential applicants to our program. 2) Many of them have continued difficulty with English reading and comprehension, even after they have passed the Pre-nursing Entrance Test. 3) At about the same time the Assessment Technology Institute (ATI), the provider of our Pre-nursing Entrance Test, changed the focus of the Test of Essential Academic Skills Version V (TEAS V). 4) Measurably, the applicants that took the new test had lower scores and reported increased difficulty in meeting a passing score.

Solutions and Time lines: 1) New policy was proposed and enacted in November of 2011 as a direct response to the increase in the percentage of students failing to pass the TEAS Entrance Exam with 60%

or above. 1a) Those students must remediate by taking an ESL course at a local Community College, or similar agency to determine if they are minimally at ESL level 3. 1b) Others are referred to the I-BEST ESL Educational Program to improve their English Reading and Writing Skills before being admitted into the VN Program. 1c) A predictor test is strongly recommended to all of our ESL students now. This is well supported by research so we have incorporated these recommendations into our admission requirements, as well. This plan will be reevaluated for effectiveness in improving student success rates, within one year May of 2013.

2) An additional Remediation Requirement was enacted in November of 2011 to demonstrate our concern for the poor NCLEX-VN Pass Rates. This new policy was also sent to the BVNPT for approval and is written into policy in Appendix A, (pg 10). The Admission Policy is requiring those applicants scoring less than 60% on the TEAS to take a Medical Terminology, 36 hours (2 Semester Unit) course. 2a) Additionally the new policy requires all applicants to take the 1 Unit Medical Terminology Course (18 hours) along with Anatomy and Physiology (at least 3 Semester Units) and Pharmacology (Drug Dosage Calculations Portion), 18 hours (1 Semester Unit) course. See Appendix C and D (pp 15 & 16) for Proposed new Remediation Policies and Procedures.

The goal was to improve the applicants' understanding and usage of medical English, biological science concepts and applied basic math, as they relate to Nursing Science. This directly responded to the greatest weaknesses of our clientele: English, Medical Terminology and Math. We removed Psychology and Pharmacology (the study of the Medications, themselves) as prerequisites and built these topics back into the program because our NCLEX Pass Rates were unimproved when offered as prerequisites. Additionally there is enough psychology/mental health nursing hours throughout the program. For example, Lifespan (Growth and Development) issues are covered within the program: Gerontology (Older Adulthood in semester 1); Adult Medical Surgical Nursing (Young and Middle Adulthood in Semester 2) and Supplemental topic to Pediatrics (Birth through Teens studied in Semester 3). If an applicant needs more assistance in English or Math than we can provide based upon testing results, an applicant will be counseled and given choices as to where and how to improve in these areas. We are looking into providing a Vocational ESL class for anyone who might be interested in improving their reading and comprehension, including potential VN Program applicants. (See Appendix A – for our revised policy and procedure related to Admission, Screening and Selection criteria).

Proposal to BVNPT to Improve Admission and Screening:

- 1) Please approve the Admission, Enrollment (Appendix B, pg 10), Screening and Selections, and Alternate Student Policies and Procedures Found in Appendices A and B (pg 10 & 14).
- 2) Please approve at the September meeting. Please approve these Remediation Measures to promote improved student success from time of admission to time of graduation and proposed plans for students who do not pass the predictor test for NCLEX Success at Program End (Appendix C & D, pp 15 and 16).

b. Screening

Problems Identified: In addition to the admission criteria, we also screen students with a Pre-Nursing Admission test, the TEAS from Assessment Technology Institute. It is an assessment test of Reading, Math, Science, and English. 1) One issue we found was related to the recent changes made in the exam. The level of difficulty has increased. However the test provides “recommended criterion-referenced cut scores that nursing schools could adopt as benchmarks for student performance on the Test of Essential

Academic Skills Version V (TEAS V)". It is designed to provide assessment data regarding a student's overall academic preparedness for nursing related content. It is intended to correlate with "early program success." The suggestion is to use one of the provided cut score and refrain from making adjustments to the scores.

Solutions and Time lines: We chose to make the cut score at the Proficient Category, 58.7%. The description fit our needs and allowed flexibility in the student population. A student falling into the lower Basic Category would be required to complete remediation in a class or set of classes to upgrade their skills and return with proof of successful remediation. This shall be applied to the next two cohorts proposed to begin in September 2012 and January 2013. The TEAS test results are used to show where the focus of the remediation should be and the documentation would help verify the need for ESL follow-up when appropriate. This plan will be reevaluated for effectiveness in improving student screening effectiveness within one year in a follow-up report in May of 2013.

Proposal to BVNPT to Improve Screening: Please see and approve Appendix A, pg 13, to facilitate improvements in our policy and procedure related to Admission, Screening and Selection criteria).

b. Selection

Problems Identified: 1) unsuccessful students continue to be admitted into the program. The attrition rate is approximately 20%. However the policy and procedures for selection criteria only needed minor revision. A review of prerequisite grades, the TEAS test results and all other admission documentation determine the completeness of the admission file of the applicant and whether or not an applicant is accepted into the program. 2) Notable problems identified had been breach in admission criteria; students who do not meet 100% criteria for admissions occasionally are admitted. This is primarily due to the above proposed tightening of policies and procedures.

Solutions and Timelines: 1) Policies and Procedures are designed for student success and the must be adhered to more strictly.

Proposal to BVNPT to approve minor updated policy: Please approve the selection policies outlined in Appendix A, pg 12. This plan will be reevaluated for effectiveness in improving student selection and student attrition and success rates within one year in a follow-up report in May of 2013.

c. Terminal Objectives – were only slightly reworked and determined to be still relevant to current program goals. Please approve those Objectives included below and updated in May 2012. We believe these changes still contribute to NCLEX-VN success rates and prepare the students for the work force most relevant to the statistical analysis from concurrent employment trends stated in the BVNPT Annual Reports.

TERMINAL OBJECTIVES

Upon satisfactory completion of the Program, the graduate will be prepared to:

1. Pass the NCLEX-PN® examination the first time it is taken.
2. Provide safe, effective care to all clients in a variety of healthcare settings.
3. Perform within the scope of practice for Licensed Vocational Nurses.
4. Foster communication, confidentiality, and collaboration between the clients, family and healthcare staff.
5. Grow personally and professionally within his/her chosen nursing field.
6. Utilize the nursing process to effectively meet the individual and unique needs of the client.
7. Provide client/family with health education and educate them about the community services and resources.
8. Serve as a positive role model to the upcoming generation of nurses.

Problems Identified: Primarily Objective 1 is not being met adequately (as outlined in the Provisional Accreditation Letter from the BVNPT).

Solutions and Timelines: 1) ATI practice tests and proctored tests are being systematically utilized throughout the program; 2) Saunders NCLEX Review Book is now required to be utilized throughout the Program; 3) at semester 4, before graduation student must take predictor testing for NCLEX-VN success before being allowed to graduate; 4) if students do not pass the predictor test then they must remediate with a virtual ATI coach until they do meet criteria for NCLEX success. This plan will be reevaluated for effectiveness in improving student NCLEX Pass Rates for the two recently graduating classes of 2011 and 2012 as well as the graduates of the proposed September 2012 and January 2013 classes as all of these cohorts have or will have this new policy implemented to improve NCLEX pass rates. Within one year a follow-up report will reevaluate the effectiveness of APNI in meeting these objectives, in May of 2013.

Proposal to BVNPT: Please approve the above Terminal Objectives and the supporting policy changes for improving NCLEX-VN success rates, objective #1.

d. Curriculum Objectives – was reviewed for current appropriateness based on feedback from recent students and suggestions for improvements by faculty utilizing the prior curriculum objectives. Minor Revisions and Changes were made and Dated in the footnote of the supporting Document. See current Curriculum Objectives file, electronically attached to this analysis report. Please see below the few modifications made to the content and accept for program adoption. It was determined these objectives were still relevant.

GENERAL CURRICULUM OBJECTIVES

By the end of Semester 1, Fundamentals & beginning Medical Surgical Nursing 01, the student is expected to define, explain, or demonstrate:

1. Knowledge about the origins of nursing and the role of the LVN.
2. Beginning skills in basic nursing procedures.
3. Active participation in the learning process.
4. A beginning understanding of the nursing process and client care planning.
5. Beginning skills in caring for clients with a variety of medical - surgical conditions,
6. Beginning cultural sensitivity in providing care to clients,
7. Beginning knowledge and skill in administering oral medications.
8. Math Competency at 75 % or higher by test or clinical competence

By the end of Semester 2, end of Medical Surgical Nursing 02, the student is expected to define, explain, or demonstrate:

1. Increased knowledge and ability to care for clients with a variety of medical - surgical situations,
2. Ability to search out information required for safe client care,
3. Ability to make additions to the nursing care plans by using the nursing process,
4. Increased knowledge and skill in oral medication administration and beginning skill in administering parenteral medications,
5. Cultural sensitivity when working with clients/families.
6. Math Competency at 80 % or higher by test or clinical competence

By the end of Semester 3, OB/Peds & beginning of Medical Surgical Nursing 03, the student is expected to define, explain, or demonstrate:

1. Knowledge and skill in caring for the new mother and neonate,
2. Knowledge and skill in caring for the ill child,
3. Knowledge of normal growth and development of the child,
4. Skill in providing client/family education.
4. Improved ability in adding to nursing care plans in conjunction with other staff
5. Ability to provide culturally sensitive care to clients and their families.
6. Professional attitudes in working with facility staff, instructors and fellow students

By the end of Semester 4, end of Medical Surgical Nursing 04, the student is expected to define, explain, or demonstrate:

1. Advanced knowledge and skill in providing care to clients with involved conditions.
2. Ability to search out information required for client care.
3. Ability to make additions to nursing care plans by using the nursing process.
4. Demonstrate beginning skills in the role of the LVN in home health.
5. Knowledge and skill in administering all forms of medications, except IV Medications.
6. Math Competency at 90% or higher by test and clinical competence
7. Successful scores on NCLEX success predictor Exam or Virtual ATI Remediation.

Proposal to BVNPT: Please approve the above General Curriculum Objectives and the supporting policy changes in this report, designed for meeting these objectives.

e. Instructional Plan –

Problems Identified: Some instructors deviate from the plan in covering all required content. Consequently there are gaps in the graduates' knowledge base which may contribute to failure on the NCLEX-VN Exam.

Solutions and Timelines:

1) Program Director will carefully explain in the August 2012 Faculty Meeting to all instructors the importance and need to follow the curriculum as outlined as it is designed for student success. 2) The PD shall oversee and enforce adherence to the IP by all instructors throughout the program with biannual classroom visits and clinical visits to make formal evaluations of adherence to the IP and effectiveness of teaching learning processes.

3) The IP was modified so both AM and PM Programs have the same number of Clinical and Theory Content Hours and several Improvements were made to the PM Program: a) the name changed from "Level 1" to "Semesters 1 and 2" and "Level 2" to "Semesters 3 and 4"; b) increase number of days per week to 4 each week (we were previously given the okay to add one day each month for extra clinical day) this 2nd day may be used as either an extra theory day or an extra clinical day each month, if instructor deems this is necessary; c) placement of Pharmacology into Semester 2 as separate 2 Unit Course. Pharmacology (Drug Dosage Calculation) was offered as separate 1 Unit Course in Prerequisites. [see Instructional Plan attached]; content hours were adjusted in an attempt to align courses as stated.

Proposal to BVNPT: 1) Please approve the above Summary of Instructional Plan as the basis for fine tuning and enforcing instructor compliance in following the plan as laid out. Terminal Objectives and the supporting policy changes for improving NCLEX-VN success rates, objective #1.

2) Please see and approve the overview of the Instructional Plan as presented in Appendix H, pg 28. Also please approve the Proposal for rendering 60% credit to students who are required to take a standardized State Approved Nurse Assistant Course and Pass the State Certification Exam. We feel this is an important prerequisite for all of our students and we should give them 60% of their clinical and theoretical credit towards Fundamentals or Basic Med/Surg of Semester 1.

3) Please approve Appendix G (pg 28) to review this proposal. The 50 Theory Hours and the 100 CNA Clinical Experience shall be credited as 30 theory and 60 clinical towards 1st Semester of VN school.

Additionally please review and approve the Instructional Plan Overview as it is to be adopted for the past two graduating classes and the next two replacement classes.

