

Agenda Item #11.B.5



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) 263-7859 Web www.bvnpt.ca.gov



DATE: October 23, 2012

TO: Board Members

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

SUBJECT: Southern California Medical College Vocational Nursing Program –
Consideration of Request to Admit Students (Director: Nomar Tongco, Bakersfield,
Kern County, Private)

On November 10, 2011, the Board placed the Southern California Medical College Vocational Nursing Program on Provisional Accreditation¹ for a two (2) year period from November 10, 2011 through November 30, 2013 due to low licensure pass rates.

Additionally, the Board **denied** the program's request to admit a class of 30 full-time students on November 14, 2011, graduating on December 2, 2012, to **replace** a class that graduated August 26, 2011.

On May 11, 2012, the Board approved the program's request to admit a class of 20 full-time students on June 11, 2012, graduating on July 1, 2013. Further, the Board continued the program's requirement to admit no additional students unless approved by the full Board.

The program requests Board approval to admit a class of 20 full-time students on January 28, 2012, graduating on February 7, 2014. This class will **replace** students graduating on December 2, 2012.

History of Prior Board Actions

(See Attachment A, History of Prior Board Action, June 4, 2009 through May 11, 2012)

Enrollment

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.

The program offers a 53.5 week full-time course of instruction, consisting of four (4) terms for a total of 1698 hours. Board approval is required prior to the admission of each class.

The following table represents **current and proposed** student enrollment based on class starts and completions. The table indicates a **maximum enrollment of 34 students** for the period **June 2009 through August 2012**.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Complete			
6/09		19	16	16
	7/10 (6/09 Class)		-16	16 - 16 = 0
8/10		30	26	0 + 26 = 26
	8/11 (8/10 Class)		-26	26 - 26 = 0
11/11		16	15	0 + 15 = 15
7/12		16	14	15 + 14 = 29
	12/12 (11/11 Class)		-15	29 - 15 = 14
1/13 (Proposed)	2/14	20		14 + 20 = 34
	8/13 (7/12 Class)		-14	34 - 14 = 20

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 2010 through September 2012, specify the pass percentage rate for graduates of the Southern California Medical College Vocational Nursing Program on the National Council Licensure Examination for Practical (Vocational) Nurses (NCLEX-PN®) and the variance from state average annual pass rates.

NCLEX-PN® Licensure Examination Data							
Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Average Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate	Variance From State Average Annual Pass Rate
Oct - Dec 2010	6	2	33%	77%	33%	76%	-43

NCLEX-PN® Licensure Examination Data							
Quarterly Statistics				Annual Statistics*			
Quarter	# Candidates	# Passed	% Passed	State Average Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate	Variance From State Average Annual Pass Rate
Jan – Mar 2011	4	1	25%	80%	30%	77%	-47
Apr – Jun 2011	2	0	0%	71%	25%	76%	-51
Jul – Sep 2011	3	0	0%	74%	20%	76%	-56
Oct – Dec 2011	7	6	86%	74%	44%	75%	-31
Jan – Mar 2012	9	5	56%	77%	52%	74%	-23
Apr – Jun 2012	4	2	50%	72%	57%	74%	-17
Jul – Sep 2012	2	1	50%	74%	64%	74%	-10

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

This data substantiates the program's **noncompliance** with Section 2530 (l) of the Vocational Nursing Rules and Regulations for **seven (7) quarters** from October – December 2010 through April –June 2012, and **compliant** for **one (1) quarter** July – September 2012.

Based on the most current data available (July to September 2012), the program's average annual pass rate is **64%**. The California average annual pass rate for graduates from accredited vocational nursing programs who took the NCLEX-PN® for the first time is 74%. The average annual pass rate for the Southern California Medical College Vocational Nursing program is **10 percentage points below** the state average annual pass rate.

Faculty and Facilities

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

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

The number of Board-approved faculty totals eight (8) including the director. The director has 60% administrative and 40% teaching duties. Of the total faculty, seven (7) instructors, including the director are approved to teach clinical.

Based on a maximum enrollment of 34 students, three (3) instructors are needed. Therefore, the number of current faculty is adequate for the current and proposed enrollment.

Other Considerations

The program has enrolled students into four (4) classes since it first began June 22, 2009. The **first** class graduated 16 students July 2010. Sixteen (16) of the 16 students have taken the licensure examination. The average annual pass rate based on this group of graduates is **19%**.

The **second** class of students graduated August 26, 2011. Of the 26 total graduates, nineteen (19) have taken the NCLEX-PN[®]. Licensure data for these 19 graduates is **68%**. Seven (7) graduates from the second class **have not tested, to date**.

The program's **third** class began November 14, 2011 and is not expected to graduate until December 2, 2012. Fifteen (15) students remain enrolled in this class.

The program's **fourth** class began July 23, 2012, and is not expected to graduate until August 2, 2013. Fourteen (14) students remain enrolled in this class.

Available licensure data for the program is based on two (2) graduated classes.

On November 10, 2011, the Board placed the program on provisional approval. **At that time, the program's quarterly pass rate was 0% and its average annual pass rate was 20%, 56 percentage points below the state average annual pass rate.** On November 22, 2011, the Board forwarded to the director the Notice of Change in Accreditation Status (see Attachment B). On December 22, 2011, the Board received the program's signed Acknowledgement of Change in Accreditation Status. The document was signed by the program director on December 20, 2011.

On April 9, 2012, the Board received correspondence from the program director identifying actions taken to correct identified problems. Included in the plan are the following elements:

- ATI entrance exam, major content area, and exit exams.
- Utilizing the new curriculum, previously approved by the Board.
- Grading system revised, allowing only those students with final grades of 70 to 74 to remediate and take a remedial examination. Additionally, only three (3) final exams may be remediated in only three content areas.
- Director meets with staff weekly to identify areas of concern and makes weekly clinical site visits.

On August 24, 2012, the Board received the program's comprehensive analysis, as required by Corrective Action #3 of the Notice of Change in Approval Status. (see Attachment C). Included in that analysis were the following elements:

- All elements of the April 9, 2012 plan are implemented as seen above.
- Maintain smaller class sizes in order to better serve students as they go through the program.
- Requiring official high school transcripts from potential students.
- Replaced TABE entrance test with TEAS entrance test. Minimum passing score is 55%.

- All applicants to write a one (1) paragraph essay while waiting for interview with the director.
- College prepared applicants will be given priority for admission.
- Students to take ATI comprehensive predictor tests. Students must pass two (2) predictor tests in order to graduate.
- Mandatory NCLEX review established.
- Terminal, curriculum and course objectives were revised to be measurable.
- The curriculum was revised and approved by the Board. Effects of implementation will be evidenced in approximately 2 years.
- Updated lesson plans.
- Added three (3) mannequins to the skills laboratory.
- Attendance policy revised to limit three (3) absences per term only. Three (3) days tardy equal one (1) absence.
- Students that receive less than 70% on an examination are not allowed to remediate and retake the examination. Students that receive 70% to 74% are allowed to remediate and retake the examination. The remediation of three (3) examinations is allowed throughout the program.

On August 17, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider (see Attachment D).

On September 25, 2012, the Board received correspondence from the program director and eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider (see Attachment E).

Included in the plan are the following elements:

- Enrollment-class sizes will remain small to maintain quality of instruction.
- Official transcripts will continue to be required.
- The program is currently utilizing ATI materials and services for NCLEX exam preparation.
- A one (1) paragraph essay is required of all potential students on the day of the interview with the director.
- An ATI Entrance test criterion was decreased to 55% or higher. The school will continue to monitor the effectiveness of the entrance test requirement.
- Instructional plan was revised and approved by the Board. The new Instructional plan is being followed.
- Attendance is being monitored very closely.
- A remedial examination is given when a student fails a midterm and final. If the student falls below a 70%, no remediation of the final is permitted.
- Only three (3) remedial examinations for three (3) subjects are allowed.
- Mandatory passage of two (2) exit examinations.
- Evaluations of faculty, clinical sites and objectives every six (6) months.

Currently, the program's average annual pass rate is **64%, ten (10) percentage points below the state average annual pass rate.** As such, the program's average annual pass rate has **improved 44 percentage points** from the time the program was placed on Provisional Approval.

Recommendation:

1. Approve the Southern California Medical College Vocational Nursing Program's request to admit a class of 20 full-time students on January 28, 2012, graduating on February 7, 2014.
2. Continue the program's requirement to obtain approval by the full Board prior to the admission of additional classes.

Rationale: The program was placed on Provisional Approval on November 10, 2011. At that time, the program's quarterly pass rate was **0%** and its average annual pass rate was **20%**, **56** percentage points **below** the state average annual pass rate.

Currently, the program's average annual pass rate is **64%**, **ten (10) percentage points below the state average annual pass rate**. As such, the program's average annual pass rate has **improved 44 percentage points** from the time the program was placed on Provisional Approval. Such improvement supports the recommendation to approve the program's request to admit a class of 20 students.

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

Attachment A: History of Prior Board Action

Attachment B: Notice of Change in Accreditation Status Dated November 22, 2011.

Attachment C: Program Correspondence Dated August 20, 2012; Received August 24, 2012.

Attachment D: Board Correspondence Dated August 17, 2012.

Attachment E: Program Correspondence Dated September 24, 2012; Received September 25, 2012.

