

## Agenda Item #11.B.6



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

**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
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DATE: October 23, 2012

TO: Board Members

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

SUBJECT: Valley College of Medical Careers Vocational Nursing Program –  
Consideration of Request to Admit Students (Director: Tricia Devin, West Hills, Los Angeles, Private)

On **November 10, 2011**, the Board placed Valley College of Medical Careers Vocational Nursing Program on provisional approval<sup>1</sup> for the two-year period from November 10, 2011, through November 30, 2013. That action was taken due to the program's noncompliance with Section 2530 (l) of the Vocational Nursing Rules and Regulations, which states:

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

The program was directed to admit no additional students unless approved by the full Board. Additionally, the program was required to bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate. The Board specified that the program shall demonstrate incremental progress in correcting the violation. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval.

The program requests Board approval to admit a class of 20 full-time day students on November 12, 2012, graduating on February 1, 2014, to **replace** the day class that graduated August 6, 2012. The program additionally requests approval to admit 20 full-time evening students on November 12, 2012, graduating February 1, 2012.

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

## History of Prior Board Actions

(See Attachment A, History of Board Action, July 2, 2008, through September 6, 2012.)

## Enrollment

Each class admission to the 60-week, full-time program must have prior Board approval. The pattern of admissions for current classes is seen in the enrollment table below.

The following table represents **current and proposed** student enrollment based on the current and proposed class start dates. The table indicates a **maximum enrollment of 111 students** for the period **July 2008 through September 2013**.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
7/08 (FT) AM		33	24	<b>24</b>
5/09 (FT - AM)		30	24	24 + 24 = <b>48</b>
5/09 (FT - PM)		30	26	48 + 26 = <b>74</b>
2/10 (FT- AM)		30	22	74 + 22 = <b>96</b>
7/10 (FT-AM)		17	15	96 + 15 = <b>111</b>
	10/09 (7/08 FT - AM Class)		-24	111 - 24 = <b>87</b>
	8/10 (5/09 FT - AM Class)		-24	87 - 24 = <b>63</b>
	8/10 (5/09 FT - PM Class)		-26	63 - 26 = <b>37</b>
8/10 (FT - PM)		30	23	37 + 23 = <b>60</b>
8/10 FT - AM		22	16	60 + 16 = <b>76</b>
	4/11 (2/10 FT-AM Class)		-22	76 - 22 = <b>54</b>
4/11 (FT - AM)		20	17	54 + 17 = <b>71</b>
	11/11 (7/10 FT Class)		-15	71 - 15 = <b>56</b>
	11/11 (8/10 FT-AM Class)		-16	56 - 16 = <b>40</b>
	11/11 (8/10 FT-PM Class)		-23	40 - 23 = <b>17</b>
11/11 (FT - PM)		15	12	17 + 12 = <b>29</b>

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Completed			
6/12 (FT - AM)		9	9	29 + 9 = 38
	8/12 (4/11 FT-AM Class)		-17	38 - 17 = 21
11/12 (FT - AM) <b>Proposed</b>	2/14	20		21 + 20 = 41
11/12 (FT - PM) <b>Proposed</b>	2/14	20		41 + 20 = 61
	3/13 (11/11 FT- PM Class)		-12	61 - 12 = 49
	9/13 (6/12 FT AM Class)		-9	19 - 9 = 40

### Licensing Examination Statistics

The following statistics, furnished by 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 2009 through July 2012, specify the pass percentage rates for graduates of Valley College of Medical Careers Vocational Nursing Program on the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN®), and the variance of the program's pass rates from state average annual pass rates for the past 12 quarters.

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 2009	2	1	50%	76%	50%	73%	-23
Jan - Mar 2010	13	6	46%	76%	47%	74%	-27
Apr - June 2010	7	4	57%	74%	50%	75%	-25
Jul - Sep 2010	2	0	0%	76%	46%	75%	-29
Oct - Dec 2010	15	10	67%	77%	54%	76%	-22
Jan - Mar 2011	15	9	60%	80%	59%	77%	-18
Apr - Jun 2011	8	6	75%	71%	63%	76%	-13
Jul - Sep 2011	7	3	43%	74%	62%	76%	-14
Oct - Dec 2011	6	1	17%	74%	53%	75%	-22
Jan - Mar 2012	10	4	40%	77%	45%	74%	-29

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
Apr – Jun 2012	15	6	40%	72%	37%	74%	-37
Jul – Sep 2012	11	2	18%	74%	31%	74%	-43

\*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 the period **October 2009 through September 2012**.