4) Also please review our request to begin two replacement classes which will adopt this Instructional Plan upon its approval. We are asking for approval of these two replacement classes for:

- 1) PM Class to replace the graduating class of November 20, 2011; Proposed Start Date of September 10, 2012 and end date December 17th 2013)
- 2) AM Class to replace the graduating class of May 2012; Proposed Start Date of January 2, 2013 and completion Date of approximately April 23, 2014.
- 3) Please approve Appendix B School Projected Enrollment Form and Appendix H, proposed start date for applying outlined Instructional Plan
- 4) Please also approve Appendix I reflecting the updated annual report of Faculty and Facilities which shall be utilized to operate the next two cohorts.
- 5) An updated Detailed week-by-week Excel version will follow in June to reflect the proposed 4-15 week semester program as outlined in Appendix H (pg 28), the Summary IP Plan for AM and PM Programs.

f. Theory and Clinical Objectives for Each Course - [TBD in June 2012]

Problems Identified: It was discovered the text book used was inadequate in meeting the changing needs. The instructor resources were inadequate and the test banks were deemed inferior to the Evolve Elsevier online Resources.

Solutions and Timelines: 1) The *Textbook of Basic Nursing*, 9th Edition will be changed to a comprehensive textbook, *Foundations of Nursing*, 6th edition by Christensen and Kockrow is focused on Vocational Nursing student success. The text is designed for the LVN/LPN and covers Fundamentals, Maternal and neonatal, Pediatrics, geriatrics, mental health, and community nursing for the LVN/LPN. The teaching and learning online resources are available for instructors and students.

2) During the month of June 2012 the new director, Jon Murphy, shall revise the entire instructional weekly lesson plans to align itself with the summary of the proposed instructional plan. The recommendations by Elsevier, the clinical sites systems, the instructor/student survey responses about current learning needs will also be considered in the Program revamp.

Within one year a follow-up evaluation/analysis will be conducted to assess the effectiveness of the instructors in staying on task in following the IP as outlined.

Proposal to BVNPT: 1) Please peruse and approve Appendix F, page 18. The detailed IP document shall include the new learning objectives and Summary IP, which is proposed to the BVNPT for approval in the September Meeting.

g. Lesson Plans for Each Course - [TBD in June 2012]

The course descriptions were modified and several courses were renumbered. Appendix E (page 16) lists all courses in tables sequentially, semester by semester, including breakdown of number of theory and clinical content hours and Semester units indicated to assist in articulating the courses to other nursing programs throughout the state. One semester unit is defined as 17 hours instead of 15 hours and three clinical and skills lab hours are equated to one theory hour. One theory hour is 50 minutes of class lecture. One block of 50-51 hours in clinic or skills lab is equated to 1 semester unit.

Within one year a follow-up report will reevaluate the effectiveness of APNI in meeting these objectives, in May of 2013.

Proposal to BVNPT: 1) Please see and Approve Appendix E (pg 16) which reflects all changes being proposed to the layout of the future classes.

2) Additionally please see and approve the updated Course Descriptions with objectives/student learning outcomes and categorized as Prerequisites, then Semester-by-semester from 1st through 4th.

h. Textbooks

Proposal to BVNPT : Please approve the request for change in textbook from the current, The *Textbook of Basic Nursing*, 9th Edition to the more comprehensive textbook, *Foundations of Nursing*, 6th edition by Christensen and Kockrow. The reasons for the proposed change are discussed in g above.

Another required text is the Saunders Comprehensive Review for the NCLEX-PN Examination -4th edition by Silvestri, RN,MSN. (2009 or later editions). Used as a supplemental text in Semesters 2 through 4. This text will be incorporated throughout the program to enhance test taking skills along with ATI books and online practice and proctored tests.

i. Attendance Policy – was reviewed and reworked. (See Appendix J (pg 32) - the attendance policy)

Proposal to BVNPT: Please review and approve the improvements made in the Attendance Policy to assure student are compliant with the CA State Mandated Hours designed for NCLEX-Success Rate and patient safety.

j. Remediation Policy

Student improvement is important to us. Students are informed and encouraged to discuss any concerns with the appropriate instructor. If a student is having a problem, failing a test, or not performing adequately in clinical, the appropriate instructor will discuss this with the student; learning what is happening from the student's point of view and what they think they should do. Two types of forms are used, one for clinical and one for theory. The Program Director (PD) is informed as soon as this occurs. Changes have been made in when instructors must put the student into remediation or probation as well as when to notify PD. A review with the instructors is done during Faculty Meeting as to any students put on or taken off remediation. If a student is placed on remediation a second time s/he must meet with the Program Director (PD). [See Appendix C (pg 15)– for complete process]

Proposal to BVNPT: Please read and approve Appendices C and D (pp 15&16) related to remediation early alert and Program end recommendations to improve NCLEX-VN Pas rates.

k. Evaluations of Theory and Clinical Faculty –

Proposal to BVNPT: Please read and approve policies and forms designed for ongoing evaluation of program effectiveness. Faculty may be evaluated by any school nursing staff from the administrator to a peer instructor. In addition the students are asked for their evaluations and the instructor may evaluate him or herself.

l. Evaluations of Theory Presentations [T B D later]

Ms Kim Loh was the primary instructor formally and informally evaluated on her presentations of the Theory Content material by the PD and the Assistant PD and she was considered to be compliant with Instructional Plan.

Problems Identified: Ms. Hady Lamb, the other VN instructor was evaluated formally and informally over the past one year period and was considered to be out of compliance with the Instructional Plan.

Solutions and Timelines: Assistant PD and PD's *Response to noncompliance:*

1) Hady Lamb was removed from teaching assignment at the end of the VN Class graduating in November 2011. 2) As part of remediation she was mentored by the School Director, Hooi Yeap and the

Assistant PD, Jon Murphy and the PD, Linda Pousson. 3) Several months later, in March of 2012 she was again allowed to teach the prerequisite courses Medical Terminology and Drug Dosage Calculations but not permitted to teach Anatomy and Physiology prerequisite course for reasons of poor compliance in the past. 4) Without close supervision of this instructor there is ongoing concern as she again deviated significantly from the syllabus created for her by the Assistant PD.

5) Jon Murphy was approved to teach prerequisite courses and VN courses. 6) He was also called upon to analyze the current VN Program Deficiencies and to assist the Director in resolving the ongoing issue of poor pass rates of our graduates. 7) Now he is the new Program Director and he hopes to hire Cy Bracy, a retired RN and Program Director, whom he had worked with for 12 years at Merritt College in Oakland, CA.

7a) A request for New Instructor Approval was sent to BVNPT in December of 2011 but the request was denied which places a strain on the current program. Without an instructor at the competency level of Cy Bracy, the program will be sure to fail. We are asking the BVNPT, here, again to please reconsider the decision "not approve Cy Bracy." She is competent and when Jon taught with her at Merritt College the VN Program was a model for success with 85% -100% pass rate over the last five years running. Cy 8) Bracy wishes to become an adjunct instructor for theory and she is highly qualified.

Ongoing biannual faculty evaluation will be conducted on all instructors during these transitional years to evaluate quality of education APNI students are receiving throughout the entire theory and clinical pedagogy.

Proposal to BVNPT: 1) Please permit us to hire her as part of our plan for improving APNI's NCLEX-VN Pass Rate. 1a) If Cy Bracy is not hired the January 2013 VN class will be team taught for Theory between Jon Murphy and Hady Lamb. 2a) for the clinical portion, Hady Lamb will be the instructor but will be closely monitored by Jon Murphy, PD to assure compliance to best practices and teaching learning objectives developed for student success.

m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.

The learning objectives for the Vocational Nurse of the current milieu are in a state of flux. During the past five years LVN's had been displaced out of the acute care setting by the current Managed Care and California Nurses Association Systems. Vocational Nursing Schools across the nation are experiencing the same transformation. The LVN/LPNs' domain for providing health care is now accepted as being: subacute, SNF, long term care, rehabilitation, hospice and primary care settings. Learning Objectives had to change to meet these demands required of the job market.

Our school had modified all of theory and clinical objectives in collaboration with the BVNPT, the clinical setting managerial teams and the nurses. However, maintaining optimal level of individualized patient health is the timeless focus that will never change. The wave of baby boomers retiring is still coming which may require LVN's to be flexible enough to return to the acute setting. Meanwhile our clinical focus must change with theoretical nursing principles of timeless nursing designed for all sectors of healthcare mixed with the customized care necessary to perform competent patient care for residents in long term care facilities.

Our instructor, Kim Loh, modified her clinical focus based on best practices for patient care, as recommended in the textbook with relevant modifications for the facility and their client health care needs.

Proposal to BVNPT: Please Read and Approve the modified Policy and Procedures and forms for Evaluation of Faculty, Clinical Sites and Course Instructors as written in Appendix K (page 34).

n. Evaluation of Student Achievement –

Solutions and Timelines: 11 out of 13 students in the current cohort received a 94% or better score on the ATI Predictor Test. (4/18/12) and two (2) students have completed the Virtual ATI. This is an online review with direct access to a Master's prepared nurse who proctors the student during the review.

Our latest NCLEX-PN Score for Quarter 1 2012 was 80% and the quarter before that was 70% which shows incremental improvements.

Please see Appendix L, page 37 from the BVN NCLEX Pass Rate Report of 2012 on your website.

o. Current Enrollment and Upcoming VN Classes–

The most recent enrollment had been 13 students, who just graduated on May 26, 2012.

We currently are between cohorts with no students enrolled between now and September. We request the Board to approve our proposal to begin our next classes in September and January as stated below.

Proposal to BVNPT: Please approve Appendix B (p.14) Enrollment Request and the following:

- upcoming enrollment of 20 students maximum,
- approval for next two cohort start and completion dates as follows:
 1. start date for Fall PM Cohort to replace the November 2011 graduating class is proposed to be September 10, 2012 with Completion Date December 17th 2013
 2. start date for Winter AM Program Cohort to replace the May 2012 graduating class is hereby proposed to be January 2nd 2013 with completion date proposed to be April 10th 2014.

The timeline for implementing all of the above proposals for policy change is pending BVNPT Approval. When the Board approves all of these proposed improvements their implementation shall begin in September class, which is also pending Board approval for this start date.

With regards to the main deficiency of low NCLEX Pass Rates, we project continued improvements to follow the trends of the last two quarters of improved Pass Rates for our graduates.

Thank you for consideration of these proposed changes and modifications designed to enhance student success and to soon remove our provisional status.

Respectfully Submitted,

Linda Pousson

Linda Pousson, RN, MN
V N Program Director/ Retiring

and

Jon B. Murphy

Jon Murphy, RN, MSN, Ed.D.
VN Program Director/Newly Approved
Advanced Pro Nursing Institute

APPENDIX A

ADMISSION ,SCREENING SELECTION ALTERNATE STUDENT POLICIES

Admission Policy an Procedure

POLICY

Admission to this program is open to anyone who meets our requirements, which are approved the Board of Vocational Nurses and Psychiatric Technicians. Enrollment in APNI is required before application to the Vocational Nursing Program is accepted. An enrollment contract is signed and partial payment is required up front. All students must meet the admission requirements prior to entry into the program. Admission of transfer students after the start of any class will be on a case-by-case basis, providing all required documentation is acceptable, and space is available within the class. "Space available" means the number of students per class as approved by the BVNPT. All students will be provided time to demonstrate skills during the first weeks of attendance.

A student entering into Semester 3, must attend both semester 3 & 4 of Advanced Medical Surgical Nursing. OB or Pediatrics may be given a credit status if the grade and hours previously attended meet those required in this program. No external transfers into the program will occur during Semester 4.

PROCEDURE

All proposed students will talk with the Human Resource/Business Manager, fill-in, and sign a contract for the school. The currently required portion of the tuition must be paid prior to the first day of class. Completion of all required paperwork for admission to the school must also occur prior to the start of class.

The prospective student will be given an admission packet for the VN Program. All forms must be filled-in and returned together with appropriate documentation, as indicated below, in a timely manner, preferably 2 months before start of next cohort. Any potential student currently enrolled in Prerequisite Classes must complete them with the grade required; an official transcript will be placed in the file prior to the start of the class.