Agenda Item #11.B.5.Attachment A

Southern California Medical College Vocational Nursing Program

History of Prior Board Actions

- On June 4, 2009, the Executive Officer approved the Southern California Medical College's request to begin a vocational nursing program, with an initial class of 30 students on June 22, 2009, only, and an anticipated graduation date of July 23, 2010; **and** approved the program curriculum of 1550 hours, including 590 theory and 960 clinical hours.
- On March 3, 2010, the Board received the program's completed Program Records Survey for initial accreditation and required supporting documents.
- On June 24 - 25, 2010, the program was surveyed to determine compliance with regulatory requirements.
- On July 20, 2010, the Executive Officer approved initial full accreditation for Southern California Medical College, Vocational Nursing Program for the period July 16, 2010 through July 15, 2014, and directed staff to issue a certificate accordingly; **and**, **approved** the program's request to start a class of 30 students on August 4, 2010 with a projected completion date of August 26, 2011; **and**, required the program to request Board approval prior to the admission of each class.

Additionally, the program was required to revise the instructional plan to encompass the presentation of theory and correlated clinical experience for each term to demonstrate progressive mastery of knowledge, skills and abilities.

- On August 15, 2011, the revised instructional plan was received and approved.
- On August 26, 2011, the Executive Officer **denied** the program's request to admit a class of **30** students with three (3) alternates on August 29, 2011, graduating September 7, 2012, to **replace** students scheduled to graduate August 26, 2011. The EO directed the program to submit a written report by **September 30, 2011**. The report shall include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timelines for expected results, and the effectiveness of corrective actions taken to address the following elements:
 - a. Current Student Enrollment.
 - b. Admission Criteria.
 - c. Screening and Selection Criteria.
 - d. Terminal Objectives.
 - e. Curriculum Objectives.
 - f. Instructional Plan.

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

The program is required to continue obtaining Board approval prior to the admission of each class.

- On August 26, 2011, the assigned consultant forwarded electronic correspondence advising the director of the EO's decisions relative to the program's request.
- On August 29, 2011, the NEC and SNEC met with the program director and administrator relative to their request for reconsideration of the EO's decisions.
- On October 7, 2011, the assigned consultant forwarded correspondence requesting submission of fifteen (15) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider.
- On November 10, 2011, the Board placed Southern California Medical College Vocational Nursing Program on provisional accreditation for the two-year period from November 10, 2011 through November 30, 2013, and issue 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, denied** the program's request approval to admit a class of 30 full-time students on November 14, 2011, graduating on December 2, 2012, to **replace** a class that graduated August 26, 2011; **and**, approved the program's admission of a class of 15 full-time, evening, students on November 14, 2011, graduating on December 2, 2012, only, to **replace** the class that graduated August 26, 2011; **and**, required the program to admit no additional students unless approved by the full Board.

Additionally, 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 1, 2013; and**, required the program to submit follow-up reports in 9 months, but no later than **August 1, 2012**, and 21 months, but no later than **August 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**,

The program must comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's regulations, commencing at California Code of Regulations, Title 16, Section 2525; **and**, placed the program on the **November 2013** Board agenda.

- On November 22, 2011, the Board forwarded to the director the Notice of Change in Accreditation Status.
- On December 27, 2011, the Board received the program's signed Acknowledgement of Change in Accreditation Status. The document was signed by the program director on December 20, 2011.
- On April 4, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider.
- On April 9, 2012, the Board received correspondence from the program director and eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.
- On August 24, 2012, the Board received the program's comprehensive analysis.
- On May 11, 2012, the Board the Board approved the Southern California Medical College Vocational Nursing Program's request to admit a class of 20 full-time students on June 11, 2012, graduating on July 1, 2013; and, required the program to continue to obtain approval by the full Board prior to the admission of additional classes.
- On September 17, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider.
- September 25, 2012, the Board received correspondence from the program director and eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.

Agenda Item #11.B.5.Attachment B



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMLIND 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

November 22, 2011

Nomar Tongco
Director, Vocational Nursing Program
Southern California Medical College
3611 Stockdale Highway, Suite 1-2
Bakersfield, CA 93309

Subject: Notice of Change in Accreditation Status

Dear Mr. Tongco:

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on November 10, 2011, the provisional accreditation status of the Southern California Medical College Vocational Nursing Program has been changed from full accreditation to provisional accreditation for the two – year period from November 10, 2011 through November 30, 2013. The purpose of this letter is to explain the areas of non-compliance 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, December 2, 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,

"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.”

The program pass rates of the Southern California Medical College Vocational Nursing Program for the past four (4) 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 2010	76%	33%	-43
Jan – Mar 2011	77%	30%	-47
Apr – Jun 2011	76%	25%	-51
Jul – Sep 2011	76%	20%	-56

Based on this data, the program failed to comply with regulatory requirements relative to the admission of students. Further, the program failed to maintain the annual average pass rate requirement.

REQUIRED CORRECTION(S)

1. The Southern California Medical College, Vocational Nursing Program shall obtain full Board approval prior to the admission of additional students.
2. Require 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 1, 2013**.
3. The program shall submit a follow-up report in 9 months, but no later than **August 1, 2012**, and 21 months, but no later than **August 1, 2013**. The report 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 Student Enrollment.
4. 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.
 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. 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 **November 2013** Board Meeting agenda, at which point the Board may revoke or extend the program's accreditation. If you have additional information that you wish considered beyond the required corrections listed on page 3 and 4, you must submit this documentation by the fifteenth day of the second month prior to that Board meeting.

OTHER IMPORTANT INFORMATION

Please be advised that, pursuant to the Board's regulations, the program will not be authorized to admit new classes beyond the established pattern of admissions previously approved by the Board. The established pattern of admissions approved by the Board is as follows: **Based on the above corrections, the full Board's permission will be required for each future class admission.**

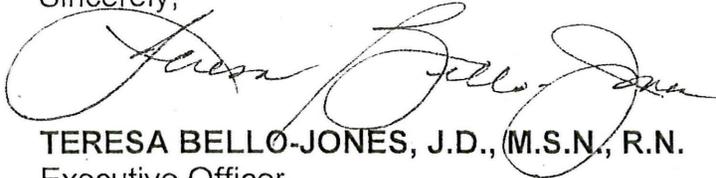
In the event your program is required to submit any report(s) as a corrective action pursuant to this notice, such reports are required in addition to any other reports required pursuant to 2527 of the Board's regulations.

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:cca

Agenda Item #11.B.5.Attachment C

BVNPT

2012 AUG 23 AM 11:42



SOUTHERN CALIFORNIA MEDICAL COLLEGE

3611 Stockdale Highway Suite I-2, Bakersfield CA 93309
Telephone Number (661) 832-2786/Fax Number (661) 832-5848

edie
BVNPT Received
on 8.24.12 *KR*

August 20, 2012

Pam Hinckley, RN, MSN
Nursing Education Consultant
Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833
(916) 263-7840 Ph.
(916) 2637866 FAX
pam_hinckley@dca.ca.gov

Dear Pam,

Attached please find the follow-up update reports on the comprehensive analysis of the SCMC Vocational Nursing Program since the latest report submitted to your office last April' 2012 for the BVNPT Board of Director Meeting on May 11, 2012.

Thank you very much.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Nomar Tongco', written over a horizontal line.

Nomar Tongco, RN
Director of Vocational Nursing
Southern California Medical College
3611 Stockdale Hwy., Suite I-2
Bakersfield, CA 93309
Phone (661) 832-2786
Fax (661) 832-5848
Email: ntongco@scmcollege.com

Comprehensive Analysis of the Program – SCMC VNP
Follow-Up Report

Last April 5, 2012, in relation to the school's request for additional class to start June 2012, the school has furnished the BVNPT the changes implemented since last November 2011 Board meeting as follows:

1. ATI's TEASV[®] is currently being used for the school's entrance examination
2. The revised admission and screening/selection criteria are now in effect, which include ATI's TEASV[®] entrance examination, applicants' academic high school and college performances, written and oral English communication ability, employment status whether full-time or part-time, family support
3. Included in the signed enrollment agreement that all students are required to pass the ATI exit exam and NCLEX-PN review classes prior to graduation.
4. Lecture hours for key subjects were extended, namely:

Subjects	From (hrs)	To (hrs)
A&P	54	96
FUN	54	96
Pharm	96	128

5. Also, students spent more days in the FUN and Pharma skills lab prior to going to actual clinical rotations.

Competencies	From (days)	To (days)
FUN	5	9
Pharm	1	8

6. With regard to grading system, only those with final grades of 70-74 are allowed to take remedial examination. Students with final grade less than 70 are not allowed to take remedial examination and they are only allowed to have three fail final grades in any three subjects.
7. After each major nursing subject, students are now taking, and must pass, the ATI competency evaluation exams.
8. Currently, the DON is conducting weekly meeting with clinical instructors for direction and clinical objectives clarification. Also, the DON is in the clinical sites weekly for further coordination.
9. Students who are lagging behind are being met after school for tutorials.

Comprehensive Analysis of the Program – SCMC VNP
Follow-Up Report

Problem areas in the Program and actions taken:

A. Current Student Enrollment:

1. The school is approved to only conduct one full-time class at a time with 30 students and 10% alternate students.
 - a. *Problem:* the first batch of FT class had only 22 students to start with and only 16 graduated.
 - b. *Action taken:* for the incoming replacement class, the school will only admit 25 students with 10% alternate students (2-3 students).
 - c. *Rationale for the action taken:* more concentrated efforts and closer monitoring and supervision.
 - d. *Timelines for expected results:* starts with the incoming class requested to start in November, 2011.
 - e. *Effective of corrective actions:* Evaluation to be done in 1.5 to 2 years.

UPDATE: The school is approved to conduct to full-time classes

- a. FT class of 15 students (Started November 14, 2011 to end December 2, 2012)
- b. FT class of 20 students (Approved to start June 11, 2012 to end July 1, 2013; but requested NEC to delay start on July 23, 2012 to end August 2, 2013)
- c. The school will continue to maintain smaller class size for quality instruction and closer monitoring and supervision.