Based on the most recent data available (July – September 2012), the program's average annual pass rate is **31%**. The California average annual pass rate for graduates from accredited vocational nursing programs who took the NCLEX-PN® for the first time during the same period is 74%. The pass rate for the Valley College of Medical Careers Vocational Nursing Program is **43** 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 26, including the director. The director has 90% administrative and 10% teaching duties. Of the total faculty, 23 instructors and director are approved to teach clinical.

Based on a maximum enrollment of 111 students, eight (8) instructors are needed. Therefore, the number of current faculty is adequate for the current and proposed enrollment.

### Other Considerations

As noted previously, on **November 10, 2011**, the Board placed Valley College of Medical Careers on provisional approval for the two-year period from November 10, 2011, through November 30, 2013, (see Attachment B) due to noncompliance with regulatory requirements relative to program pass rates. Specifically, the program's average annual pass rates had been more than ten (10) percentage points below State average annual pass rates for eight (8) consecutive quarters. **At that time, the program's average annual pass rate was 62%.**

The Board **denied** the program's request to admit **30** full-time, evening students on November 14, 2011 and **approved** the program's admission of **15** full-time, evening, students on November 14, 2011, graduating on February 24, 2013, only, to **replace** a class that graduated November 18, 2011. Additionally, the Board **denied** the program's request to admit **30** students to the full-time day class on January 16, 2012, graduating April 21, 2013 to **replace** students that graduated November 4, 2011, at this time.

The program was directed to admit no additional students unless approved by the full Board. The Board directed that the program bring its licensure pass rates to no more than ten (10) percentage points below the state average annual pass rate. The program was required to demonstrate incremental progress in correcting its violations.

On November 22, 2011, the Board forwarded to the director the Notice of Change in Accreditation Status. On December 7, 2011, the Board received the program's signed Acknowledgement of Change in Accreditation Status. The document was signed by the program director on December 5, 2011.

On **February 24, 2012**, the Board **denied** the program's request to admit a class of 30 full-time students into an evening class on March 5, 2012, graduating on June 8, 2013, to **replace** a class that graduated November 18, 2011; **and** required the program to submit the revised instructional plan by **February 29, 2012**; **and** required the program to perform and submit a written analysis and report to address the program's rate of attrition by **February 29, 2012**. The report shall include the program's plans to decrease its rate of attrition and increase the number of graduates taking the licensure examination (see Attachment C).

On February 29, 2012, the program submitted a revised instructional plan and plan to decrease attrition rates as required. Included in the plan was a telephone campaign to contact former graduates and offer them free of charge to come in and take the NCLEX review class, HESI predictor exams and ATI NCLEX test.

On April 12, 2012, the Board received correspondence from the program director specifying its actions taken to correct identified problems. Included in the program's documents were the following elements:

#### **Plan to Increase Pass Rates**

- Continue to incorporate all previously submitted interventions.
- Add HESI predictor examinations, **pending** review by administration.
- Add a voluntary three (3) day intensive NCLEX review for students who are within three (3) days of taking the scheduled licensure examination.
- Replaced two (2) textbooks with preferred editions.
- Initialized a consulting relationship with Summit Career College. Based on this relationship with Summit the following policies have been revised.
  - a. Created a student academic contract identifying the student's responsibilities and the school's expectations.

- b. Creation of a "Learning Academy". The Learning Academy will identify each student's progress and initiate interventions to assist the student to achieve their goal.
- c. Plan to hire an NCLEX coordinator. This person would provide NCLEX review sessions, learning academies, tutorial programs, and ensure that all application paperwork is processed quickly.

### **Plan to Decrease Rate of Attrition**

- Increased admission testing scores in an attempt to increase student success in the program.
- Implemented immediate tutoring when a student receives a low test score.

On **May 11, 2012**, the Board approved the Valley College of Medical Career's request to admit a class of 15 full-time, day students on May 14, 2012, graduating on September 30, 2013, to **replace** a class that graduated November 6, 2011; **and**, denied the program's request to admit a class of 15 full-time, evening, students on July 9, 2012, graduating on December 16, 2013, to **replace** the day class that graduated November 27, 2011; **and**, continued the program's requirement to obtain approval by the full Board prior to the admission of additional classes (see Attachment D).