To be admitted to this program, verification of the following is required for each student:

- (1) Seventeen (17) years old;
- (2) High school graduation or equivalent; *
- (3) Current CNA Certification is preferred; those with no CNA training may also be accepted after review of prior education/experience, on a individual basis; +
- (4) Physical examination completed within 3 months prior to start of program, including:
 - a. Negative TB test. Due to changes in health department recommendations, our school is requiring TB testing within 3 months prior to start of clinical rotation at Semesters 1 and 3;
 - b. Proof of immunity to Rubella, Rubeolla, Varicella & Tetanus - if unable to complete this requirement, the physician will be asked to fill-in an additional form ;
 - c. Hepatitis B Series, at least the first in the series with completion before end of the eighth month of program, or a signed wavier refusing the immunization ;
 - d. Medical Questionnaire.

(5) Current CPR card (Healthcare provider level for Adult, Child and Infant, & AED) that maintains effectiveness for the length of the program (2yrs)

(6) The following prerequisites classes, with a grade of "C" or better. (An official transcript or verified course completed within last 5 years is required)

- a) Human Anatomy/Physiology, minimum of 54 hours (either combined or separate);
- b) Drug Dosage Calculations Course (minimum of a 1 Unit Course or the equivalent of 18 hours);
- c) Medical Terminology Course (minimum of a 2 Unit Course or the equivalent of 36 hours);
- d) In addition, the following may be required, based upon testing results:

- (1) ESL for Nursing Students (at least a 1 Unit Course or the equivalent of at least 18 hours) or verification of completion of an advanced level ESL course in an Adult School or similar agency
- (2) General Math (or a Review set up at APNI)

No student is admitted if a grade in any of these classes is below 75% or "C." Any online course that is passed and a certificate issued will be assigned a "C," if no grade was given, or no final test result can be presented.

(7) Complete the "Education/Experience Credit Option" form. For work related experience credit a statement from a supervisor on letterhead regarding current length of employment and duties performed is required.

To complete Admission:

- a) Pass the Pre-Nursing Admission Test at the current passing score. Two attempts may be made and then a wait of 6 months before trying again. (Any similar pre-nursing test done for entrance to another school of nursing may be acceptable if done within last year, or attached to the program from which one is transferring. A copy of verified passing score is required.)
- b) Complete and sign School Enrollment Contract, pay required registration fee and complete a plan for financial obligation to the school.
- c) Submit the completed VN program application packet for admission.
- d) Attend a placement interview with the Program Director or Assistant Program Director. No one will be permitted to attend any class until all admission and screening items are verified. More than one interview may be necessary.

No one will be permitted to attend a class until all admission and screening items are verified by Program Director.

Information to clarify requirements.

* Verification of a High School graduation from outside of the U.S. will be by:

- (a) a current GED certificate, or copy of testing results showing 12 grade graduation,
- (b) transcript or diploma from a U.S. college or university showing graduation, or
- (c) letter from an education verification service indicating equivalent high school education.

+ A Non-CNA applicant will bring any information regarding training and/or education to a placement interview with the Program Director. The previous training and skills the person has received will be reviewed for its fit with the required skills of a CNA and attendance at one or more additional skill labs, may be required. If time permits the prospective student will be asked to complete a CNA class and will be asked to approve this plan. Arrangements will be made for this to take place. Certificate of completion will then be given to the Program Director.

SCREENING

POLICY

Each potential student must pass the Pre-Nursing Admission Test with the currently accepted score or higher. Two chances are given and then a 6 months wait is imposed during which an intensive review is requested before retaking this test.

PROCEDURE

A computerized test will be taken, maintaining confidentiality and security in the testing situation. Results below the accepted score may result in a second testing after a period of required review. A review class may be set up to remediate problem associated with this Assessment.

SELECTION

POLICY

Each applicant's file is reviewed for completeness and accepted based upon having all required items in the file. Anything missing components may delay the applicant's admission into the program. The Program Director is responsible for this.

PROCEDURE

The following process will be followed to ensure equitable treatment for all applicants. Minimum requirement will be 90 pts/100 points.

- | | | |
|--|---|--------------------|
| 1. Completed required classes | = | 30 pts |
| 2. Screening items complete | = | 50 pts |
| 3. Pre-Nursing Admission test | = | <u>10 – 20 pts</u> |
| (10 – Proficient, 15 – Advanced, 20 - Exemplary) | = | 90 – 100 |

Alternate Student

An alternate student is one of three admitted, over the 30 approved by the BVNPT. If any alternate student is not entered into the program by the end of Fundamentals, he or she will have first priority in the next available class.

S/he will attend during the 5 weeks of Fundamentals, taking all tests and completing all assignments. If one of the regular admitted students leaves for whatever reason, an alternate will take that place. Alternates will be chosen from the list of potential students with the next 3 highest scores. The first 30 are regular students and the next three are alternates. A selected alternate has the right to decline the opportunity.

The following is a sample notification to Alternate Students:

DATE

Dear STUDENT NAME;

I am pleased to extend an invitation to you to attend our Vocational Nursing Program as an alternate student. This means that you will attend the Fundamentals Course which is the first five (5) weeks of the V N Program.

Our program currently has the required number of students but we are allowed to choose up to three (3) more students as alternates. In case for whatever reason any student cannot continue, an alternate will take that place. Based upon your number you will be placed into the class when a student leaves. If you do not get into the program at that time, you are guaranteed placement in the next class.

If you wish to take this alternate position, you will be alternate # --- . Please contact the office by (date).

Thank you for considering this opportunity.

Sincerely,

Jon G. Murphy, RN, MSN, Ed.D.
Jon Murphy Program Director
V N Program

APPENDIX B

SCHOOL ENROLLMENT / ENROLLMENT DATA TABLE

POLICY

Enrollment in any course or program at Advanced Pro Nursing Institute requires signing a contract and paying the fees involved. Additional paperwork may also be required, depending upon the specific program. A background check, including financial, will be done and any fee required will be paid by the potential student.

PROCEDURE

The Human Resources/ Office Manager will inform interested people regarding the programs available. The explanation of the course, any prerequisite class or classes, and other required information is reviewed. Specific requirements for each program are explained and arrangements made. Financial responsibilities and payment plans are explained. Tuition payment and an enrollment contract is required for any combination of the prerequisite classes. A school catalog and a school performance fact sheet are provided when the enrollment contract for the Vocational Nursing Program is signed.

A review of the content to be included in the background check will be done and the potential student will sign a permission form for the background to be checked.

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

School Name: Advanced Pro Nursing Institute

ENROLLMENT DATA			
CLASS DATES		#Students Admitted at time of class start	#Students who are still in the class
List ALL classes held to date AND the proposed or projected classes	Date class will Complete		
P-Sept.10, 2012	December 17, 2013	p-15	N/A
P – Jan 02, 2013	P – April 15, 2014	p-20	N/A

Signature: *Jan L. Murphy*

Date: 05-30-2012

APPENDIX C

Student Remediation, Early Alert and Probation

REMEDICATION

POLICY

All effort will be made to assist the student in his or her attempt toward improvement. Documentation will be kept on all students currently in a cohort who are on remediation, or probation. The Program Director (PD) is responsible for keeping an up-to-date tracking of all students on remediation, or probation. Specific remediation will be focused upon student needs based upon the test results.

As part of the last few months in the program, all students must pass the ATI Predictor Test at or above the current benchmark set for the test, in addition to a Comprehensive School Test and a Final Math Test.

PROCEDURE

Each instructor is responsible for placing a student on remediation as soon as the test score average falls below 75%, behavior and/or attitude fails to meet professional standards, clinical ability falls below the standard, and for notifying the program director (PD) when a student is placed on or taken off remediation. The original of the form is to be given to the student, a copy is kept by the instructor and a third copy is sent to the PD for student files. A tracking sheet maintained by the PD will indicate current status of each student within this section; including name, when and why on and when completed. Documentation of the plan, signed by both the student and instructor will include a date for re-evaluation. The instructor's copy can be used for removing the student from remediation and sent to the PD.

If the plan is unsuccessful, the instructor will provide written explanation and send to Program Director (PD) for placement in student file. Further assistance may be provided by PD and /or the School Director. Student failure to follow, or complete, the remediation plan may lead to probation or dismissal from the program. Copies of the most recent evaluation that placed student on either remediation or probation will be made available to BVNPT Consultant, or other authorized person, upon request.

At the midterm of any semester, a student whose cumulative scores fall below 74.5 % will be placed on probation for the remainder of the semester. These students may or may not already be on remediation. Students below a 72.5 % average will be asked to see the PD because they will have a very difficult time bringing scores up to passing and will be given other options. During this probation period the student will meet regularly with a designated staff member for remediation, progress assessment and counseling. If scores do not improve to a consistent passing level (75 %), the student will be dismissed from the program. If scores improve to a passing level (75 %), probation will be reduced to remediation and close monitoring will continue for as long as needed.

APPENDIX D
REMEDICATION / PROBATION CONTINUED

Remediation/Probation

Documentation shall be kept on all students currently in class who are on remediation, probation or who have been terminated. A tracking sheet will indicate the student(s) currently on remediation or probation as well as those who have been terminated. Copies of the most recent evaluations for theory and clinical for these students will be made available to the BVNPT Consultant upon request.

All effort will be made to assist the student in his/her attempt toward remediation. The upper section of the form will be used to document the plan and will be signed by both student & instructor, including a date for reevaluation.

If the plan is unsuccessful, the instructor will provide a written explanation to the Program Director. These will be placed in the student's file.

Virtual ATI Coaching may be available, if indicated, for improving deficiencies in theoretical Components of Course work.

Skills Lab can also be made available beyond normal business hours , by special arrangement with instructor, for improving skill performance.

Sample Form: (Space Condensed for this Report)

STUDENT REMEDIATION / PROBATION

Name _____ Date _____

You have been placed on remediation / probation in the following area(s) :

Problem area(s) _____ Example _____

Instructor _____

Student _____

Actions required renewing satisfactory standing in this program :

Date of reevaluation _____

Comments :

Instructor _____

Student _____

APPENDIX E
Program Overview by Semester, Hours, Units and Certificate Requirements
Semester 1 : AM & PM Fundamentals & Basic Medical Surgical Nursing I

Course AM	Theory	Theory Hours	Clinical & Skills Lab	CI/SL Hours	Total Program Hours
Fundamentals FN-01	2.25 hours X 4 days X 5 weeks	50	2.25 hours X 4 days X 5 weeks	50	100
Basic Med/Surg I (BN-01)	(7.2 hrs x 10 wks)	72	2 hr Skills Lab X 10 wks; 14 hrs Clinical X 10 wks)	160	232
NUTR 01	Therapeutic Nutrition 1.2h X 15 wks	18	0		18
Prerequisite PH-01 Pharm:	Dosage Calculations 1 Unit Course	18	0	0	18
Prerequisite CNA Credit	60% of CNA Credited (60% X 50 Th.=30)	30	60% of CNA Credited (60% X 100 Cl.=60)	60	90
Prerequisite: AP-01 Anat/Phys	3 Unit Course	54	0		54
Total Hrs		242 Theory	Total Hrs	270 SL/CL	512

Semester 2: AM & PM Medical Surgical Nursing Semester 2

Course AM	Theory	Theory Hours	Clinical & Skills Lab	CI/SL Hours	Total Program Hours
MSN-02	Medical Surgical Nursing 6.6 h. per wk	99	1 hr per wk SkillLab (15) 14 hr per wk Clinic	225	324
PH-02	Pharmacology 2 Units	36			36
Total Hrs		135 Theory	Total Hrs	225 SL/CL	360

Semester 3: AM & PM Medical Surgical Nursing Semester 3

Course AM	Theory	Theory Hours	Clinical & Skills Lab	CL/SL Hours	Total Program Hours
MSN-03	Intermediate Medical Surgical Nursing (8.8 hr X 9 weeks)	80	2 hr per wk X 9 wks Skills Lab (18) 14 hr per wk X 9 wks of Clinic (126)	144	224
MN-03	Maternal/Ob 2 Units Nrsng (6.6 h X 3 wk)	20	40 hrs Skills Lab + 8 hrs Clinical Observation	48	68
PN-03	Pediatric Nursing 2 Units (6.6 h X 3 wk)	20	40 hrs Clinical + 8 hrs Skills Lab	48	68
Total Hrs		120 Theory	Total Hrs	240 SL/CL	360

Semester 4: AM & PM Advanced Medical/Surgical Nursing Semester 4

Course AM	Theory	Theory Hours	Clinical & Skills Lab	CL/SL Hours	Total Program Hours
MSN-04	Advanced Medical Surgical Nursing (8.8 hr X 9 weeks)	120	2 hr per wk X 15 wks Skills Lab (30) 14 hr per wk X 15 wks of Clinic (210)	240	224
Total Hrs		120 Theory	Total Hrs	240 SL/CL	360

APPENDIX F

COURSE DESCRIPTIONS

Prerequisite Courses

CNA Certification Course: See Next Section for Information about CNA Prerequisite Course.