B. Admission Criteria:

1. The school requires high school diploma or a GED from an accredited school. Foreign graduates must submit a foreign transcript evaluation report demonstrating equivalency of a 12th grade education in the US.
 - a. *Problem:* a copy of official transcript with subject and grade/GPA listing is not required.
 - b. *Action taken:* It is required for all applicants to submit a copy of official transcript with subject and grade/GPA listing.
 - c. *Rationale for the action taken:* Applicants with higher GPAs or grade average will have priority in the selection process. Students with higher GPAs mean better study habits and higher chance of passing the licensure exam.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN[®]
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: all applicants now submit copies of official transcript of records with grades and GPA listings;

2. The school uses the Test for Adult Basic Education (TABE) as tool for entrance examination.
 - a. *Problem:* TABE is a marginal tool to be used for entrance examination to the nursing program.
 - b. *Action taken:* The school adopted ATI's **Test of Essential Academic Skills V** (TEASV®).
 - c. *Rationale for the action taken:* It is an excellent predictor of early academic success in a nursing program and helps select and retain the right nursing students for the program.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: TABE is not being used anymore; instead TEAS V is being utilized for admission test into the program

3. Enrollment Agreement / General Terms
 - a. *Problem:* Exit examination is not mentioned and more so, not a requirement for graduation in the Enrollment Agreement / General Terms; NCLEX-PN® review classes are not mandatory following completion or end of the program.
 - b. *Action taken:* Students must pass the exit examination/s as a requirement/s for graduation (completion of the program). Attendance to NCLEX-PN review classes is mandatory following completion or end of the program. The school adopted ATI's review materials for NCLEX-PN examination, including Comprehensive Predictor and Virtual ATI NCLEX Review.
 - c. *Rationale for the action taken:* ATI has the review materials that cover essential nursing content that aligns with the NCLEX test plan. ATI's format reviews all content areas and include test-taking strategies, critical thinking exercises and Q&A practice.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Current students are utilizing the ATI materials and services for NCLEX-PN exam preparation

C. Screening and Selection Criteria

1. One-paragraph essay composition

- a. *Problem:* Applicants were asked to submit a one-paragraph essay composition (at least 400 words) describing why they want to become a licensed vocational nurse. On the day of the interview, they submit the composition, but we cannot know if the composition was done by the applicants or someone else.
- b. *Action taken:* The composition must be done at the office while waiting for the interview with the DON.
- c. *Rationale for the action taken:* It is important that the essay composition is written by the applicants themselves. Their command of written English and ability to express ideas will be considered in the selection process.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Prospect students are being required to submit a one-paragraph essay composition describing why they to want to become a licensed vocational nurse on the day of the interview with the DON.

2. TEAS V® (ATI) Entrance Exam score

- a. *Problem:* Previously, SCMC uses TABE entrance examination tool.
- b. *Action taken:* Now, the school adopted TEAS V® (ATI) Entrance Exam. A minimum passing score of 64% is required for prospective students to be eligible for the program. Applicants with higher score will have the priority for admission.
- c. *Rationale for the action taken:* TEAS V® (ATI) Entrance Exam is an excellent predictor of early academic success in a nursing program and helps select and retain the right nursing students for the program.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: ATI entrance examination is being utilized by the school; however, 64% is very high and not to many students make it. So the school has brought down the passing score to 55% or higher. The school is still making continuous evaluation as to the minimum passing ATI score since this is the first time that the school has adopted it and no results yet as to actual NCLEX pass rates.

3. Other factors considered for selection process

- a. *Problem:* Previously, no other factors considered for selection process except interview and essay composition.
- b. *Action taken:* Now, the school considered these other factors for selection process, namely:
 - 1) High-school over-all Grade/GPAs; applicants with higher Grade/GPA has the priority for admission
 - 2) College or university degrees in related fields; applicants with a degree has the priority for admission
 - 3) Any academic and/or extra-curricular merits or awards received.
 - 4) Part-time or full-time jobs; applicants who have no job or working part-time will have the priority.
 - 5) Presence or absence of any physical and/or mental illnesses or limitations that may compromise the health and safety of clients.
- c. *Rationale for the actions taken:* The school wants to attract the right nursing students who not only can stay in the program but also pass the licensure exam.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: These other factors are being used for selection process.

D. Terminal Objectives:

- 1. *Problems:* The original terminal objectives were not measurable as evidenced by presence of words like competently, effectively, harmoniously.
- 2. *Action taken and rationales:* These words were deleted and objectives were rephrased in such a way that they are measurable. Also, the terminal objectives now are reflective of what kind or quality of nurses we want to produce as a school; and with emphasis on NCLEX-PN preparation.
- 3. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- 4. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: No changes since last modified.

E. Curriculum Objectives:

- 1. *Problems:* The original curriculum objectives were broad, not measurable, and with not much emphasis on application.
- 2. *Action taken and rationales:* The curriculum objectives were rewritten in such a way that they are more specific, measurable, and with emphasis on application. Also,

students must pass all proctored assessment examinations by ATI after each subject completion.

3. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: No changes since last modified.

F. Instructional Plan:

1. Lecture and clinical days
 - a. *Problem:* In the original IP, lectures were done in Term 3 and the students did not meet for classroom lectures in Term 4 until the end of the program.
 - b. *Action taken and rationale:* Schedule was changed in such a way that classroom lectures stretch until the end of the program (Term 4) together with clinical days. It is important to continuously meet with students for classroom instructions and case discussions.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: The entire program is divided into 4 Terms instead of 3. Lecture Continuous on until Term 4

2. Lecture /clinical hours
 - a. *Problem:* Lecture days for some Term 1 & Term 2 subjects were too short for the course materials to be covered.
 - b. *Action taken and rationale:* Days/hours for some Term 1 & 2 subjects were increased to reasonably cover the materials included. The increase and/or changes are summarized as follows:

Term	Course	Lecture (Hrs)			Clinical (Hrs)		
		From	To	Change	From	To	Change
1	A&P	54	96	↑ 42	---	---	---
	FUN	54	96	↑ 42	128	136	↑ 8
	COMM	8	16	↑ 8	---	---	---
	NP	8	24	↑ 16	---	---	---
	NUT	24	24	none	---	---	---
2	Pharm	96	128	↑ 32	120	120	none
	Med/Surg	128	128	none	400	400	none
3	G&D	38	38	none	40	40	none

	GER	14	14	none	32	48	↑ 16
	MAT	32	32	none	40	32	↓ 8
	PEDS	32	32	none	56	40	↓ 16
4	Psy	54	54	none	16	40	↑ 24
	CDIS	24	24	none	32	48	↑ 16
	Reh	8	8	none	48	32	↓ 16
	Ldr/Sup	16	16	none	48	32	↓ 16
	Total	590h	730h	↑ 140h	960h	968h	↑ 8h

- c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Changes are being implemented with increased lecture hours for A&P, FUN, COMM, NP, and Pharm

G. Theory and Clinical Objectives for Each Course:

1. Clinical Objectives:

- a. *Problems*: The original clinical objectives were not measurable as evidenced by presence of words or phrases like demonstrate the ability; demonstrate accuracy, properly, safely, clearly, etc.
- b. *Action taken and rationale*: The above mentioned descriptive terms which are not measurable were deleted from clinical objective phrases. The clinical objectives were all rephrased in all term 1-4.
- c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Clinical objectives are being followed as approved

2. Fundamental Skills Laboratory training:

- a. *Problem*: The skills laboratory training for Fundamentals of Nursing was scheduled randomly without regard to conduct of training students to acquire nursing skills from simple to more complex.
- b. *Action taken and rationale*: The schedule of skills laboratory training for Fundamentals of nursing was rearrange in such a way that students acquire the simple nursing skills first and move on to more complex. Now, the first skill introduced is hand hygiene and related skills on infection control, medical and surgical asepsis. This is followed by body mechanics, etc.

- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Skills lab being conducted in a way for students to acquire the simple nursing skills first and move on to more complex.

- 3. Days spent in Skills Laboratory.
 - a. *Problem:* In the original approved IP, there were only 4 days (32 h) allotted for Fundamentals Skills Lab and only 1 day (8 h) for Pharmacology Skills Lab. These are not enough to teach students the necessary nursing skills prior to clinical rotation.
 - b. *Action taken and rationale:* The Fundamental skills lab days are now increased to 9 days (72 h) and the Pharmacology skills lab days are now increased to 8 days (64h). There is now adequate time in the skills lab for students to develop Fundamentals of nursing and pharmacology skills and for evaluation of student performances.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Skills lab days for FUN were increased now from 4 days to 9 days and Pharmacology skills lab from 1 day to 8 days.