### **On May 22, 2012, the Board approved a new director.**

On July 19, 2012, Board staff, SNEC and NEC, met with the program's new director, Tricia Devin, and Marian Reyes, instructor, at the Boards offices. The focus of the meeting was the program's request for placement on the September Board agenda. The SNEC verified that the program is being placed on the September Board agenda. During the visit, program representatives confirmed that the new director had not completed the Board's New Director Orientation. The SNEC strongly recommended that the director complete the new director orientation as soon as possible. Additionally, Board representatives recommended the director complete a program analysis and submit a report identifying problems and her plan to correct them and copies of faculty meetings held by the director. Further, the director was reminded that Corrective Action #3 specified in the Notice of Change in Approval Status required the program's submission of a detailed follow – up report by August 1, 2012.

On July 26, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.

On July 31, 2012, the Board received 2 large binders of program information relevant to the July 19, 2012. Included in the Binders were the following:

- Faculty meeting notes
- Verification of completion of the New Director Orientation.
- Enrollment table
- Procedures check list for students and faculty.
- Copy of the 2010/2011 Annual Report.

- Faculty and Facilities lists, faculty/clinical assignment form.
  - Summary of hours and content worksheet forms.
  - New student orientation presentation.
  - Program's Philosophy, faculty and facility blank forms.
  - Evaluation forms.
  - Lesson plans
  - List of Issues and concerns (received as a supplemental attachment on 8/1/12).
1. Students need more time allocated for theory.
  2. ATI orientation needs to be in more detail and additional time for practice sessions. Additionally, a non-faculty member proctor was added.
  3. A review of the strengths and weaknesses of the program needed.
  4. Program Philosophy needed "to be broken down into Environmental and Educational philosophy for a better understanding of the future of the college."
  5. New examinations and quizzes are recommended.
  6. Added a clinical director who assists with placement of students and creates the schedule for clinical rotations.
  7. Ensured that Maslow's Hierarchy of needs is implemented in each level of the program.
  8. Integrate the nursing process and body systems into the conceptual framework.
  9. Admission criteria – created a level of communication for administration and informed faculty of the procedure.
  10. Reviewing the college, faculty and student handbooks.
  11. Updating policies and procedures for consistency throughout the college.
  12. Student orientation - update to offer a more stimulating and comfortable orientation. Focus on success in the program and in their personal lives.
  13. Review and revise the curriculum.

On August 6, 2012, the Board received correspondence from the program director relative to program actions taken to correct identified problems. Included in the program's documents were the following elements:

- Same information as listed above under Issues and Concerns.
- Student and Instructor roles
- Bloom's Taxonomy
- Program Philosophy, Vision, Mission Statement, Conceptual Framework
- Terminal Objectives
- Lesson Plan for Increasing Your Success for the Future
- Admission Criteria
- Course Content
- Proposed curriculum revision to include ATI testing and NCLEX review
- Revised the Attendance Policy to require 98% attendance per level
- Revised Remediation Policy-Students falling below 86% at any time will be placed on Probation.
- Evaluation Policy (faculty, clinical sites and students) Forms included in packet.
- Initiated mandatory faculty meetings-monthly.
- Textbook committee reviewed and updated textbooks.

- ATI format within the program.
- Revised Graduation requirements. Students must pass all four (4) levels with a minimum of 86%.
- Level one (1) Syllabus.

On **September 6, 2012**, the Board **denied** the program's request to admit a class of 20 full-time, day students on September 24, 2012, graduating on December 30, 2013, to **replace** a class that graduated August 13, 2012; **and, denied** the program's request to admit a class of 20 full-time, evening, students on September 24, 2012, graduating on December 17, 2013; **and**, required the program to continue to obtain approval by the full Board prior to the admission of additional classes (see Attachment E).

Since the first class began July 7, 2008, the program has enrolled a total of 236 students. Of the total enrolled, 167 students have graduated. Twenty – one (21) students are currently enrolled in classes. As such, 77.67% of the total students enrolled completed the program; 9.76% remain enrolled; and 22.32% of the enrolled population did not complete the program.