MT 01: Basic Medical Terminology I

Hours: 18

Semester Credit Hours: 1 Semester hour/unit.

Required as Prerequisite as Remediation Measure if TEAS Result less than 60%

Study of medical terminology: Basic structure of medical words including prefixes, suffixes, word roots, combining forms, plurals and abbreviations, pronunciation, spelling, and definition of medical terms.

GP 01: General Psychology

Hours: 54

Semester Credit Hours: 3

This course provides review of life tasks and skills throughout the lifespan. Students will be expected to gain a basic understanding of the core concepts of psychology throughout the lifespan with an emphasis on those aspects that may be encountered in the nursing profession. *After September 2012 this course material was incorporated into second semester of the Program and is no longer offered as a Prerequisite.*

AP 01: Introduction to Anatomy & Physiology

Hours: 54

Semester Credit Hours: 3 Units. *Satisfies Prerequisite to VN Program.*

This course includes 54 hours of lecture without lab. This course provides an overview of Anatomy and Physiology presented by body systems. It focuses on body functions and the working together of all body systems to promote homeostasis. Fundamentals of the structure and function of the human body from an organ system perspective: Key concepts and basic principles of the chemistry of life and organic compounds, cells and tissues, cell physiology, organ systems, selected human diseases.

PH 01: Introduction to Pharmacology: Dosage Calculations

Hours: 18

Semester Credit Hours: 1 Unit

Introduction to pharmacology: Mathematics of calculating medication dosages, apothecary and metric conversions, and principles and techniques of administering medications. This course is required as a prerequisite to the Vocational Nursing Program.

OBJECTIVES:

Upon completion, students will be able to:

1. Make accurate conversions between metric and apothecary systems.
2. List specific equivalents in writing.
3. Calculate drug problems with a mathematical accuracy of 75%.
4. Define common medical abbreviations as they apply to the administration of medications.
5. Describe safe procedures for preparing and administering drugs.

Semester One:

FN 01: Fundamentals of Nursing

Hours: 50 Lecture Hours, 40 Skills Lab Hours

Semester Credit Hours: 3.75

Pre-requisite Courses: Successful Completion of: CNA Certificate Course; AP-01 Anatomy & Physiology; PH 01: Introduction to Pharmacology; and MT 01 Basic Medical Terminology or TEAS Score greater than 60% and Satisfying all Admissions Criteria for Enrollment into the VN Program.

Provides knowledge about the origins of nursing and the role of the LVN; active participation in the learning process; beginning understanding of the nursing process and patient care planning, beginning skills in basic nursing procedures and in caring for patients with a variety of medical/surgical conditions, cultural sensitivity in providing care to patients, knowledge and skill in administering oral medications. Learn the theoretical framework for assessing and planning nursing care of the adult patient. Demonstrate skills in basic bedside nursing. Practice the principles of basic nursing care, good nutrition and rehabilitation in a simulated setting. Theoretical framework for understanding the process of assessing and planning care of adult patients: Supervised application of the principles and practices of basic nursing care.

Clinical Objectives for FN-01:

Upon completion of Fundamentals, in the skills lab the student will be able to :

1. Demonstrate the use of universal precautions and safety precautions.
2. Demonstrate the components of the physical assessment.
3. Demonstrate the proper procedures for each of the nursing procedures learned in this unit.

Fundamentals :Theory Course Objectives :

1. Learn basic communication skills and techniques.
2. List components of the Nursing Process.
3. Utilize problem solving techniques in order to obtain information necessary for safe and individualized nursing care.
4. Define and correctly use medical terminology.
5. Explain the use of universal precautions and safety precautions.
6. Describe basic nutritional principles and standard hospital diets.
7. Describe the components of the physical assessment.
8. Explain the Influence of emotional factors upon the disease.
9. Explain the influence of culture, race and religion upon the health and wellness of the patient.
10. Explain the key parts of various skills learned during the unit.

Course Outline

I. Fundamentals of Nursing

- A. Orientation to school and study skills
- B. History of nursing
- C. Review of fundamental nursing skills

- D. Infection control
- E. Medical terminology Review
- F. Nutrition Basics
- G. Communication
- H. Math fundamentals
- I. Pharmacology
- J. Health and safety
- K. Physical assessment
- L. Competency Exam for Drug Dosage Calculations

II. Skills Lab

- A. Medical and surgical asepsis
- B. Patient unit care
- C. Oral care & denture care
- D. ROM
- E. Vital signs
- F. Feeding
- G. Bathing, pericare and catheter care
- H. Turn, move, position and transfer
- I. Physical assessment
- J. Sterile technique
- K. Isolation technique
- L. Nasogastric Intubation
- M. Foley Catheterization

BN 01/MSN 01: Basic Medical/Surgical Nursing Semester 1

72 Lecture Hours, and 10 Skills Lab Hours, 140 Clinical Hours

Semester Credit Hours: 6 Units Total: 4.2 Units for Lecture plus 2.9 Units for Skills Lab/Clinical

Pre-requisite Courses: Successful Completion of: CNA Certificate Course; AP-01 Anatomy & Physiology; PH 01: Introduction to Pharmacology; and MT 01 Basic Medical Terminology or TEAS Score greater than 60% and Satisfying all Admissions Criteria for Enrollment into the VN Program.

Successful completion of Fundamentals, or FN01 and health clearances: physical examination, negative TB test results, and immunizations; and CPR certification.

Provides knowledge about the origins of nursing and the role of the LVN; active participation in the learning process; beginning understanding of the nursing process and patient care planning, beginning skills in basic nursing procedures and in caring for patients with a variety of medical/surgical conditions, cultural sensitivity in providing care to patients, knowledge and skill in administering oral medications. Theoretical framework for understanding the process of assessing and planning care of adult patients: Supervised application of the principles and practices of basic nursing care.

Upon completion of BN-01, Basic Med/Surg Nursing, the student will be able to :

1. Demonstrate knowledge of the nursing process in providing safe, responsible, individualized nursing care to at least two patients.

2. Demonstrate efficient use of time & resources.
3. Demonstrate skill in communication & interpersonal skills.
4. Demonstrate appropriate attitudes and values as part of a healthcare team.
5. Prepare & administer oral medications using the 6 rights of drug administration and following all safety guidelines.
6. Discuss and explain the drugs administered, the reason for their use and side effects that might be expected.
7. Describe the biological factors affecting the action of drugs
8. Demonstrate ability to safely administer non-injectable medications and beginning skills in parenteral injections.
9. Apply principles of nursing care and pharmacology as learned in theory with emphasis on related medical and surgical conditions.
10. Explain relationship between diet and the treatment of specific diseases.
11. Recognize emotional changes due to illness, stress and anxiety in clients, peers and self.

I. Fundamentals of Nursing Applications of Knowledge on Written Exam:

- A. Development of study skills
- B. Competency Exam for Drug Dosage Calculations 75% Pass
- C. Review of fundamental nursing skills
- D. Infection control
- E. Medical terminology Review
- F. Nutrition Basics
- G. Communication
- H. Math fundamentals
- I. Pharmacology
- J. Health and safety
- K. Physical assessment

II. Skills Lab / Clinical Applications of:

- A. Medical and surgical asepsis
- B. Patient unit care
- C. Oral care & denture care
- D. ROM
- E. Vital signs
- F. Feeding
- G. Bathing, pericare and catheter care
- H. Turn, move, position and transfer
- I. Physical assessment
- J. Sterile technique
- K. Isolation technique
- L. Nasogastric Intubation
- M. Foley Catheterization

NUTR 01: Therapeutic Nutrition

Hours: 18

Semester Credit Hours: 1 Unit

Survey of dietary principles: Their application to selected medical conditions needing modification of normal dietary requirements.

OBJECTIVES :

Upon completion, students will be able to:

1. Explain and discuss basic principles of nutrition for healthy individuals.
2. Apply basic principles of nutrition to special need situations such as weight management, pregnancy, lactation, and growth.
3. Modify the diet to provide nutritional support for surgical patients or those with diabetes, kidney disease, heart or blood vessel disease.

Semester Two:**MSN 02: Introduction to Medical / Surgical Nursing**

Prerequisite: FN 01, Nursing Fundamentals; and BN 01, Basic Nursing

99 Hours Lecture, 15 hours Skills lab, 210 Hours of Clinical Experience

Semester Credit Hours: Total 10 Semester Units: 5.8 Units for Theory, 4.4 Units for Lab/Clinic

This course provide fundamental skills in bedside nursing; theoretical framework for understanding the process of assessing and planning nursing care of the adult patient. The principles and practice of basic nursing care; good nutrition and safe medication administration in the clinical setting are applied.

PH 02: Intermediate Pharmacology

36 Hours of Lecture

Semester Hours: 2 Semester Units

Prerequisite Successful Completion of PH 01

Study of specific drugs: Drug categories, dosages, and actions; and related nursing implications. This course is required for the certificate in Vocational Nursing.

OBJECTIVES :

Upon Completion, students will be able to:

1. Describe and discuss assessment, planning, implications, evaluation and teaching as they apply to the administration of medications.
2. List specific items to be included in patient and family teaching as they pertain to the administration of medications.
3. Identify the action, therapeutic use, desired effect, and adverse reactions of selected medications from each of the following systems: Central and autonomic nervous, cardiovascular, urinary, gastrointestinal, respiratory, endocrine; as well as anti-infective, anesthetic, anticonvulsant, anti-Parkinson's, anti-inflammatory, anticoagulant, and anti-anemic drugs.
4. List and explain in writing the major risk factors and related medications for a specific illness.
5. Explain in writing selected processes such as the biochemical basis for Parkinson's disease, effects of anti-inflammatory drugs on inflammation and three major phases of blood coagulation.
6. State the common sources of drugs.
7. Identify publications that are sources of official and non-official drug information. Describe the biological factors affecting the action of drugs.

Semester Three

MSN 03: Intermediate Medical-Surgical Nursing

Hours: 80 Lecture Hours, 18 Skills Lab Hours, 126 Clinical Experience

Semester Credit Hours: 7.5 Units Total: 4.7 Units Lecture, 2.8 Clinical/Skills

Prerequisite MSN 03, All Coursework of Semesters 1 and 2.

Common health problems of adults: Dietary therapy and medications; socioeconomic, psychological, and cultural factors related to patient care; and supervised application of the principles and practices of intermediate nursing care of adults in clinical settings. This course is required for the AA degree and certificate in Vocational Nursing.

OBJECTIVES :

Upon completion, students will be able to:

1. Explain the normal structure and function, verbally and in writing, of the body systems studied.
2. Apply principles of nursing care to patients regarding pre- and post-operative care and medical-surgical asepsis.
3. Identify the nutritional needs of patients related to their illness.
4. Develop skills in problem solving.
5. Practice safety in patient care.
6. Explain the nursing role in assisting with diagnostic tests.
7. Demonstrate knowledge of diagnostic measures for selected conditions, physiologic effects of disease.
8. Demonstrate knowledge of anatomy and physiology of selected medical-surgical conditions, relationship between diet and the treatment of disease, emotional changes due to illness, community resources and techniques for prevention of disease.
9. Develop further skills in treatments, procedures, communication (written and oral), problem-solving techniques, work organization, prioritizing, charting, and administering medications.

MN 03: Maternal/Obstetrical Nursing

Prerequisite: Medical/Surgical Nursing 1

Hours: 69, includes 20 hours lecture and 48 hours Clinical/Skills Lab

Semester Credit Hours: 2.0

Principles of nursing care of patient during prenatal, labor, delivery, and postpartum periods: Observation or participation in obstetrics and/or care of the newborn in hospital settings or simulation; learn the principles of nursing care of client during pregnancy, labor, delivery and postpartum periods, including the related issues of medications, diet therapy, socioeconomic, psychological and cultural factors. Clinical supervision of simulated and/or actual nursing care of women during the perinatal experience is provided.