- 4. Mannequin available in the skills lab
 - a. *Problem:* In the first batch, there is only one mannequin available in the skills lab.
 - b. *Action taken and rationale:* Three more mannequins were added (total of 4): 2 adult mannequin, one pediatric, and one for maternity. Now, students can enhance their nursing skills' training with availability of more mannequins.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Mannequins are being utilized for lecture and skills lab training and visual aids

H. Lesson Plans for Each Course

1. *Problem*: Lesson plans for each course are available; however, any additional materials actually used during lectures like slides, video clippings, class and small group discussions are to be documented and included in the lesson plans.
2. *Action taken and rationale*: Document all additional materials actually used during lectures and post-conferences and update lesson plans. These new teaching materials can be used to enhance effectiveness of teaching and learning environment.
3. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Continued effort is put into lesson plans and examination updates

I. Textbooks

The textbooks used are:

1. Structure and Function of the Body, 13th Ed., by Thibodeau and Patton. Published by Mosby/Elsevier.
2. Roach's Introductory Clinical Pharmacology, 9th Ed., by Roach and Ford. Published by Lippincott, Williams & Wilkins.
3. Textbook of Basic Nursing, 9th Ed., by Rosdahl and Kowalski. Published by Lippincott, Williams & Wilkins.
4. 2011 Lippincott's Nursing Drug Guide
5. NCLEX-PN® Comprehensive Reviewer by MaryAnne Hogan
 - a. *Problems*: The NCLEX-PN® Comprehensive Reviewer by MaryAnne Hogan is too hard for the student to comprehend. It was introduced to the first batch and only one got the passing score of 85%. The students were not motivated to use it.
 - b. *Action taken and rationale*: The school has adopted the ATI program for the students' preparation for the licensure exam. Evaluation will be conducted by ATI after completion of each subject and remediation will be conducted when necessary. The school uses ATI comprehensive predictor test to evaluate student readiness for the actual exam. Exit exam will be based on this predictor test.
 - c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Same textbooks are being utilized

J. Attendance Policy

1. For theory lectures:
 - a. *Problems*: The original attendance policy allows 3 *unexcused* absences per term and no limit for excused absences. The first batch took advantage of the laxity and

many were absent from lectures with excuses and the make-ups were not that stiff. They were only required to submit outlines and summaries of the lectures they missed in 1 to 2 pages.

- b. *Actions taken and rationale:* Now the school allows only 3 absences excused or not per term and make-ups are stiffer (see proposed Revision of Attendance policy). Coming in late and leaving early are discouraged. Three tardy marks constitute one day absence. In the same way, leaving the classroom or clinical sites 15 minutes earlier for 3 times constitute one day absence.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Attendance is being monitored very closely; Probations are given to those who are violating the attendance policy of the school. Make-ups are required.

2. For Clinical Sessions:

- a. *Problem:* With the original policy, students are given 30 minutes to arrive in the clinical sites before being sent home and marked absent.
- b. *Action taken and rationale:* Now students must be at the clinical sites one minute before the time and will be sent home after 15 minutes. Three tardy marks constitute 1 day absence. In the same way, leaving the facility 15 minutes before the scheduled dismissal for three times constitute 1 day absence.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: attendance in the clinical sites are being monitored.

K. Grading and Remediation Policies

1. Grading system

- a. *Problem:* In the original grading policy, a student with final grade less than 75 in any subject are allowed to take remedial examination even if the final grade was very low, e.g. less than 65.
- b. *Action taken and rationale:* Now, the school will only allow students with final grades 70 to 74 to take remedial examination. Students with final grade less than 70 are not allowed to take remedial examination and are terminated from the program.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Remedial examination is given once students are failing the midterm exams and once the final grade falls between 70-74; no remediation if final grade is lower than 70.

2. Remediation

- a. *Problem:* In the original remediation policy, students can take remedial examinations after getting fail final grade in any subject. They can fail all subjects and still can take remediation exam, pass it, and continue into the program.
- b. *Action taken and rationale:* The school now only allows three remedial examinations for three fail final grades for three subjects. Students who get another (fourth) fail grade from another (fourth) subject will be terminated.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Only 3 remedial examinations for 3 subjects are allowed .

3. Competency exam after finishing each subject

- a. *Problem:* In the past, no competency exam is given after finishing one subject. The students are at risk of forgetting what they learned and the risk of inability to integrate what they just learned to their past competencies and knowledge.
- b. *Action taken and rationale:* Now the school has adopted the ATI program to help the students review and integrate the current competencies with what they already know. Students must pass the proctored competency evaluation exams from ATI every after finishing a course.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: competency exams for each major nursing subject are given to the students.

4. Exit examination

- a. *Problem:* With the first batch, there was no exit examination as a requirement for graduation. There were not objective criteria to determine the students' preparedness for the licensure examination.
- b. *Action taken and rationale:* Now, the school will adopt the ATI comprehensive predictor tests and other tests as a form of exit examinations. Students must pass the exit examinations as a requirement for graduation.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATER: Students were informed that passing Two Exit exams are the final requirements for completion of the program.

5. NCLEX-PN® Review classes
 - a. *Problem:* The first batch was not required to attend review classes after the end of the program. Students were not coming back to school for the review classes.
 - b. *Action taken and rationale:* All students are required to attend review classes towards the end of the program. This is a requirement for graduation.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: NCLEX-PN® Review classes will be conducted after completion of the program and it is mandatory for all students

L. Evaluations of Theory and Clinical Faculty

1. Communication and supervision
 - a. *Problems:* There was a failure on the part of the DON to communicate and closely supervise theory and clinical instructors. No regular monthly direction and evaluation meetings.
 - b. *Action taken and rationale:* Monthly direction meetings will be scheduled for communication and coordination.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: The DON conducts regular site visits and meets instructors for updates of schedules and clinical objectives

2. Evaluation of theory and clinical instructors
 - a. *Problems:* Evaluation of theory and clinical instructors was not done on a consistent basis.
 - b. *Action taken and rationale:* all theory and clinical instructors must be evaluated both by the DON and students every after completion of a theory course and clinical rotation. The DON must sit in classroom and visit clinical sites regularly. Results must be communicated to instructors on a one-on-one basis. Any actions taken must be followed and evaluated.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: instructors are being evaluated for their performances

M. Evaluations of Theory Presentations

1. *Problem:* Evaluation of theory materials and presentations was not done consistently.
2. *Action taken and rationale:* The DON will sit in classroom lectures and must evaluate the instructors conduct lecture. Students will also be asked to evaluate both the theory instructor and theory content. Results shall be evaluated by the DON and will become basis for any necessary curriculum revision.
3. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
4. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: Students are being utilized for evaluation of theory materials and presentations

N. Evaluations of Clinical Rotations and their correlation to Theory Presentations

1. Monthly direction meetings
 - a. *Problem:* No monthly direction meetings to determine correlations of clinical rotations with theory presentations
 - b. *Action taken and rationale:* Monthly direction meetings will be scheduled without fail. Clinical instructors will be instructed on clinical objectives that correlate to the theory objectives. Lessons plans must be submitted by clinical instructors.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: DON and instructors meet constantly for direction meetings

2. Evaluations of clinical rotations and their correlation to theory presentations
 - a. *Problem:* Irregular clinical site visits done by the DON
 - b. *Action taken and rationale:* The DON must conduct clinical site visits regular (at least twice a month) and observe how the clinical rotations are being conducted and determine their correlation to theory presentations. Students and instructors will be asked also to evaluate the clinical instructor and the clinical content as well as the facility.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: DON conducts site visits regularly

O. Evaluation of Student Achievement.

- Students' progress are evaluated based on their classroom and clinical performances.

1. Students' theory performances:

- a. *Problem:* The past grading and remediation policies have two problems, namely:
 - 1) There was no limit as to the number of times a student can fail courses or subjects and take remedial examinations. Many of the students in the first batch failed in several subjects and still in the program because they managed to pass the remedial examinations.
 - 2) There was no cut-off course final grade as to when they are not qualified to take remedial examinations. Some students have a course final grade in the 60's and still allowed to take remedial examinations.
- b. *Action taken and rationale:* The school now proposed that a student is only allowed to fail in three subjects and allowed to take only three remedial examinations. Also, the school proposed that remedial examinations are only given to students who got final grades between 70 and 74. Students who get a course final grade below 70 are terminated and not allowed remediation.
- c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
- d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: students are being evaluated in their theory performances by theory instructor.

2. Students' clinical performances:

- a. *Problem:* The Student's Clinical Performance Evaluation was not strictly implemented; the clinical instructors were not properly oriented and instructed as to how to grade students in their clinical performances.
- b. *Action taken and rationale:* The Students will be strictly evaluated in their clinical performances using the SCPE tool. A student must get 186 points out of 248 (which is 75%) to be able to pass the clinical rotation.
- c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
- d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

3. The Student Clinical Performance Evaluation tool

- a. *Problem:* The minimum points required to pass the clinical rotation was 124 out of 186 (67%), which was very low.
- b. *Action taken and rationale:* Now the scoring system was modified and the minimum score to pass the clinical rotation is 186 out of 248 (75%).
- c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.

d. *Effectiveness of corrective actions*: Evaluation to be done every 6 months

UPDATE: Students are being evaluated by clinical instructors

Agenda Item #11.B.5.Attachment D



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

August 17, 2012

Nomar Tongco, Director
Southern California Medical College
Vocational Nursing Program
3611 Stockdale Highway, Suite 1-2
Bakersfield, CA 93309

Re: Request to Admit Students

Dear Mr. Tongco:

The Board is scheduled to consider **Southern California Medical College, Vocational Nursing Program's** relative to the program's request to admit students at its meeting scheduled November 9, 2012. That meeting will be held at the Sheraton Grand Sacramento Hotel, Sacramento, CA.

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 **Tuesday, September 25, 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, R.N. M.S.N.

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

Agenda Item #11.B.5.Attachment E

Comprehensive Analysis of the Program – SCMC VNP
Follow-Up Report

BVNPT Received *edu*
on 9/25/12 with *mc.*

The changes implemented by the SCMC-VNP since last November 2011 Board meeting are as follows:

1. ATI's TEASV[®] is currently being used for the school's entrance examination
2. The revised admission and screening/selection criteria are now in effect, which include ATI's TEASV[®] entrance examination, applicants' academic high school and college performances, written and oral English communication ability, employment status whether full-time or part-time, family support
3. Included in the signed enrollment agreement that all students are required to pass the ATI and Hogan exit exams and NCLEX-PN review classes prior to graduation.
4. Lecture hours for key subjects were extended, namely:

Subjects	From (hrs)	To (hrs)
A&P	54	96
FUN	54	96
Pharm	96	128

5. Also, students spent more days in the FUN and Pharma skills lab prior to going to actual clinical rotations.

Competencies	From (days)	To (days)
FUN	5	9
Pharm	1	8

6. With regard to grading system, only those with final grades of 70-74 are allowed to take remedial examination. Students with final grade less than 70 are not allowed to take remedial examination and they are only allowed to have three fail final grades in any three subjects.
7. After each major nursing subject, students are now taking the ATI competency evaluation exams.
8. Currently, the DON is conducting weekly meeting with clinical instructors for direction and clinical objectives clarification. Also, the DON is in the clinical sites weekly for further coordination.
9. Students who are lagging behind are being met after school for tutorials.