Published performance statistics for the most recent reporting period (July – September 2012) substantiate a substantial decline in the program's pass rates since placement on provisional approval. At that time, the program's **quarterly** pass rate was **43%**; its **average annual pass rate** was **62%**. **Since that time, the quarterly pass rates have varied between 17% and 40%. The program's average annual pass rates have declined markedly. For the most recent reporting period (April – June 2012), the program's average annual pass rate is 37%, 37 percentage points below the state average annual licensure pass rate.**

Based on these statistics, the program has failed to demonstrate incremental progress in correcting its noncompliance with regulatory requirements relative to program pass rates.

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 F).

On September 24, 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 G). The director reported completion of a Strengths, Weakness, Opportunities, Threats (SWOT) analysis of the program in April and May 2012. The results of this analysis are listed below:

- **Admission, Screening and Selection Criteria** was strengthened by having potential students:
  - a. Interviewed by Admission Director; and,
  - b. Write a one (1) to two (2) page essay; and,
  - c. Take the Teas entrance test; and,

- d. Interviewed by an admission committee and each potential student are scored utilizing a rubric.
- **Terminal and curriculum objectives** were reviewed and found to lack required specificity and failed to integrate theory to clinical. All objectives were revised to address this issue.
  - **Instructional Plan** was restructured to demonstrate integration of theory and clinical.
  - A mandatory six (6) hour day of ATI testing was added. Additionally, an optional, weekly Saturday, NCLEX review was added.
  - **Lesson Plans**- Faculty were educated on the use of daily lesson plans, power point presentations and clinical practicums, use of resources such as alternative forms of teaching, etc.
  - **Textbook.** Committee developed to review textbooks.
  - **Attendance.** Stricter attendance policy established. Theory and Clinical absences must be made up. Clinical absences are made up in clinical.
  - **Evaluations.** The Students evaluate their teachers subsequent to completion of each term. The clinical director evaluates clinical faculty every six (6) months. The Director evaluates the clinical director every six (6) months.
  - **Remediation and Probation.** Any time a student's scores fall below 86%, the student is placed on Probation. The student is given 30 days to bring the scores to the required minimum of 86% or the Probation remains enforce until the end of the program. Students on Probation must attend remediation within one (1) week of being placed on Probation. Students are not allowed to retake an exam. Instead they "will be remediated in the areas of weakness". Mock exams are available for student use and are used "for review only".

**Recommendation:**

1. Deny the Valley College of Medical Career's request to admit a class of 20 full-time, day students on November 12, 2012, graduating on February 1, 2014 to **replace** a class that graduated August 13, 2012.
2. Deny the program's request to admit a class of 20 full-time, evening, students on November 12, 2012, graduating on February 1, 2014.
3. Continue to obtain approval by the full Board prior to the admission of additional classes.

**Rationale:** Since the first class began July 7, 2008, the program has enrolled a total of 236 students. Of the total enrolled, 167 students have graduated. Twenty-

one students currently remain in classes. Seventeen (17) students, graduated August 15, 2012. Licensure data for these graduates will not be available, minimally until February 2013.

The program's performance statistics **do not** support approval of the requested two (2) classes of 20 students each. The program's licensure pass rates have been **13 to 43** percentage points **below** the state average annual pass rate since licensure data has been available for the program. At the time of placement on provisional approval on November 10, 2011, the program's **quarterly** pass rate was **43%** and the average **annual** pass rate was **62%**. Currently, the program's **quarterly** pass rate is **18%** and the average **annual** pass rate is **31%**. As such, the program's **quarterly** pass rate has **decreased by 25 percentage points** and its average **annual** pass rate **decreased 31 percentage points**.

On November 10, 2011, the Board required the program to perform a comprehensive analysis; this report was received by the Board on September 24, 2012, seven (7) weeks late. The director would be advised to focus on currently enrolled students and implementing the plan to correct identified program deficiencies. Board staff will continue to monitor the program's implemented interventions and licensure pass rates.

- Attachment A: History of Prior Program Actions
- Attachment B: Notice of Change in Approval Status Dated November 22, 2011.
- Attachment C: Board Correspondence Dated March 12, 2012.
- Attachment D: Board Correspondence Dated June 12, 2012
- Attachment E: Board Correspondence Dated September 19, 2012
- Attachment F: Board Correspondence Dated August 17, 2012.
- Attachment G: Program Correspondence Dated September 24, 2012.