PN 03: Pediatric Nursing

Prerequisite: Medical/Surgical Nursing 1

Hours: 69, includes 20 hours lecture and 48 hours Clinical/Skills Lab

Semester Credit Hours: 2.0

Normal growth and development of the child will be explained. Common health problems of children and related issues including medications, diet therapy, socioeconomic, psychological and cultural factors are discussed and researched. Clinical supervision of students will include the application of principles and practices of nursing care for children.

OBJECTIVES FOR MN-03 AND PN-03:

Upon completion of MN 03 and PN 03, students will be able to:

1. Establish a philosophy of child health in building knowledge of the major health problems of children.
2. Describe and discuss a child's normal pattern of growth and development from birth to adolescence.
3. Explain and discuss disease processes and medical treatments that are specific to children.
4. Teach parents about basic health care, growth and development, and changes that occur upon pediatric hospitalization.
5. Establish effective relationships with families and other members of the health team.
6. Identify structures and functions of the male and female reproductive systems.
7. Identify reproductive system changes during pregnancy, including signs/symptoms of complications.
8. List and explain nutritional needs associated with pregnancy.
9. Describe and discuss total
10. Birthing process: Patient education, stages of labor, complications.
11. List the physiological characteristics of the neonate.

Semester Four**MSN 04: Advanced Medical-Surgical Nursing**

Hours: 120 Lecture Hours, 30 Skills Lab Hours, 210 hours Clinical Experience

Semester Credit Hours: 11.7 Units Total: 7 Units Lecture, 4.7 Units Clinical/Skills

Prerequisite MSN 03, All Coursework of Semesters 1, 2 and 3.

Study of selected health problems of adults requiring specific advanced nursing-care measures: Related dietary therapy, medications, and patient knowledge of specific treatments; supervised application of the principles and practices of advanced nursing care of adults in clinical settings; emphasis on preparation for licensure and employment.

OBJECTIVES:

Upon completion, students will be able to:

1. Identify types of leadership qualities desirable in an effective leader/charge nurse.
2. Discuss the function of the kidney, obstructive disorders, and renal dialysis including fluid and electrolyte balance.
3. Describe the symptoms of sexually-transmitted diseases, particularly AIDS, including etiology, complications, treatment, and psycho-social implications.
4. Describe and discuss etiology, signs and symptoms, treatment, and prognosis of cervical and ovarian cancer.
5. Describe pre-operative care and post-operative wound healing (e.g., for a hysterectomy).
6. Describe signs and symptoms of infectious/inflammatory neurological conditions.
7. Compare and contrast respiratory acidosis and alkalosis using results of arterial blood gasses.
8. Discuss and interpret the signs, symptoms, and treatment associated with thyroid/parathyroid disorders.
9. List common obstructive disorders including infections of the lower gastrointestinal tract.
10. Compare and contrast young adulthood versus middle age analyzing goals, strengths, and concerns.

Semester Credit Hours

Clock hours reflect the total number of hours spent in the classroom. One clock hour is equal to 50 minutes of instruction in a 60 minutes period. The total clock hours and semester credit hours is as follows:

<u>Program</u>	<u>Hours</u>	<u>Semester Credit Hours</u>
Vocational Nursing	1592	56.5

Course credit units are computed on a quarter credit basis reflecting the number of hours spent in the classroom, lab, or in a clinical setting. Semester credit hours are based upon the following criteria:

17 Lecture Hours = 1 Semester Unit Credit

50 Lab Hours/Clinical Hours = 1 Semester Unit Credit

MINIMUM ACADEMIC PROGRESS

	Number of Contact Hours	Minimum GPA	Completed Units
Vocational Nursing <i>Pre-requisites(incl CNA CI 60 + 30 Theory)</i>	162	2.5 (75%)	9.2
Vocational Nursing <i>Semester 1</i>	350	2.5 (75%)	11.5
Vocational Nursing <i>Semester 2</i>	360	2.5 (75%)	12.5
Vocational Nursing <i>Semester 3</i>	360	2.5 (75%)	11.5
Vocational Nursing <i>Semester 4</i>	360	2.5 (75%)	11.8
Totals	1592		56.5

APPENDIX G

PROPOSED CREDIT FOR NURSE ASSISTANT CERTIFICATION

NURSING ASSISTANT PROGRAM (NA)

Request Approval for giving 60 percent of CNA Theory and Clinical Hours Toward Fundamentals and Basic Medical Surgical of VN Program based on the standard theory and Skills content taught in our CNA Program (offered at APNI)

***60% credit would translate to 30 hrs theory and 60 hrs Clinical to be credited to VN program**

This is a 150 hours class for students who wish to work in an acute care or convalescent hospital, or a home care environment. Successful completion of the program will make students eligible to take the State Certification exam, administered by a state-approved testing vendor. Upon passing the exam, students will be credentialed as a Certified Nurse Assistant by the California Department of Health Services.

<u>Syllabus:</u>		<u>Theory</u>	<u>Clinical</u>
Module I	Introduction	2	0
Module II	Patient's Rights	2	1
Module III	Interpersonal Skills	2	0
Module IV	Prevention Management of Catastrophe and Unusual Occurrence	1	1
Module V	Body Mechanics	2	4
Module VI	Medical and Surgical Asepsis	2	8
Module VII	Weights and Measurement	1	1
Module VIII	Patient Care Skills	14	44
Module IX	Patient Care Procedures	7	20
Module X	Vital Signs	3	6
Module XI	Nutrition	2	6
Module XII	Emergency Procedures	2	1
Module XIII	Long Term Care Patient	2	0
Module XIV	Rehabilitative Nursing	2	4
Module XV	Observation and Charting	4	4
Module XVI	Death and Dying	2	0
TOTAL		50	100

Eligibility/Admission Requirements to Nurse Assistant Program

- Minimal 16 years of age
- At least 8th grade of schooling
- Able to read and understand 5th grade level English (an English test prior admission)
- No criminal record
- Physical examination with PPD Skin test (Chest X-ray if needed)
- Live-scan fingerprinting (for criminal background/conviction clearance)
- ARC, CEP Exam fee
- Students to Instructor ratio = 15:1 (clinical), 30:1 (classroom)

APPENDIX H
SUMMARY OF INSTRUCTIONAL PLAN-AM & PM VN PROGRAM HOURS

- 1) Next PM Cohort Proposed to Begin September 10, 2012 and Approximate Projected End Date of December 17, 2013**

- 2) Also asking for this same IP of Program Hours for the AM Cohort scheduled to begin January 2, 2013 and end April 23, 2014 Approximate End Date**

SUMMARY OF INSTRUCTIONAL PLAN-VN PROGRAM HOURS AM & PM
Name of Program: Advanced Pro Nursing Institute
Date: 05/21/2012

 Reference: Vocational Nursing Rules and Regulations: Article 5, section 2532 (Curriculum Hours) and section 2533 (Curriculum Content) ***includes 30 hrs Theory/60 hrs clinical credit of CNA Course as prerequisite**

Curriculum Content	Prerequisites	Term 1	Term 2	Term 3	Term 4	Comments	Totals
Anatomy & Physiology	54						54
Nutrition		18	2	2	2		24
Psychology		4	4	4	6		18
Growth & Development		10	10	10			30
Fundamentals of Nursing	30*(CNA)	50					80
Nursing Process		6	2	2	2		12
Communication		4					4
with pts with psych disorders			2	2	2		6
Patient Education		2	2	2	2		8
*Pharmacology	18 DoseCalc.	2	36	2	2		60
Medical/Surgical Nursing		22	67	40	39		168
Communicable Disease		10	1	1	6		18
Gerontological Nursing			4		7		11
Rehabilitation Nursing				10	10		20
Maternity Nursing				20			20
Pediatric Nursing				20			20
Leadership					10		10
Supervision					5		5
Ethics & Unethical Cond.		2			4		6
Critical Thinking		3	3	3	5		14
Culturally Congruent Care		3	2	2	2		9
End-of-Life Care		4			16		20
Total Theory Hours	102	140	135	120	120		617
Skills Lab Hours (Fund)		50	15	66	30		161
Clinical Experience Hrs +60h CNA		220	210	174	210		814
Total Clinical Hours		270	225	240	240		975

TOTAL PROGRAM HOURS
1592
Breakout of Clinical Hours by Topic Areas:

Topic	Hours
Fundamentals	50
Medical-Surgical (incl 60h CNA)	784
Pediatrics	48
Maternity	48
Leadership	30
Supervision	15
Total Clinical Hours	975

Note: This form is not required by regulation, but is a tool designed to assist program directors to accurately calculate curriculum content hours for Board-approval.

APPENDIX I
ANNUAL REPORT OF SCHOOL FACULTY UPDATE
& FACILITIES AVAILABLE FOR CLINICAL ROTATIONS

Board of Vocational Nursing & Psychiatric Technicians
ANNUAL REPORT - SCHOOL FACULTY
 Vocational Nursing Psychiatric Technician Program

School Name ADVANCED PRO	Faculty Name	Type of License			Degree				Tchg. Cred./ Equiv.	Position Code							FT; PT; Substitute	Teaches Theory and or Clinical			Board Approval Date	Employee Termination Date (If Applicable)				
		RN	VN	PT	A	B	M	D		C	E	D	A	I	T	A		F	P	T			S	(T)	C	Both
	Yeap, Hooi School Administrator/Instructor	x					x		x								x								2/25/04	
	Pousson, Linda Program Director	x				x	x		x		x						x								6/20/05	05/31/12
	Lamb, Hady	x				x			x								x								1/23/07	
	Loh, Kim	x															x								3/11/08	
	Johnson, Oliver	x	-	-	-	x	-	-	-	-	-	-	-	x	-	-	-	x	-	-	-	-	-	-	11/04/08	Jan-2011
	Salonga, Felicitas P.	-	x	-	-	x	-	-	-	-	-	-	-	x	-	-	-	x	-	-	-	-	-	-	10/11/07	10/31/10
	Cristobal, Cristeta		x			x				x				x			x								11/14/08	
	Murphy, Jon Assist. Program Director/	x				x	x	x	x				x	x				x							07/25/11	
	Murphy, Jon Instructor/Director												x												05/12/12	
Additional Faculty	Hutchinson, Drew					x																			10/02/08	
	Atasad, Muwafaqu									x								x							11/14/08	

Faculty name	Assigned facility	# of Students Allowed/ Instructor	# of Students Actually in Group	Level of students being taught	Days of Clinical Experience	Time of Clinical Experience	Pre-conference Time	Post-conference Time
Proposed Class 1 – Sept. 2012								
Kim/Hady/Jon	Redwood (or Driftwood)	10/1 or 15/1	10 - 15	Basic Med-Surg	Friday	4: pm – 10:30 pm	4 – 4:30 pm	10: – 10:30 pm
					Saturday	7 am – 3:00 pm	7 – 7:30 am	2:30 – 3:00 pm
	Washington Care Center	15/1	10 - 15	Advanced Med-Surg	Friday	4: pm – 10:30 pm	4 – 4:30 pm	10: – 10:30 pm
					Saturday	7 am – 3:00 pm	7 – 7:30 am	2:30 – 3:00 pm
Proposed Class 2 – Jan.. 2013	Redwood (or Driftwood)	10/1 or 15/1	10 - 15	Basic Med-Surg	Friday	4: pm – 10:30 pm	4 – 4:30 pm	10: – 10:30 pm
Kim/Hady/Jon					Saturday	7 am – 3:00 pm	7 – 7:30 am	2:30 – 3:00 pm
	Washington Care Center	15/1	10 - 15	Advanced Med-Surg	Friday	4: pm – 10:30 pm	4 – 4:30 pm	10: – 10:30 pm
					Saturday	7 am – 3:00 pm	7 – 7:30 am	2:30 – 3:00 pm

APPENDIX J

ATTENDANCE

POLICY

Two types of problems, tardiness and absences disrupt the process of orderly learning. Excessive non-attendance for any reason will be a cause for immediate dismissal from the program. Tardiness and excessive absences are unacceptable, and are interpreted as a failure to act toward others in a professional manner. Students are cautioned that excessive non-attendance interferes with the ability to complete this course and is seen as a non-professional behavior. Attendance problems do not need to be consecutive to activate the consequences.

This program follows a sequential pattern from basic to more complex information. Each new level of information adds to and builds upon the previous and current knowledge of the student. Students must meet the required objectives in theory and clinical performance for each semester before advancing to the next. It is the student's responsibility to contact the instructor to establish ways of achieving unmet objectives that occur for any reason. All absences must be reported by the instructor to the director as soon as possible. Experiences in the clinical area cannot be duplicated and valuable learning opportunities are lost due to missed hours.