Comprehensive Analysis of the Program – SCMC VNP
Follow-Up Report

Problem areas in the Program and actions taken:

A. Current Student Enrollment:

1. The school is approved to only conduct one full-time class at a time with 30 students and 10% alternate students.
 - a. *Problem:* the first batch of FT class had only 22 students to start with and only 16 graduated.
 - b. *Action taken:* for the incoming replacement class, the school will only admit 25 students with 10% alternate students (2-3 students).
 - c. *Rationale for the action taken:* more concentrated efforts and closer monitoring and supervision.
 - d. *Timelines for expected results:* starts with the incoming class requested to start in November, 2011.
 - e. *Effective of corrective actions:* Evaluation to be done in 1.5 to 2 years.

UPDATE: The school is approved to conduct to full-time classes

- a. FT class of 15 students (Started November 14, 2011 to end December 2, 2012)
- b. FT class of 20 students (Approved to start June 11, 2012 to end July 1, 2013; but requested NEC to delay start on July 23, 2012 to end August 2, 2013)
- c. *The school will continue to maintain smaller class size for quality instruction and closer monitoring and supervision.*

B. Admission Criteria:

1. The school requires high school diploma or a GED from an accredited school. Foreign graduates must submit a foreign transcript evaluation report demonstrating equivalency of a 12th grade education in the US.
 - a. *Problem:* a copy of official transcript with subject and grade/GPA listing is not required.
 - b. *Action taken:* It is required for all applicants to submit a copy of official transcript with subject and grade/GPA listing.
 - c. *Rationale for the action taken:* Applicants with higher GPAs or grade average will have priority in the selection process. Students with higher GPAs mean better study habits and higher chance of passing the licensure exam.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN[®]
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: all applicants now submit copies of official transcript of records with grades and GPA listings;

2. The school uses the Test for Adult Basic Education (TABE) as tool for entrance examination.
 - a. *Problem:* TABE is a marginal tool to be used for entrance examination to the nursing program.
 - b. *Action taken:* The school adopted ATI's **Test of Essential Academic Skills V** (TEASV®).
 - c. *Rationale for the action taken:* It is an excellent predictor of early academic success in a nursing program and helps select and retain the right nursing students for the program.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: TEAS V is being utilized for admission test into the program

3. Enrollment Agreement / General Terms
 - a. *Problem:* Exit examination is not mentioned and more so, not a requirement for graduation in the Enrollment Agreement / General Terms; NCLEX-PN® review classes are not mandatory following completion or end of the program.
 - b. *Action taken:* Students must pass the exit examination/s as a requirement/s for graduation (completion of the program). Attendance to NCLEX-PN review classes is mandatory following completion or end of the program. The school adopted ATI's review materials for NCLEX-PN examination, including Comprehensive Predictor and Virtual ATI NCLEX Review.
 - c. *Rationale for the action taken:* ATI has the review materials that cover essential nursing content that aligns with the NCLEX test plan. ATI's format reviews all content areas and include test-taking strategies, critical thinking exercises and Q&A practice.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Current students are utilizing the ATI materials and services for NCLEX-PN exam preparation

C. Screening and Selection Criteria

1. One-paragraph essay composition

- a. *Problem:* Applicants were asked to submit a one-paragraph essay composition (at least 400 words) describing why they want to become a licensed vocational nurse. On the day of the interview, they submit the composition, but we cannot know if the composition was done by the applicants or someone else.
- b. *Action taken:* The composition must be done at the office while waiting for the interview with the DON.
- c. *Rationale for the action taken:* It is important that the essay composition is written by the applicants themselves. Their command of written English and ability to express ideas will be considered in the selection process.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN[®]
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Prospect students are being required to submit a one-paragraph essay composition describing why they want to become a licensed vocational nurse on the day of the interview with the DON.

2. TEAS V[®] (ATI) Entrance Exam score

- a. *Problem:* Previously, SCMC uses TABE entrance examination tool.
- b. *Action taken:* Now, the school adopted TEAS V[®] (ATI) Entrance Exam. A minimum passing score of 64% is required for prospective students to be eligible for the program. Applicants with higher score will have the priority for admission.
- c. *Rationale for the action taken:* TEAS V[®] (ATI) Entrance Exam is an excellent predictor of early academic success in a nursing program and helps select and retain the right nursing students for the program.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN[®]
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: ATI entrance examination is being utilized by the school; however, 64% is very high and not to many students make it. So the school has brought down the passing score to 55% or higher. The school is still making continuous evaluation as to the minimum passing ATI score since this is the first time that the school has adopted it and no results yet as to actual NCLEX pass rates.

3. Other factors considered for selection process

- a. *Problem:* Previously, no other factors considered for selection process except interview and essay composition.

- b. *Action taken:* Now, the school considered these other factors for selection process, namely:
- 1) High-school over-all Grade/GPAs; applicants with higher Grade/GPA has the priority for admission
 - 2) College or university degrees in related fields; applicants with a degree has the priority for admission
 - 3) Any academic and/or extra-curricular merits or awards received.
 - 4) Part-time or full-time jobs; applicants who have no job or working part-time will have the priority.
 - 5) Presence or absence of any physical and/or mental illnesses or limitations that may compromise the health and safety of clients.
- c. *Rationale for the actions taken:* The school wants to attract the right nursing students who not only can stay in the program but also pass the licensure exam.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: These other factors are being used for selection process.

D. Terminal Objectives:

1. *Problems:* The original terminal objectives were not measurable as evidenced by presence of words like competently, effectively, harmoniously.
2. *Action taken and rationales:* These words were deleted and objectives were rephrased in such a way that they are measurable. Also, the terminal objectives now are reflective of what kind or quality of nurses we want to produce as a school; and with emphasis on NCLEX-PN preparation.
3. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: No changes since last modified.

E. Curriculum Objectives:

1. *Problems:* The original curriculum objectives were broad, not measurable, and with not much emphasis on application.
2. *Action taken and rationales:* The curriculum objectives were rewritten in such a way that they are more specific, measurable, and with emphasis on application. Also, students must pass all proctored assessment examinations by ATI after each subject completion.

3. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: No changes since last modified.

F. Instructional Plan:

1. Lecture and clinical days
 - a. *Problem:* In the original IP, lectures were done in Term 3 and the students did not meet for classroom lectures in Term 4 until the end of the program.
 - b. *Action taken and rationale:* Schedule was changed in such a way that classroom lectures stretch until the end of the program (Term 4) together with clinical days. It is important to continuously meet with students for classroom instructions and case discussions.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: The entire program is divided into 4 Terms instead of 3. Lecture Continuous on until Term 4

2. Lecture /clinical hours
 - a. *Problem:* Lecture days for some Term 1 & Term 2 subjects were too short for the course materials to be covered.
 - b. *Action taken and rationale:* Days/hours for some Term 1 & 2 subjects were increased to reasonably cover the materials included. The increase and/or changes are summarized as follows:

Term	Course	Lecture (Hrs)			Clinical (Hrs)		
		From	To	Change	From	To	Change
1	A&P	54	96	↑ 42	---	---	---
	FUN	54	96	↑ 42	128	136	↑ 8
	COMM	8	16	↑ 8	---	---	---
	NP	8	24	↑ 16	---	---	---
	NUT	24	24	none	---	---	---
2	Pharm	96	128	↑ 32	120	120	none
	Med/Surg	128	128	none	400	400	none
3	G&D	38	38	none	40	40	none
	GER	14	14	none	32	48	↑ 16
	MAT	32	32	none	40	32	↓ 8

	PEDS	32	32	none	56	40	↓ 16
4	Psy	54	54	none	16	40	↑ 24
	CDIS	24	24	none	32	48	↑ 16
	Reh	8	8	none	48	32	↓ 16
	Ldr/Sup	16	16	none	48	32	↓ 16
	Total	590h	730h	↑ 140h	960h	968h	↑ 8h

- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Changes are being implemented with increased lecture hours for A&P, FUN, COMM, NP, and Pharm

G. Theory and Clinical Objectives for Each Course:

1. Clinical Objectives:

- a. *Problems:* The original clinical objectives were not measurable as evidenced by presence of words or phrases like demonstrate the ability; demonstrate accuracy, properly, safely, clearly, etc.
- b. *Action taken and rationale:* The above mentioned descriptive terms which are not measurable were deleted from clinical objective phrases. The clinical objectives were all rephrased in all term 1-4.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Clinical objectives are being followed as approved

2. Fundamental Skills Laboratory training:

- a. *Problem:* The skills laboratory training for Fundamentals of Nursing was scheduled randomly without regard to conduct of training students to acquire nursing skills from simple to more complex.
- b. *Action taken and rationale:* The schedule of skills laboratory training for Fundamentals of nursing was rearrange in such a way that students acquire the simple nursing skills first and move on to more complex. Now, the first skill introduced is hand hygiene and related skills on infection control, medical and surgical asepsis. This is followed by body mechanics, etc.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®

d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Skills lab being conducted in a way for students to acquire the simple nursing skills first and move on to more complex.