Students must meet the required objectives and hours in theory and clinical performance in each semester before being allowed to advance to the next. It is the student's responsibility to contact the instructor when a class has been missed; this applies to both theory and clinical.

Accurate attendance records in both theory and clinical will be maintained by the instructors, in compliance with all regulations. Attendance records will be reviewed by the program director at regular, predetermined times during each month. These records will be maintained for at least five years after the graduation of each cohort.

PROCEDURE

Attendance will be taken by having the student sign an attendance sheet. Each student must only sign for his or her self. If student is late, he or she is responsible for writing in the correct time of admission. The instructor must fill-in required information at top of the form, indicate the number of minutes tardy, and any absences on the attendance sheet. These forms are turned in at regular, required times throughout each Semester.

There are consequences for being absent or tardy and a series of steps to follow, as below:

- 1) First absence, or 2 days of tardiness, shall mean a discussion between student and instructor. A contract will be written, signed by both, and original to be given to the Program Director and then placed in student file. Make-up is required and consequences are explained.
- 2) Upon second absence, or a 3rd tardy day, a second discussion will be arranged. A revised or second contract will be written restating the problem, the resolution

to be accomplished, and consequences of not completing the contract (such as a 5% grade penalty and/or termination from school) will be signed by student and a staff member. This meeting may be with the Program Director.

- 3) If a third absence, or a 4th tardy day are accrued, then the student must attend the next Faculty Meeting and explain to staff why this occurred. At this time a 5% grade penalty is also assigned and student is reminded that one more absence or tardy day and they will be dropped from the program.

Ineffective patterns need to be noted and changed by the student to ensure completion of the program in a professional, timely manner. Missing one week of clinical/theory may drop a student from this program; this means all clinical and theory days in any seven day period. The student is responsible for letting the school and instructor know about any absence as soon as possible.

At the start of a new cohort, all students are requested to provide a written notification regarding any religious/cultural dates that might require him/her to miss days from school. Any school absence due to religious or cultural holidays or personal travel time is included in this policy. Emergencies will be reviewed and due consideration taken. There is no guarantee as to being placed back into current class.

Any student dropped for this reason, may request to re-enter the program following the rules set forth. Placement will be into the next available class at the appropriate semester, and depends upon such other items as student behavior, grades, attendance and class size permit, and is at the discretion of Program Director and staff.

APPENDIX K

EVALUATION OF FACULTY, CLINICAL SITES AND COURSES AND INSTRUCTORS

POLICY

Each faculty member will be directly evaluated periodically, by the school or program director, and/or by another instructor. Theory and clinical assignments for the same instructor will be evaluated separately and with different evaluators. These evaluations are given to the School Director and are part of the instructor's evaluation during his/her annual performance review.

In addition, the students will evaluate each faculty member that has taught one of their courses, at least once and preferably twice. This will also be part of the evaluation during annual performance review.

PROCEDURE

Separate evaluation forms for theory and clinical will be used. The evaluation time may be for one hour or longer. The form will indicate instructors name, date, what was seen, how students acted, how instructor handled any breaks in class, planned or not, the length of time of evaluation and the evaluator's name.

Students will use a different form provided to rate the instructor in several areas. These will be turned into the Program Director, who will summarize the results and review them with the instructors. Copies will be given to the School Director to place in the instructors file and be used during annual performance review.



Advanced Pro V N Program

Instructor Observation and Evaluation Form	Theory
Instructor Name	Evaluator Initials
Name of class observed	
Date of class	Start/End times
	Break(s)
Assessment Item	1 = not effective 5 = most effective NA = not used
Presents coherent instruction based upon knowledge of: subject matter, learners and curriculum goals	1 2 3 4 5 NA
Lesson presentation was well organized. (Clear beginning, middle, and summarization of content)	1 2 3 4 5 NA
Provides learners with opportunities to ask questions.	1 2 3 4 5 NA
Selects appropriate materials and resources to match the abilities and needs of all learners	1 2 3 4 5 NA
Communicates specific learner performance expectations	1 2 3 4 5 NA
Clarifies misunderstandings with new information (Doesn't just repeat the same information, if learner doesn't understand)	1 2 3 4 5 NA
Models professional and ethical standards as well as personal integrity in all interactions	1 2 3 4 5 NA
Shows enthusiasm for teaching. (Makes eye contact, poised, speaks clearly)	1 2 3 4 5 NA
Facilitates critical thinking and problem solving (let learners answer questions, posed difficult but solvable problems, provided a chance for discourse)	1 2 3 4 5 NA
Encourages learners to be involved in the learning process (Asks probing questions, facilitates activities where learners are active in the learning process)	1 2 3 4 5 NA
Helps learners gain comprehension of terminology and other factual knowledge	1 2 3 4 5 NA
Helps learners gain an understanding of fundamental theories and principles	1 2 3 4 5 NA
Provides learners with an opportunity to apply the skill and knowledge they are learning	1 2 3 4 5 NA
Other	1 2 3 4 5 NA



Advanced Pro VN Program

Instructor Observation and Evaluation Form		Clinical
Instructor Name	Evaluator Initials	
Name of class observed		
Date of class	Start/End times	Break(s)
Assessment Item	1 = not effective 5 = most effective NA = not used	
Presents coherent instruction based upon knowledge of facility/agency, learners and clinical goals	1 2 3 4 5 NA	
Provides learners with opportunities to ask questions.	1 2 3 4 5 NA	
Communicates specific learner performance expectations	1 2 3 4 5 NA	
Clarifies misunderstandings with new information (Doesn't just repeat the same information if learner doesn't understand)	1 2 3 4 5 NA	
Models professional and ethical standards as well as personal integrity in all interactions	1 2 3 4 5 NA	
Shows enthusiasm for teaching. (Makes eye contact, poised, speaks clearly)	1 2 3 4 5 NA	
Facilitates independent thinking and problem solving (Allows learners to answer questions; posed difficult but solvable problems; provided a chance for discourse)	1 2 3 4 5 NA	
Encourages learners to be involved in the learning process (Asks probing questions, facilitates activities where learners are active in the learning process)	1 2 3 4 5 NA	
Helps learners gain comprehension of terminology and other factual knowledge	1 2 3 4 5 NA	
Helps learners gain an understanding of fundamental theories and principles	1 2 3 4 5 NA	
Provides learners with an opportunity to apply the skill and knowledge they are learning by varied clinical experiences	1 2 3 4 5 NA	
Works beside learners as necessary to evaluate their skills	1 2 3 4 5 NA	
Gives prompt feedback to learners both positive and negative	1 2 3 4 5 NA	
	1 2 3 4 5 NA	

APPENDIX L
NCLEX PAS RATES

School	City	Current Quarter					Year to Date			
		Grad Date	Cand	Pass	Fail	%Pass	Cand	Pass	Fail	%Pass
APNI	Hayward	10-11	5	4	1	80	5	4	1	80
		12-10	0	0	0	0	10	7	3	70
		06-10	0	0	0	0	2	0	2	0
		Total	5	4	1	80	17	11	6	64.71

Agenda Item #12.B.1.Attachment C



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
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



CERTIFIED MAIL

July 24, 2012

Jon Murphy
Advanced Pro Nursing Institute
Vocational Nursing Program
2505 Technology Drive
Hayward, CA 94545

Re: Consideration of Request to Admit Students

Dear Mr. Murphy:

The Board is scheduled to consider **Advanced Pro Nursing Institute, Vocational Nursing Program's** relative to consideration of request to admit students at its meeting scheduled September 6, 2012. That meeting will be held at the Radisson Hotel LAX in Los Angeles, California.

To ensure dissemination and review by individual Board members and relevant staff for timely consideration prior to the February Board meeting, please submit the following written information by **Friday, August 3, 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,

PAM HINCKLEY, RN, MSN

Nursing Education Consultant

Board of Vocational Nursing and Psychiatric Technicians

2535 Capitol Oaks Drive, Suite 205

Sacramento, CA 95833

(916) 263-7843 Phone

(916) 263-7866 Fax

Pam_hinckley@dca.ca.gov

August 03, 2012

Ms. Pam Hinckley, NEC
BVNPT
2535 Capital Oaks Drive, Suite 205
Sacramento, CA 95833-7859

BVNPT

2012 AUG -6 AM 10:55

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BVNPT Received
on 8-6-12 with KR

RE: Consideration of Request to Admit Students and Action Plan to Correct Deficiencies

Dear Ms. Pam Hinckley and BVNPT Board Members,

This letter is the response to your Letter dated July 24, 2012. It **describes the actions taken by Advanced Pro Nursing Institute to correct the deficiencies cited by BVNPT.** Please place this report on the Board's agenda for the September 6, 2012 meeting. I have sent 18 copies of this letter for the Board members along with a Flash drive which includes multiple supporting datum about the actual program Improvements being made since our provisional accreditation status. This letter identifies problems in most of the subject areas followed by proposed solutions by APNI's Management team: Linda Pousson (Retired Program Director), Jon Murphy (new Program Director), Hooi Yeap (School Director) and the instructional team (faculty). In the proposed solutions we are generally asking the BVNPT to approve the various new policies and procedures referenced in the Appendices A through L in the additional files included on this "APNI Files August 2012" labeled Flash Drive, accompanying this document. Included on this Flash drive is an overview of the Curriculum, modified into the new format. Please be aware that these four instructional plans do not reflect the comprehensive syllabi for each of the four semesters. They are developed for an easy-read document which reflects the overall number of hours, week-by-week topics covered in each of the 60 weeks of the entire program. This was one of the key steps to improve NCLEX-VN pass rates and overall student success throughout the entire program. These documents provide a clearer succinct guide for both instructors and students to prevent important subject matter from being omitted or covered in a precursory fashion.

The following Action Steps are the first part of APNI's 3 Year Plan to Improve Pass Rates for our program:

1. **Admissions requirements** were changed by adding a Medical Terminology Course.

Problems Identified: In reviewing our program's admission criteria and the NCLEX results, we have found that: 1) the prerequisites are not meeting the needs of the potential applicants to our program. 2) Many of them have continued difficulty with English reading and comprehension, even after they have passed the Pre-nursing Entrance Test. 3) At about the same time the Assessment Technology Institute (ATI), the provider of our Pre-nursing Entrance Test, changed the focus of the Test of Essential Academic Skills Version V (TEAS V). 4) Measurably, the applicants that took the new test had lower scores and reported increased difficulty in meeting a passing score.

Solutions and Time lines: 1) **New policy** was proposed and enacted in November of 2011 as a direct response to the increase in the percentage of students failing to pass the TEAS Entrance Exam with 60% or above. 1a) Those students must **remediate by taking an ESL** course at a local Community College, or similar agency to determine if they are minimally at ESL level 3. 1b) Others are referred to the I-BEST ESL Educational Program to improve their English

Reading and Writing Skills before being admitted into the VN Program. 1c) A **predictor test** is strongly recommended to all of our ESL students now. This is well supported by research so we have incorporated these recommendations into our admission requirements, as well. This plan will be reevaluated for effectiveness in improving student success rates, within one year August 01, 2013.

2) An additional **Remediation Requirement** was enacted in November of 2011 to demonstrate our concern for the poor NCLEX-VN Pass Rates. This new policy was also sent to the BVNPT for approval and is written into policy in Appendix A, (pg 10). The Admission Policy is requiring those applicants scoring less than 60% on the TEAS to take a Medical Terminology, 36 hours (2 Semester Unit) course. 2a) Additionally the new policy requires all applicants to take the 1 Unit Medical Terminology Course (18 hours) along with Anatomy and Physiology (at least 3 Semester Units) and Pharmacology (Drug Dosage Calculations Portion), 18 hours (1 Semester Unit) course. See Appendix C and D (under Appendices in on flash drive or CD sent with this letter) for Proposed new Remediation Policies and Procedures.

The goal is to improve the applicants' understanding and usage of medical English, biological science concepts and applied basic math, as they relate to Nursing Science. This directly responded to the greatest weaknesses of our clientele: English, Medical Terminology and Math. We removed Psychology and Pharmacology (the study of the Medications, themselves) as prerequisites and built these topics back into the program because our NCLEX Pass Rates were unimproved when offered as prerequisites. Additionally there is enough psychology/mental health nursing hours throughout the program. For example, Lifespan (Growth and Development) issues are covered within the program: Gerontology (Older Adulthood in semester 1); Adult Medical Surgical Nursing (Young and Middle Adulthood in Semester 2) and Supplemental topic to Pediatrics (Birth through Teens studied in Semester 3). If an applicant needs more assistance in English or Math than we can provide based upon testing results, an applicant will be counseled and given choices as to where and how to improve in these areas. We are looking into providing a Vocational ESL class for anyone who might be interested in improving their reading and comprehension, including potential VN Program applicants. (See Appendix A on CD – for our revised policy and procedure related to Admission, Screening and Selection criteria).

Proposal to BVNPT to Improve Admission and Screening:

- 1) Please approve the Admission, Enrollment (Appendix B, under Appendices on CD), Screening and Selections, and Alternate Student Policies and Procedures Found in Appendices A and B (on flash drive).
 - 2) Please approve at the September meeting. Please approve these Remediation Measures to promote improved student success from time of admission to time of graduation and proposed plans for students who do not pass the predictor test for NCLEX Success at Program End (Appendix C & D, on flashdrive enclosed under Appendices of Supporting Data).
2. An Analysis of the **New TEAS Exam** reveals the latest version appears to be more rigorous than the prior versions so data did not support increasing the bar from 60% to 65% as for admissions criteria.

3. Plans are in the works to obtain **ESL Evaluation** on students who do not speak English as a Primary Language. We are consulting with an adult ESL specialist now for the admitting cohort projected for January 2013. This is because 91% (on average) of our students enrolled are composed of non native, foreign student population. This has been determined to be an important indicator of reduced NCLEX-VN Pass rates.
4. **Text Books** and online resources were determined to be a factor. The Instructional Resources of our Main Text Currently are those published solely by Lippincott. Although this is a name that is renown in health care the instructor and student resources are not keeping pace with Evolve Elsevier Publishers. Consequently some of the key topics covered by our curriculum were not thoroughly enough learned by our students. This was shown in the data analysis of ATI NCLEX predictor testing for Successful Pass rates in the final weeks of the past two cohorts. Consequently our goal is to improve NCLEX Pass Rates for the next 2 cohorts because the first semester will start the cohort with 3 new Evolve Elsevier Resources. The first book is *Saunders Comprehensive Review for the NCLEX-PN Examination*. This is direct response to achieving the goal of Exam success rates throughout the program as well as after program completion when the students take the National Exam. The second book is by Potter and Perry, noteworthy authors in the field, entitled *Basic Nursing*. This text was recommended by multiple program directors according to the Evolve Elsevier Representative. The third book is by Edmunds: *Introduction to Clinical Pharmacology*, another proven text for nursing students. The fourth text book change is for Psychology. We have removed General Psychology as a prerequisite course and instead embedded Mental Health Care Topics into two 1-Unit Courses offered in the first and fourth semesters to provide for improved relevancy to patient care: *Foundations of Mental Health Care*. My own 14 years experience as a tenured instructor from Merritt College has witnessed improved student success rates and NCLEX pass rates in multiple allied health programs (i.e. VN, ADN and Medical Assistant programs) by using Evolve Elsevier Resources over other publishers / book companies.
5. We have begun to **expand marketing** to a broader based population. In the recent past our target population has been predominantly ESL students from various Asian Countries, particularly China and our goal had been to form partnerships with China due to the strong ties between northeastern Asia. We are now expanding our marketing via online website, flyers and slowly we are now receiving applications from a more diverse prospective student population, reducing the number of ESL students.
6. **Remediation** policy changes have also been written to better prepare our prospective and enrolled students by adding a Medical Terminology course before program start. During the program early alert policy is in place for earlier interventions to promote student success. For example the student and instructor discuss a remediation plan if the student is on academic or clinical probation. The plan will be customized to strengthen the individual student deficiencies.
7. **Remediation during the final weeks** of the program is again required of all students who score less than 90% on the final ATI Predictor Exam of NCLEX Success. Students now prepay for Virtual ATI Testing to better assure student pass rate. We have implemented this policy last October, with good results so far. The last two quarters reflect a 73% overall pass rates of our graduates, and the last quarter's average pass rate for CA was 71%. This needs ongoing analysis because the graduates of our last class have not taken the state exam, but I am feeling more confident about their skills.

The following additional items address the second part of action plans being implemented for improving all areas of most notable deficiencies related to items (a) through (o) listed on page 11 of the BVNPT Notice of Provisional Accreditation sent on August 25, 2011.

a. Admission Criteria (see above)

b. Screening

Problems Identified: In addition to the admission criteria, we also screen students with a Pre-Nursing Admission test, the TEAS from Assessment Technology Institute. It is an assessment test of Reading, Math, Science, and English. 1) One issue we found was related to the recent changes made in the exam. The level of difficulty has increased. However the test provides “recommended criterion-referenced cut scores that nursing schools could adopt as benchmarks for student performance on the Test of Essential Academic Skills Version V (TEAS V)”. It is designed to provide assessment data regarding a student’s overall academic preparedness for nursing related content. It is intended to correlate with “early program success.” The suggestion is to use one of the provided cut score and refrain from making adjustments to the scores.

Solutions and Time lines: We chose to keep the **cut score at the Proficient Category, 60%** because it is 1.3% higher than the recommended cut score of 58.7%. The description fit our needs for screening for qualified applicants who demonstrate baseline aptitude to process the textbooks. This score is less than multiple other VN schools because we still need to and allow flexibility for our unique proportion of ESL students. A student falling into the lower Basic Category would be required to complete remediation in a class or set of classes to upgrade their skills and return with proof of successful remediation. This shall be applied to the next two cohorts proposed to begin in September 2012 and January 2013. The TEAS test results are used to show where the focus of the remediation should be and the documentation would help verify the need for ESL follow-up when appropriate. This plan will be reevaluated for effectiveness in improving student screening effectiveness within one year in a follow-up report in May of 2013.

Additionally during this time frame **another analysis will examine** the areas of weakness reflected on the TEAS test to serve as a **determinant for success and/or failure during the program.**

Proposal to BVNPT to Improve Screening: Please see and approve Appendix A, on CD, to facilitate improvements in our policy and procedure related to Admission, Screening and Selection criteria).

b. Selection

Problems Identified: 1) unsuccessful students continue to be admitted into the program. The attrition rate is approximately 20%. However the policy and procedures for selection criteria only needed minor revision. A review of prerequisite grades, the TEAS test results and all other admission documentation determine the completeness of the admission file of the applicant and whether or not an applicant is accepted into the program. 2) Notable problems identified had been breach in admission criteria; students who do not meet 100% criteria for admissions occasionally are admitted. This is primarily due to the above proposed tightening of policies and procedures.

Solutions and Timelines: 1) **Policies and Procedures** are designed for student success and **the must be adhered to more strictly.**

Proposal to BVNPT to approve minor updated policy: Please approve the selection policies outlined in Appendix A, on flash drive. This plan will be reevaluated for effectiveness in improving student selection and student attrition and success rates within one year in a follow-up report in May of 2013.

c. Terminal Objectives – were only slightly **reworked** and determined to be still relevant to current program goals. Please approve those Objectives included below and updated in May 2012. We believe

these changes still contribute to NCLEX-VN success rates and prepare the students for the work force most relevant to the statistical analysis from concurrent employment trends stated in the BVNPT Annual Reports.

TERMINAL OBJECTIVES

Upon satisfactory completion of the Program, the graduate will be prepared to:

1. Pass the NCLEX-PN[®] examination the first time it is taken.
2. Provide safe, effective care to all clients in a variety of healthcare settings.
3. Perform within the scope of practice for Licensed Vocational Nurses.
4. Foster communication, confidentiality, and collaboration between the clients, family and healthcare staff.
5. Grow personally and professionally within his/her chosen nursing field.
6. Utilize the nursing process to effectively meet the individual and unique needs of the client.
7. Provide client/family with health education and inform them about the community services and resources.
8. Serve as a positive role model to the upcoming generation of nurses.

Problems Identified: Primarily Objective 1 is not being met adequately (as outlined in the Provisional Accreditation Letter from the BVNPT).

Solutions and Timelines: 1) **ATI practice tests and proctored tests** are being systematically utilized throughout the program; 2) **Saunders NCLEX Review Book is now required** to be utilized throughout the Program; 3) at semester 4, before graduation student must take **predictor testing for NCLEX-VN success before being allowed to graduate**; 4) if students do not pass the predictor test then they must remediate with a virtual ATI coach until they do meet criteria for NCLEX success. This plan will be reevaluated for effectiveness in improving student NCLEX Pass Rates for the two recently graduating classes of 2011 and 2012 as well as the graduates of the proposed September 2012 and January 2013 classes as all of these cohorts have or will have this new policy implemented to improve NCLEX pass rates. Within one year a follow-up report will reevaluate the effectiveness of APNI in meeting these objectives, in May of 2013.

Proposal to BVNPT: Please approve the above Terminal Objectives and the supporting policy changes for improving NCLEX-VN success rates, objective #1.

d. Curriculum Objectives – was reviewed for current appropriateness based on feedback from recent students and suggestions for improvements by faculty utilizing the prior curriculum objectives. Minor Revisions and Changes were made and Dated in the footnote of the supporting Document. See current Curriculum Objectives file, electronically attached to this analysis report. Please see below the few modifications made to the content and accept for program adoption. It was determined these objectives were still relevant.

GENERAL CURRICULUM OBJECTIVES

By the end of Semester 1, Fundamentals & beginning Medical Surgical Nursing 01, the student is expected to define, explain, or demonstrate:

1. Knowledge about the origins of nursing and the role of the LVN.
2. Beginning skills in basic nursing procedures.
3. Active participation in the learning process.
4. A beginning understanding of the nursing process and client care planning.
5. Beginning skills in caring for clients with a variety of medical - surgical conditions.
6. Beginning cultural sensitivity in providing care to clients.
7. Beginning knowledge and skill in administering oral medications.
8. Math Competency at 75 % or higher by test or clinical competence

By the end of Semester 2, end of Medical Surgical Nursing 02, the student is expected to define, explain, or demonstrate:

1. Increased knowledge and ability to care for clients with a variety of medical - surgical situations,
2. Ability to search out information required for safe client care,
3. Ability to make additions to the nursing care plans by using the nursing process,
4. Increased knowledge and skill in oral medication administration and beginning skill in administering parenteral medications,
5. Cultural sensitivity when working with clients/families.
6. Math Competency at 80 % or higher by test or clinical competence

By the end of Semester 3, OB/Peds & beginning of Medical Surgical Nursing 03, the student is expected to define, explain, or demonstrate:

1. Knowledge and skill in caring for the new mother and neonate,
2. Knowledge and skill in caring for the ill child,
3. Knowledge of normal growth and development of the child,
4. Skill in providing client/family education.
4. Improved ability in adding to nursing care plans in conjunction with other staff
5. Ability to provide culturally sensitive care to clients and their families.
6. Professional attitudes in working with facility staff, instructors and fellow students

By the end of Semester 4, end of Medical Surgical Nursing 04, the student is expected to define, explain, or demonstrate:

1. Advanced knowledge and skill in providing care to clients with involved conditions.
2. Ability to search out information required for client care.
3. Ability to make additions to nursing care plans by using the nursing process.
4. Demonstrate beginning skills in the role of the LVN in home health.
5. Knowledge and skill in administering all forms of medications, except IV Medications.
6. Math Competency at 90% or higher by test and clinical competence
7. Successful scores on NCLEX success predictor Exam or Virtual ATI Remediation.

Proposal to BVNPT: Please approve the above General Curriculum Objectives and the supporting policy changes in this report, designed for meeting these objectives.

e. Instructional Plan –

Problems Identified: Some instructors deviate from the plan in covering all required content. Consequently there are gaps in the graduates' knowledge base which may contribute to failure on the NCLEX-VN Exam.

Solutions and Timelines: Program Improvements in layout of Curriculum for easier understanding.

1) Program Director (PD) will carefully explain in the August 2012 Faculty Meeting to all instructors the importance and **need to follow the curriculum as outlined as it is designed for student success.** 2) The **PD shall oversee and enforce adherence to the Instructional Plan (IP)** by all instructors throughout the program with biannual classroom visits and clinical visits to make formal evaluations of adherence to the IP and effectiveness of teaching learning processes.