3. Days spent in Skills Laboratory.

a. *Problem*: In the original approved IP, there were only 4 days (32 h) allotted for Fundamentals Skills Lab and only 1 day (8 h) for Pharmacology Skills Lab. These are not enough to teach students the necessary nursing skills prior to clinical rotation.

b. *Action taken and rationale*: The Fundamental skills lab days are now increased to 9 days (72 h) and the Pharmacology skills lab days are now increased to 8 days (64h). There is now adequate time in the skills lab for students to develop Fundamentals of nursing and pharmacology skills and for evaluation of student performances.

c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®

d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Skills lab days for FUN were increased now from 4 days to 9 days and Pharmacology skills lab from 1 day to 8 days.

4. Mannequin available in the skills lab

a. *Problem*: In the first batch, there is only one mannequin available in the skills lab.

b. *Action taken and rationale*: Three more mannequins were added (total of 4): 2 adult mannequin, one pediatric, and one for maternity. Now, students can enhance their nursing skills' training with availability of more mannequins.

c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®

d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Mannequins are being utilized for lecture and skills lab training and visual aids

H. Lesson Plans for Each Course

1. *Problem*: Lesson plans for each course are available; however, any additional materials actually used during lectures like slides, video clippings, class and small group discussions are to be documented and included in the lesson plans.

2. *Action taken and rationale*: Document all additional materials actually used during lectures and post-conferences and update lesson plans. These new teaching materials can be used to enhance effectiveness of teaching and learning environment.
3. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Continued effort is put into lesson plans and examination updates

I. Textbooks

The textbooks used are:

1. Structure and Function of the Body, 13th Ed., by Thibodeau and Patton. Published by Mosby/Elsevier.
2. Roach's Introductory Clinical Pharmacology, 9th Ed., by Roach and Ford. Published by Lippincott, Williams & Wilkins.
3. Textbook of Basic Nursing, 9th Ed., by Rosdahl and Kowalski. Published by Lippincott, Williams & Wilkins.
4. 2011 Lippincott's Nursing Drug Guide
5. NCLEX-PN® Comprehensive Reviewer by MaryAnne Hogan
 - a. *Problems*: The NCLEX-PN® Comprehensive Reviewer by MaryAnne Hogan is too hard for the student to comprehend. It was introduced to the first batch and only one got the passing score of 85%. The students were not motivated to use it.
 - b. *Action taken and rationale*: The school has adopted the ATI program for the students' preparation for the licensure exam. Evaluation will be conducted by ATI after completion of each subject and remediation will be conducted when necessary. The school uses ATI comprehensive predictor test to evaluate student readiness for the actual exam. Exit exam will be based on this predictor test.
 - c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Same textbooks are being utilized

J. Attendance Policy

1. For theory lectures:
 - a. *Problems*: The original attendance policy allows 3 *unexcused* absences per term and no limit for excused absences. The first batch took advantage of the laxity and many were absent from lectures with excuses and the make-ups were not that stiff. They were only required to submit outlines and summaries of the lectures they missed in 1 to 2 pages.

- b. *Actions taken and rationale:* Now the school allows only 3 absences excused or not per term and make-ups are stiffer (see proposed Revision of Attendance policy). Coming in late and leaving early are discouraged. Three tardy marks constitute one day absence. In the same way, leaving the classroom or clinical sites 15 minutes earlier for 3 times constitute one day absence.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Attendance is being monitored very closely; Probations are given to those who are violating the attendance policy of the school. Make-ups are required.

- 2. For Clinical Sessions:
 - a. *Problem:* With the original policy, students are given 30 minutes to arrive in the clinical sites before being sent home and marked absent.
 - b. *Action taken and rationale:* Now students must be at the clinical sites one minute before the time and will be sent home after 15 minutes. Three tardy marks constitute 1 day absence. In the same way, leaving the facility 15 minutes before the scheduled dismissal for three times constitute 1 day absence.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: attendance in the clinical sites are being monitored.

K. Grading and Remediation Policies

- 1. Grading system
 - a. *Problem:* In the original grading policy, a student with final grade less than 75 in any subject are allowed to take remedial examination even if the final grade was very low, e.g. less than 65.
 - b. *Action taken and rationale:* Now, the school will only allow students with final grades 70 to 74 to take remedial examination. Students with final grade less than 70 are not allowed to take remedial examination and are terminated from the program.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Remedial examination is given once students are failing the midterm exams and once the final grade falls between 70-74; no remediation if final grade is lower than 70.

2. Remediation

- a. *Problem:* In the original remediation policy, students can take remedial examinations after getting fail final grade in any subject. They can fail all subjects and still can take remediation exam, pass it, and continue into the program.
- b. *Action taken and rationale:* The school now only allows three remedial examinations for three fail final grades for three subjects. Students who get another (fourth) fail grade from another (fourth) subject will be terminated.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Only 3 remedial examinations for 3 subjects are allowed .

3. Competency exam after finishing each subject

- a. *Problem:* In the past, no competency exam is given after finishing one subject. The students are at risk of forgetting what they learned and the risk of inability to integrate what they just learned to their past competencies and knowledge.
- b. *Action taken and rationale:* Now the school has adopted the ATI program to help the students review and integrate the current competencies with what they already know. Students must pass the proctored competency evaluation exams from ATI every after finishing a course.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: competency exams for each major nursing subject are given to the students.

4. Exit examination

- a. *Problem:* With the first batch, there was no exit examination as a requirement for graduation. There were not objective criteria to determine the students' preparedness for the licensure examination.
- b. *Action taken and rationale:* Now, the school will adopt the ATI comprehensive predictor tests and other tests as a form of exit examinations. Students must pass the exit examinations as a requirement for graduation.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Students were informed that passing Two Exit exams are the final requirements for completion of the program.

5. NCLEX-PN® Review classes

- a. *Problem:* The first batch was not required to attend review classes after the end of the program. Students were not coming back to school for the review classes.
- b. *Action taken and rationale:* All students are required to attend review classes towards the end of the program. This is a requirement for graduation.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: NCLEX-PN® Review classes will be conducted after completion of the program and it is mandatory for all students

L. Evaluations of Theory and Clinical Faculty

1. Communication and supervision

- a. *Problems:* There was a failure on the part of the DON to communicate and closely supervise theory and clinical instructors. No regular monthly direction and evaluation meetings.
- b. *Action taken and rationale:* Monthly direction meetings will be scheduled for communication and coordination.
- c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
- d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: The DON conducts regular site visits and meets instructors for updates of schedules and clinical objectives

2. Evaluation of theory and clinical instructors

- a. *Problems:* Evaluation of theory and clinical instructors was not done on a consistent basis.
- b. *Action taken and rationale:* all theory and clinical instructors must be evaluated both by the DON and students every after completion of a theory course and clinical rotation. The DON must sit in classroom and visit clinical sites regularly. Results must be communicated to instructors on a one-on-one basis. Any actions taken must be followed and evaluated.
- c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
- d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: instructors are being evaluated for their performances

M. Evaluations of Theory Presentations

1. *Problem:* Evaluation of theory materials and presentations was not done consistently.

2. *Action taken and rationale:* The DON will sit in classroom lectures and must evaluate the instructors conduct lecture. Students will also be asked to evaluate both the theory instructor and theory content. Results shall be evaluated by the DON and will become basis for any necessary curriculum revision.
3. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
4. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: Students are being utilized for evaluation of theory materials and presentations

N. Evaluations of Clinical Rotations and their correlation to Theory Presentations

1. Monthly direction meetings
 - a. *Problem:* No monthly direction meetings to determine correlations of clinical rotations with theory presentations
 - b. *Action taken and rationale:* Monthly direction meetings will be scheduled without fail. Clinical instructors will be instructed on clinical objectives that correlate to the theory objectives. Lessons plans must be submitted by clinical instructors.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: DON and instructors meet constantly for direction meetings

2. Evaluations of clinical rotations and their correlation to theory presentations
 - a. *Problem:* Irregular clinical site visits done by the DON
 - b. *Action taken and rationale:* The DON must conduct clinical site visits regular (at least twice a month) and observe how the clinical rotations are being conducted and determine their correlation to theory presentations. Students and instructors will be asked also to evaluate the clinical instructor and the clinical content as well as the facility.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: DON conducts site visits regularly

O. Evaluation of Student Achievement.

- Students' progress are evaluated based on their classroom and clinical performances.
1. Students' theory performances:
 - a. *Problem:* The past grading and remediation policies have two problems, namely:

- 1) There was no limit as to the number of times a student can fail courses or subjects and take remedial examinations. Many of the students in the first batch failed in several subjects and still in the program because they managed to pass the remedial examinations.
 - 2) There was no cut-off course final grade as to when they are not qualified to take remedial examinations. Some students have a course final grade in the 60's and still allowed to take remedial examinations.
- b. *Action taken and rationale:* The school now proposed that a student is only allowed to fail in three subjects and allowed to take only three remedial examinations. Also, the school proposed that remedial examinations are only given to students who got final grades between 70 and 74. Students who get a course final grade below 70 are terminated and not allowed remediation.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: students are being evaluated in their theory performances by theory instructor.

2. Students' clinical performances:
 - a. *Problem:* The Student's Clinical Performance Evaluation was not strictly implemented; the clinical instructors were not properly oriented and instructed as to how to grade students in their clinical performances.
 - b. *Action taken and rationale:* The Students will be strictly evaluated in their clinical performances using the SCPE tool. A student must get 186 points out of 248 (which is 75%) to be able to pass the clinical rotation.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months
3. The Student Clinical Performance Evaluation tool
 - a. *Problem:* The minimum points required to pass the clinical rotation was 124 out of 186 (67%), which was very low.
 - b. *Action taken and rationale:* Now the scoring system was modified and the minimum score to pass the clinical rotation is 186 out of 248 (75%).
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: Students are being evaluated by clinical instructors

Comprehensive Analysis of the Program – SCMC VNP
Follow-Up Report

Problem areas in the Program and actions taken:

A. Current Student Enrollment:

1. The school is approved to only conduct one full-time class at a time with 30 students and 10% alternate students.
 - a. *Problem:* the first batch of FT class had only 22 students to start with and only 16 graduated.
 - b. *Action taken:* for the incoming replacement class, the school will only admit 25 students with 10% alternate students (2-3 students).
 - c. *Rationale for the action taken:* more concentrated efforts and closer monitoring and supervision.
 - d. *Timelines for expected results:* starts with the incoming class requested to start in November, 2011.
 - e. *Effective of corrective actions:* Evaluation to be done in 1.5 to 2 years.