3) The IP was modified so both AM and PM Programs have the same number of Clinical and Theory Content Hours and several Improvements were made to the PM Program: a) the name changed from “Level 1” to “Semesters 1 and 2” and “Level 2” to “Semesters 3 and 4”; b) increase number of days per week to 4 each week (we were previously given the okay to add one day each month for extra clinical day) this 2nd day may be used as either an extra theory day or an extra clinical day each month, if instructor deems this is necessary; c) placement of Pharmacology into Semester 2 as separate 2 Unit

Course. Pharmacology (Drug Dosage Calculation) was offered as separate 1 Unit Course in Prerequisites. [see Instructional Plan attached]; content hours were adjusted in an attempt to align courses as stated.

Proposal to BVNPT: 1) Please approve the above Summary of Instructional Plan as the basis for fine tuning and enforcing instructor compliance in following the plan as laid out under Terminal Objectives and the supporting policy changes for improving NCLEX-VN success rates, objective #1.

2) Please see and approve the overview of the Instructional Plan as presented in Appendix H, (on flash drive).

3) Please approve Appendix G (see Appendices on flash drive) to review this proposal. The 50 Theory Hours and the 100 CNA Clinical Experience may not be credited but will help to prepare students for higher nursing functions after enrolled in the program.

Additionally please review and approve the Instructional Plan Overview as it is to be adopted for the past two graduating classes and the next two replacement classes.

4) Also please review our request to begin two replacement classes which will adopt this Instructional Plan upon its approval. We are asking for approval of these two replacement classes for:

- 1) PM Class to replace the graduating class of November 20, 2011; Proposed Start Date of September 10, 2012 and end date December 17th 2013)
- 2) AM Class to replace the graduating class of May 2012; Proposed Start Date of January 2, 2013 and completion Date of approximately April 23, 2014.
- 3) Please approve Appendix B School Projected Enrollment Form and Appendix H, proposed start date for applying outlined Instructional Plan
- 4) Please also approve Appendix I reflecting the updated annual report of Faculty and Facilities which shall be utilized to operate the next two cohorts.
- 5) An updated Detailed week-by-week Excel version is also on the CD to reflect the proposed four 15-week semester program as outlined in Appendix H (on flash drive), the Summary IP Plan for AM and PM Programs.

f. Theory and Clinical Objectives for Each Course -

Problems Identified: It was discovered the text book used was inadequate in meeting the changing needs. The instructor resources were inadequate and the test banks were deemed inferior to the Evolve Elsevier online Resources.

Solutions and Timelines: We increased the Fundamentals from 3 weeks to 7 weeks and we have added multiple additional texts. 1) The *Textbook of Basic Nursing*, 9th Edition will still be used for semesters 2-4 of the next 2 cohorts but we will add *Basic Nursing*, 7th edition by Potter and Perry for the first semester. The text is designed for the LVN/LPN and covers Fundamentals and Basic Nursing concepts more thoroughly than the Lippincott text. Superior teaching and learning online resources are available for instructors and students.

2) Jon Murphy, modified the curriculum to cover all the same material we were originally BVNPT-approved for but is more clearly mapped out for students and instructors to stay on task to this approved Instructional Plan. See four separate documents on CD which reflect each of the four semesters on the program. The recommendations by Elsevier, the clinical sites systems, the instructor/student survey responses about current learning needs will also be considered in the Program modified layout.

Within one year a follow-up evaluation/analysis will be conducted to assess the effectiveness of the instructors in staying on task in following the IP as outlined.

Proposal to BVNPT: 1) Please peruse and approve Appendix F on CD. The detailed IP document shall include the new learning objectives and Summary IP, which is proposed to the BVNPT for approval in the September Meeting.

g. Lesson Plans for Each Course -

The course descriptions were modified and several courses were renumbered. Appendix E (on CD) lists all courses in tables sequentially, semester by semester, including breakdown of number of theory and clinical content hours and Semester units indicated to assist in articulating the courses to other nursing programs throughout the state. One semester unit is defined as 16-17 hours instead of 15 hours and three clinical and skills lab hours are equated to one theory hour. One theory hour is 50 minutes of class lecture. One block of 50-51 hours in clinic or skills lab is equated to 1 semester unit.

Within one year a follow-up report will reevaluate the effectiveness of APNI in meeting these objectives, in May of 2013.

Proposal to BVNPT: 1) Please see and Approve Appendix E (on APNI flash drive or CD) which reflects all changes being proposed to the layout of the future classes.

2) Additionally please see and approve the updated Course Descriptions with objectives/student learning outcomes and categorized as Prerequisites, then Semester-by-semester from 1st through 4th.

h. Textbooks

Proposal to BVNPT : The following lists all the texts we shall use in the program pending Board Approval. These were recommendable by experts in the field. The reasons for the proposed change are discussed in g above.

Texts for Semester 1:

Nutrition & Diet Therapy 8th ed. Roth & Townsend (R&T) (provided by APNI)

Basic Nursing 7th ed. Potter & Perry (P&P)

Foundations of Mental Health Care, 4th ed. Morrison-Valfre

Silvestri: Saunders Comprehensive Review for the NCLEX-PN Examination, 4th Edition

Texts for Semester 2:

Textbook of Basic Nursing, 9th ed. Rosdahl & Kowalski 2008

Edmunds: Introduction to Clinical Pharmacology, 6th Edition

Silvestri: Saunders Comprehensive Review for the NCLEX-PN Examination, 4th Edition

Texts for Semester 3:

Textbook of Basic Nursing, 9th ed. Rosdahl & Kowalski 2008

Silvestri: Saunders Comprehensive Review for the NCLEX-PN Examination, 4th Edition

Texts for Semester 4:

Textbook of Basic Nursing, 9th ed. Rosdahl & Kowalski 2008

Foundations of Mental Health Care, 4th ed. Morrison-Valfre

*Silvestri: Saunders Comprehensive Review for the NCLEX-PN Examination, 4th Edition

*Another required text is the Saunders Comprehensive Review for the NCLEX-PN Examination -4th edition by Silvestri, RN,MSN. (2009 or later editions). Used as a supplemental text in Semesters 2 through 4. This text will be incorporated throughout the program to enhance test taking skills along with ATI books and online practice and proctored tests.

i. Attendance Policy – was reviewed and reworked. (See Appendix J (on CD) - the attendance policy)

Proposal to BVNPT: Please review and approve the improvements made in the Attendance Policy to assure student are compliant with the CA State Mandated Hours designed for NCLEX-Success Rate and patient safety.

j. Remediation Policy

Student improvement is important to us. Students are informed and encouraged to discuss any concerns with the appropriate instructor. If a student is having a problem, failing a test, or not performing adequately in clinical, the appropriate instructor will discuss this with the student; learning what is happening from the student's point of view and what they think they should do. Two types of forms are used, one for clinical and one for theory. The Program Director (PD) is informed as soon as this occurs. Changes have been made in when instructors must put the student into remediation or probation as well as when to notify PD. A review with the instructors is done during Faculty Meeting as to any students put on or taken off remediation. If a student is placed on remediation a second time s/he must meet with the Program Director (PD). [See Appendix C (pg 15)– for complete process]

Proposal to BVNPT: Please read and approve Appendices C and D (pp 15&16) related to remediation early alert and Program end recommendations to improve NCLEX-VN Pass rates.

k. Evaluations of Theory and Clinical Faculty –

Proposal to BVNPT: Please read and approve policies and forms designed for ongoing evaluation of program effectiveness. Faculty may be evaluated by any school nursing staff from the administrator to a peer instructor. In addition the students are asked for their evaluations and the instructor may evaluate him or herself.

l. Evaluations of Theory Presentations

Ms Kim Loh was the primary instructor formally and informally evaluated on her presentations of the Theory Content material by the PD and the Assistant PD and she was considered to be compliant with Instructional Plan.

Problems Identified: Ms. Hady Lamb, the other VN instructor was evaluated formally and informally over the past one year period and was considered to be out of compliance with the Instructional Plan.

Solutions and Timelines: Assistant PD and PD's *Response to noncompliance:*

1) Hady Lamb was mostly removed from teaching core content. Jon Murphy, Hooi Yeap and Kim Lee Loh will team-teach all main subject areas with Hady Lamb as a substitute occasionally. 2) As part of remediation she was mentored by the School Director, Hooi Yeap and the PD, Jon Murphy and the former PD, Linda Pousson. 3) Several months later, in March of 2012 she was again allowed to teach the prerequisite courses Medical Terminology and Drug Dosage Calculations but not permitted to teach Anatomy and Physiology prerequisite course for reasons of poor compliance in the past. 4) Without close supervision of this instructor there is ongoing concern as she again deviated significantly from the syllabus created for her by the Assistant PD.

5) Jon Murphy was approved to teach prerequisite courses and VN courses. 6) He was also called upon to analyze the current VN Program Deficiencies and to assist the former Director in resolving the ongoing issue of poor pass rates of our graduates. 7) Now he is the new Program Director and he plans to strengthen pedagogy by team-teaching with his colleagues.

8) Ongoing biannual faculty evaluation will be conducted on all instructors during these transitional years to evaluate quality of education APNI students are receiving throughout the entire theory and clinical pedagogy.

m. Evaluations of Clinical Rotations and their Correlation to Theory Presentations.

The learning objectives for the Vocational Nurse of the current milieu are in a state of flux. During the past five years LVN's had been displaced out of the acute care setting by the current Managed Care and California Nurses Association Systems. Vocational Nursing Schools across the nation are experiencing the same transformation. The LVN/LPNs' domain for providing health care is now accepted as being:

subacute, SNF, long term care, rehabilitation, hospice and primary care settings. Learning Objectives had to change to meet these demands required of the job market.

Our school had modified the theory and clinical objectives in collaboration with the BVNPT, the clinical setting managerial teams and the nurses. However, maintaining optimal level of individualized patient health is the timeless focus that will never change. The wave of baby boomers retiring is still coming which may require LVN's to be flexible enough to return to the acute setting. Meanwhile our clinical focus must change with theoretical nursing principles of timeless nursing designed for all sectors of healthcare mixed with the customized care necessary to perform competent patient care for residents in long term care facilities.

Our instructor, Kim Loh, modified her clinical focus based on best practices for patient care, as recommended in the textbook with relevant modifications for the facility and their client health care needs.

Proposal to BVNPT: Please Read and Approve the modified Policy and Procedures and forms for Evaluation of Faculty, Clinical Sites and Course Instructors as written in Appendix K (under Appendices on APNI flash drive).

n. Evaluation of Student Achievement –

Solutions and Timelines: 11 out of 13 students in the last cohort (graduated in May 2012) received a 94% or better score on the ATI Predictor Test. (4/18/12) and two (2) students have completed the Virtual ATI. This is an online review with direct access to a Master's prepared nurse who proctors the student during the review.

Our latest NCLEX-PN Score (for Quarter 1 2012) was 80% and the quarter before that was 70% which shows incremental improvements. Although the second quarter reflected a dip the overall annual average of 73% Pass Rate showed to be above the last quarter's statewide average of 72%.

Please see Appendix L, on flashdrive, from the BVN NCLEX Pass Rate Report of 2012 and on your website.

o. Current Enrollment and Upcoming VN Classes--

The most recent enrollment had been 13 students, who just graduated on May 26, 2012.

We currently are between cohorts with no students enrolled between now and September. We request the Board to approve our proposal to begin our next classes in September and January as stated below.

Proposal to BVNPT: Please approve Appendix B (on flash drive) Enrollment Request and the following:

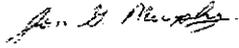
- upcoming enrollment of 20 students maximum,
- approval for next two cohort start and completion dates as follows:
 1. start date for Fall PM Cohort to replace the November 2011 graduating class is proposed to be September 10, 2012 with Completion Date December 17th 2013
 2. start date for Winter AM Program Cohort to replace the May 2012 graduating class is hereby proposed to be January 2nd 2013 with completion date proposed to be April 10th 2014.

The timeline for implementing all of the above proposals for policy change is pending BVNPT Approval. When the Board approves all of these proposed improvements their implementation shall begin in the proposed September 10th 2012 and January 02, 2013 classes, which are also pending Board approval for these start dates.

With regards to the main deficiency of low NCLEX Pass Rates, we project continued improvements to follow the trends of recent overall improvements of Pass Rates for our graduates.

Thank you for consideration of these proposed changes and modifications designed to enhance student success and to soon remove our provisional status.

Respectfully Submitted,



Jon Murphy, RN, MSN, Ed.D.

VN Program Director/Newly Approved, Advanced Pro Nursing Institute