UPDATE: The school is approved to conduct to full-time classes

- a. FT class of 15 students (Started November 14, 2011 to end December 2, 2012)
- b. FT class of 20 students (Approved to start June 11, 2012 to end July 1, 2013; but requested NEC to delay start on July 23, 2012 to end August 2, 2013)
- c. *The school will continue to maintain smaller class size for quality instruction and closer monitoring and supervision.*

B. Admission Criteria:

1. The school requires high school diploma or a GED from an accredited school. Foreign graduates must submit a foreign transcript evaluation report demonstrating equivalency of a 12th grade education in the US.
 - a. *Problem:* a copy of official transcript with subject and grade/GPA listing is not required.
 - b. *Action taken:* It is required for all applicants to submit a copy of official transcript with subject and grade/GPA listing.
 - c. *Rationale for the action taken:* Applicants with higher GPAs or grade average will have priority in the selection process. Students with higher GPAs mean better study habits and higher chance of passing the licensure exam.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN[®]
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: all applicants now submit copies of official transcript of records with grades and GPA listings;

2. The school uses the Test for Adult Basic Education (TABE) as tool for entrance examination.
 - a. *Problem:* TABE is a marginal tool to be used for entrance examination to the nursing program.
 - b. *Action taken:* The school adopted ATI's **Test of Essential Academic Skills V (TEASV®)**.
 - c. *Rationale for the action taken:* It is an excellent predictor of early academic success in a nursing program and helps select and retain the right nursing students for the program.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: TEAS V is being utilized for admission test into the program

3. Enrollment Agreement / General Terms
 - a. *Problem:* Exit examination is not mentioned and more so, not a requirement for graduation in the Enrollment Agreement / General Terms; NCLEX-PN® review classes are not mandatory following completion or end of the program.
 - b. *Action taken:* Students must pass the exit examination/s as a requirement/s for graduation (completion of the program). Attendance to NCLEX-PN review classes is mandatory following completion or end of the program. The school adopted ATI's review materials for NCLEX-PN examination, including Comprehensive Predictor and Virtual ATI NCLEX Review.
 - c. *Rationale for the action taken:* ATI has the review materials that cover essential nursing content that aligns with the NCLEX test plan. ATI's format reviews all content areas and include test-taking strategies, critical thinking exercises and Q&A practice.
 - d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Current students are utilizing the ATI materials and services for NCLEX-PN exam preparation

C. Screening and Selection Criteria

1. One-paragraph essay composition

- a. *Problem:* Applicants were asked to submit a one-paragraph essay composition (at least 400 words) describing why they want to become a licensed vocational nurse. On the day of the interview, they submit the composition, but we cannot know if the composition was done by the applicants or someone else.
- b. *Action taken:* The composition must be done at the office while waiting for the interview with the DON.
- c. *Rationale for the action taken:* It is important that the essay composition is written by the applicants themselves. Their command of written English and ability to express ideas will be considered in the selection process.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Prospect students are being required to submit a one-paragraph essay composition describing why they want to become a licensed vocational nurse on the day of the interview with the DON.

2. TEAS V® (ATI) Entrance Exam score

- a. *Problem:* Previously, SCMC uses TABE entrance examination tool.
- b. *Action taken:* Now, the school adopted TEAS V® (ATI) Entrance Exam. A minimum passing score of 64% is required for prospective students to be eligible for the program. Applicants with higher score will have the priority for admission.
- c. *Rationale for the action taken:* TEAS V® (ATI) Entrance Exam is an excellent predictor of early academic success in a nursing program and helps select and retain the right nursing students for the program.
- d. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- e. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: ATI entrance examination is being utilized by the school; however, 64% is very high and not to many students make it. So the school has brought down the passing score to 55% or higher. The school is still making continuous evaluation as to the minimum passing ATI score since this is the first time that the school has adopted it and no results yet as to actual NCLEX pass rates.

3. Other factors considered for selection process

- a. *Problem:* Previously, no other factors considered for selection process except interview and essay composition.

- b. Action taken:* Now, the school considered these other factors for selection process, namely:
- 1) High-school over-all Grade/GPAs; applicants with higher Grade/GPA has the priority for admission
 - 2) College or university degrees in related fields; applicants with a degree has the priority for admission
 - 3) Any academic and/or extra-curricular merits or awards received.
 - 4) Part-time or full-time jobs; applicants who have no job or working part-time will have the priority.
 - 5) Presence or absence of any physical and/or mental illnesses or limitations that may compromise the health and safety of clients.
- c. Rationale for the actions taken:* The school wants to attract the right nursing students who not only can stay in the program but also pass the licensure exam.
- d. Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- e. Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: These other factors are being used for selection process.

D. Terminal Objectives:

1. *Problems:* The original terminal objectives were not measurable as evidenced by presence of words like competently, effectively, harmoniously.
2. *Action taken and rationales:* These words were deleted and objectives were rephrased in such a way that they are measurable. Also, the terminal objectives now are reflective of what kind or quality of nurses we want to produce as a school; and with emphasis on NCLEX-PN preparation.
3. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: No changes since last modified.

E. Curriculum Objectives:

1. *Problems:* The original curriculum objectives were broad, not measurable, and with not much emphasis on application.
2. *Action taken and rationales:* The curriculum objectives were rewritten in such a way that they are more specific, measurable, and with emphasis on application. Also, students must pass all proctored assessment examinations by ATI after each subject completion.

3. *Timelines for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: No changes since last modified.

F. Instructional Plan:

1. Lecture and clinical days
 - a. *Problem:* In the original IP, lectures were done in Term 3 and the students did not meet for classroom lectures in Term 4 until the end of the program.
 - b. *Action taken and rationale:* Schedule was changed in such a way that classroom lectures stretch until the end of the program (Term 4) together with clinical days. It is important to continuously meet with students for classroom instructions and case discussions.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: The entire program is divided into 4 Terms instead of 3. Lecture Continuous on until Term 4

2. Lecture /clinical hours
 - a. *Problem:* Lecture days for some Term 1 & Term 2 subjects were too short for the course materials to be covered.
 - b. *Action taken and rationale:* Days/hours for some Term 1 & 2 subjects were increased to reasonably cover the materials included. The increase and/or changes are summarized as follows:

Term	Course	Lecture (Hrs)			Clinical (Hrs)		
		From	To	Change	From	To	Change
1	A&P	54	96	↑ 42	---	---	---
	FUN	54	96	↑ 42	128	136	↑ 8
	COMM	8	16	↑ 8	---	---	---
	NP	8	24	↑ 16	---	---	---
	NUT	24	24	none	---	---	---
2	Pharm	96	128	↑ 32	120	120	none
	Med/Surg	128	128	none	400	400	none
3	G&D	38	38	none	40	40	none
	GER	14	14	none	32	48	↑ 16
	MAT	32	32	none	40	32	↓ 8

	PEDS	32	32	none	56	40	↓ 16
4	Psy	54	54	none	16	40	↑ 24
	CDIS	24	24	none	32	48	↑ 16
	Reh	8	8	none	48	32	↓ 16
	Ldr/Sup	16	16	none	48	32	↓ 16
	Total	590h	730h	↑ 140h	960h	968h	↑ 8h

- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Changes are being implemented with increased lecture hours for A&P, FUN, COMM, NP, and Pharm

G. Theory and Clinical Objectives for Each Course:

1. Clinical Objectives:

- a. *Problems:* The original clinical objectives were not measurable as evidenced by presence of words or phrases like demonstrate the ability; demonstrate accuracy, properly, safely, clearly, etc.
- b. *Action taken and rationale:* The above mentioned descriptive terms which are not measurable were deleted from clinical objective phrases. The clinical objectives were all rephrased in all term 1-4.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Clinical objectives are being followed as approved

2. Fundamental Skills Laboratory training:

- a. *Problem:* The skills laboratory training for Fundamentals of Nursing was scheduled randomly without regard to conduct of training students to acquire nursing skills from simple to more complex.
- b. *Action taken and rationale:* The schedule of skills laboratory training for Fundamentals of nursing was rearrange in such a way that students acquire the simple nursing skills first and move on to more complex. Now, the first skill introduced is hand hygiene and related skills on infection control, medical and surgical asepsis. This is followed by body mechanics, etc.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®

d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Skills lab being conducted in a way for students to acquire the simple nursing skills first and move on to more complex.

3. Days spent in Skills Laboratory.

a. *Problem*: In the original approved IP, there were only 4 days (32 h) allotted for Fundamentals Skills Lab and only 1 day (8 h) for Pharmacology Skills Lab. These are not enough to teach students the necessary nursing skills prior to clinical rotation.

b. *Action taken and rationale*: The Fundamental skills lab days are now increased to 9 days (72 h) and the Pharmacology skills lab days are now increased to 8 days (64h). There is now adequate time in the skills lab for students to develop Fundamentals of nursing and pharmacology skills and for evaluation of student performances.

c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®

d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Skills lab days for FUN were increased now from 4 days to 9 days and Pharmacology skills lab from 1 day to 8 days.

4. Mannequin available in the skills lab

a. *Problem*: In the first batch, there is only one mannequin available in the skills lab.

b. *Action taken and rationale*: Three more mannequins were added (total of 4): 2 adult mannequin, one pediatric, and one for maternity. Now, students can enhance their nursing skills' training with availability of more mannequins.

c. *Timeliness for expected results*: 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®

d. *Effectiveness of corrective actions*: Evaluation to be done in 1.5 to 2 years

UPDATE: Mannequins are being utilized for lecture and skills lab training and visual aids

H. Lesson Plans for Each Course

1. *Problem*: Lesson plans for each course are available; however, any additional materials actually used during lectures like slides, video clippings, class and small group discussions are to be documented and included in the lesson plans.

2. *Action taken and rationale:* Document all additional materials actually used during lectures and post-conferences and update lesson plans. These new teaching materials can be used to enhance effectiveness of teaching and learning environment.
3. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
4. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Continued effort is put into lesson plans and examination updates

I. Textbooks

The textbooks used are:

1. Structure and Function of the Body, 13th Ed., by Thibodeau and Patton. Published by Mosby/Elsevier.
2. Roach's Introductory Clinical Pharmacology, 9th Ed., by Roach and Ford. Published by Lippincott, Williams & Wilkins.
3. Textbook of Basic Nursing, 9th Ed., by Rosdahl and Kowalski. Published by Lippincott, Williams & Wilkins.
4. 2011 Lippincott's Nursing Drug Guide
5. NCLEX-PN® Comprehensive Reviewer by MaryAnne Hogan
 - a. *Problems:* The NCLEX-PN® Comprehensive Reviewer by MaryAnne Hogan is too hard for the student to comprehend. It was introduced to the first batch and only one got the passing score of 85%. The students were not motivated to use it.
 - b. *Action taken and rationale:* The school has adopted the ATI program for the students' preparation for the licensure exam. Evaluation will be conducted by ATI after completion of each subject and remediation will be conducted when necessary. The school uses ATI comprehensive predictor test to evaluate student readiness for the actual exam. Exit exam will be based on this predictor test.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Same textbooks are being utilized

J. Attendance Policy

1. For theory lectures:
 - a. *Problems:* The original attendance policy allows 3 *unexcused* absences per term and no limit for excused absences. The first batch took advantage of the laxity and many were absent from lectures with excuses and the make-ups were not that stiff. They were only required to submit outlines and summaries of the lectures they missed in 1 to 2 pages.

- b. *Actions taken and rationale:* Now the school allows only 3 absences excused or not per term and make-ups are stiffer (see proposed Revision of Attendance policy). Coming in late and leaving early are discouraged. Three tardy marks constitute one day absence. In the same way, leaving the classroom or clinical sites 15 minutes earlier for 3 times constitute one day absence.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Attendance is being monitored very closely; Probations are given to those who are violating the attendance policy of the school. Make-ups are required.

- 2. For Clinical Sessions:
 - a. *Problem:* With the original policy, students are given 30 minutes to arrive in the clinical sites before being sent home and marked absent.
 - b. *Action taken and rationale:* Now students must be at the clinical sites one minute before the time and will be sent home after 15 minutes. Three tardy marks constitute 1 day absence. In the same way, leaving the facility 15 minutes before the scheduled dismissal for three times constitute 1 day absence.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: attendance in the clinical sites are being monitored.

K. Grading and Remediation Policies

- 1. Grading system
 - a. *Problem:* In the original grading policy, a student with final grade less than 75 in any subject are allowed to take remedial examination even if the final grade was very low, e.g. less than 65.
 - b. *Action taken and rationale:* Now, the school will only allow students with final grades 70 to 74 to take remedial examination. Students with final grade less than 70 are not allowed to take remedial examination and are terminated from the program.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Remedial examination is given once students are failing the midterm exams and once the final grade falls between 70-74; no remediation if final grade is lower than 70.

2. Remediation

- a. *Problem:* In the original remediation policy, students can take remedial examinations after getting fail final grade in any subject. They can fail all subjects and still can take remediation exam, pass it, and continue into the program.
- b. *Action taken and rationale:* The school now only allows three remedial examinations for three fail final grades for three subjects. Students who get another (fourth) fail grade from another (fourth) subject will be terminated.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Only 3 remedial examinations for 3 subjects are allowed .

3. Competency exam after finishing each subject

- a. *Problem:* In the past, no competency exam is given after finishing one subject. The students are at risk of forgetting what they learned and the risk of inability to integrate what they just learned to their past competencies and knowledge.
- b. *Action taken and rationale:* Now the school has adopted the ATI program to help the students review and integrate the current competencies with what they already know. Students must pass the proctored competency evaluation exams from ATI every after finishing a course.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: competency exams for each major nursing subject are given to the students.

4. Exit examination

- a. *Problem:* With the first batch, there was no exit examination as a requirement for graduation. There were not objective criteria to determine the students' preparedness for the licensure examination.
- b. *Action taken and rationale:* Now, the school will adopt the ATI comprehensive predictor tests and other tests as a form of exit examinations. Students must pass the exit examinations as a requirement for graduation.
- c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
- d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: Students were informed that passing Two Exit exams are the final requirements for completion of the program.

5. NCLEX-PN® Review classes
 - a. *Problem:* The first batch was not required to attend review classes after the end of the program. Students were not coming back to school for the review classes.
 - b. *Action taken and rationale:* All students are required to attend review classes towards the end of the program. This is a requirement for graduation.
 - c. *Timeliness for expected results:* 1.5 to 2 years - when this incoming batch takes the NCLEX-PN®
 - d. *Effectiveness of corrective actions:* Evaluation to be done in 1.5 to 2 years

UPDATE: NCLEX-PN® Review classes will be conducted after completion of the program and it is mandatory for all students

L. Evaluations of Theory and Clinical Faculty

1. Communication and supervision
 - a. *Problems:* There was a failure on the part of the DON to communicate and closely supervise theory and clinical instructors. No regular monthly direction and evaluation meetings.
 - b. *Action taken and rationale:* Monthly direction meetings will be scheduled for communication and coordination.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: The DON conducts regular site visits and meets instructors for updates of schedules and clinical objectives

2. Evaluation of theory and clinical instructors
 - a. *Problems:* Evaluation of theory and clinical instructors was not done on a consistent basis.
 - b. *Action taken and rationale:* all theory and clinical instructors must be evaluated both by the DON and students every after completion of a theory course and clinical rotation. The DON must sit in classroom and visit clinical sites regularly. Results must be communicated to instructors on a one-on-one basis. Any actions taken must be followed and evaluated.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months
- UPDATE: instructors are being evaluated for their performances

M. Evaluations of Theory Presentations

1. *Problem:* Evaluation of theory materials and presentations was not done consistently.

2. *Action taken and rationale:* The DON will sit in classroom lectures and must evaluate the instructors conduct lecture. Students will also be asked to evaluate both the theory instructor and theory content. Results shall be evaluated by the DON and will become basis for any necessary curriculum revision.
3. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
4. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: Students are being utilized for evaluation of theory materials and presentations

N. Evaluations of Clinical Rotations and their correlation to Theory Presentations

1. Monthly direction meetings
 - a. *Problem:* No monthly direction meetings to determine correlations of clinical rotations with theory presentations
 - b. *Action taken and rationale:* Monthly direction meetings will be scheduled without fail. Clinical instructors will be instructed on clinical objectives that correlate to the theory objectives. Lessons plans must be submitted by clinical instructors.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: DON and instructors meet constantly for direction meetings

2. Evaluations of clinical rotations and their correlation to theory presentations
 - a. *Problem:* Irregular clinical site visits done by the DON
 - b. *Action taken and rationale:* The DON must conduct clinical site visits regular (at least twice a month) and observe how the clinical rotations are being conducted and determine their correlation to theory presentations. Students and instructors will be asked also to evaluate the clinical instructor and the clinical content as well as the facility.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: DON conducts site visits regularly

O. Evaluation of Student Achievement.

- Students' progress are evaluated based on their classroom and clinical performances.
1. Students' theory performances:
 - a. *Problem:* The past grading and remediation policies have two problems, namely:

- 1) There was no limit as to the number of times a student can fail courses or subjects and take remedial examinations. Many of the students in the first batch failed in several subjects and still in the program because they managed to pass the remedial examinations.
 - 2) There was no cut-off course final grade as to when they are not qualified to take remedial examinations. Some students have a course final grade in the 60's and still allowed to take remedial examinations.
- b. *Action taken and rationale:* The school now proposed that a student is only allowed to fail in three subjects and allowed to take only three remedial examinations. Also, the school proposed that remedial examinations are only given to students who got final grades between 70 and 74. Students who get a course final grade below 70 are terminated and not allowed remediation.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: students are being evaluated in their theory performances by theory instructor.

2. Students' clinical performances:
 - a. *Problem:* The Student's Clinical Performance Evaluation was not strictly implemented; the clinical instructors were not properly oriented and instructed as to how to grade students in their clinical performances.
 - b. *Action taken and rationale:* The Students will be strictly evaluated in their clinical performances using the SCPE tool. A student must get 186 points out of 248 (which is 75%) to be able to pass the clinical rotation.
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months
3. The Student Clinical Performance Evaluation tool
 - a. *Problem:* The minimum points required to pass the clinical rotation was 124 out of 186 (67%), which was very low.
 - b. *Action taken and rationale:* Now the scoring system was modified and the minimum score to pass the clinical rotation is 186 out of 248 (75%).
 - c. *Timeliness for expected results:* 6 months after start of incoming class and implementation.
 - d. *Effectiveness of corrective actions:* Evaluation to be done every 6 months

UPDATE: Students are being evaluated by clinical instructors