## Agenda Item #11.B.6.Attachment A

### Valley College of Medical Careers Vocational Nursing Program

#### History of Prior Board Actions

- On July 2, 2008, the Executive Officer approved Valley College of Medical Careers' request to begin a vocational nursing program with an initial class of 30 students on July 7, 2008, only; **and** approved the program curriculum for 1,560 hours, including 580 theory, and 980 clinical hours.
- On May 5, 2009, the Executive Officer approved initial full accreditation for the Valley College of Medical Careers Vocational Nursing Program, West Hills, for the period May 5, 2009 through May 4, 2013, and directed staff to issue a certificate accordingly. Further information was requested relative to the program's request to admit additional students.
- On May 6, 2009, the Supervising Nursing Education Consultant and the assigned Nursing Education Consultant met with the Director of Education and Compliance to discuss the status of the program's requests. Based on the meeting, the program representative, in accord with the program director, amended the previous requests to include:
  1. Admission of a day class of 30 students commencing May 8, 2009, with a graduation date of July 27, 2010;
  2. Admission of an evening class of 30 students to begin May 8, 2009, with a graduation date of July 27, 2010; and
  3. Deferral of the request for ongoing admissions to a later date.
- On November 4, 2009, the Executive Officer approved Valley College of Medical Careers Vocational Nursing Program's request to admit a full-time class of 30 students to commence January 11, 2010 only, graduating March 31, 2011, to **replace** students who graduated October 6, 2009. The program's request for **ongoing admissions** of a class of 30 students every fifteen (15) weeks commencing May 2010, was **denied** at this time.
- On June 9, 2010, the Director and Campus Director appeared at Board headquarters requesting an immediate and unscheduled meeting to discuss program concerns relative to the Executive Officer's decision denying ongoing admissions.

The assigned consultant reviewed the following documents and information with program representatives.

- a. Board decisions and rationale for each decision from July 2, 2008 through November 4, 2009.

- b. Program Pass Rates.
- c. Current Program Request and Attachments.
- d. Clinical Resources.

- On June 25, 2010, the director notified the Board that commencement of the January 11, 2010 class was delayed to February 1, 2010.
- On July 20, 2010, the program was cited for two (2) violations, Sections 2882 of the Business and Professions Code and Section 2534 of the Vocational Nursing Rules and Regulations. Both violations were corrected.

Additionally, the Executive Officer approved Valley College of Medical Careers Vocational Nursing Program's request to admit 30 students into a full-time day class to commence July 26, 2010 only, graduating December 2, 2011; and, approved the program's request to admit 30 students into an evening class to commence August 23, 2010 only, to **replace** students scheduled to graduate August 18, 2011. Additionally, the program was required to obtain Board approval prior to the admission of all classes.

- On February 11, 2011, the Executive Officer **denied** Valley College of Medical Careers Vocational Nursing Program's request to admit 30 students into a full-time, day class to commence January 24, 2011 only, graduating April 20, 2012, and; required the program to submit a report by **March 31, 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. Remediation Policy.
- l. Evaluations of Theory and Clinical Faculty.
- m. Evaluations of Theory Presentations.
- n. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
- o. Evaluation of Student Achievement.

Additionally, the program was required to obtain Board approval prior to the admission of all classes.

- On February 28, 2011, the program submitted a written report regarding the requested comprehensive analysis.

- On April 21, 2011, the Executive Officer **denied** Valley College of Medical Careers Vocational Nursing Program's request to admit 30 students into a day class commencing April 25, 2011 and graduating August 5, 2012, to **replace** students that graduated on August 19, 2010; **and**, approved the program's admission of 20 students into the day class commencing April 25, 2011, only, graduating August 5, 2012, to **replace** students that graduated on August 19, 2010; **and**, required the program to perform an in-depth analysis of the instructional plan, textbooks, correlation of theory content to clinical application and submit a written report of findings by May 30, 2011.

The EO directed placement of the program on the November 2011 Board agenda, if the licensure pass rates do not improve by at least ten (10) percentage points (69%) by August 15, 2011; **and** required the program to continue obtaining Board approval prior to the admission of all classes.

- On May 28, 2011, the Board received the program's in-depth analysis. The assigned consultant notified the director that the analysis was incomplete as submitted.
- On August 3, 2011, the Board received a revised analysis from the assistant director. The assistant director was advised the analysis remained incomplete and was requested to have the director call the NEC.
- On August 8, 2011, the director telephoned the NEC. The director indicated she had **not** been involved in the revision of the plan submitted on August 3, 2011. The NEC advised the director she needed to be involved in the in-depth analysis of her program. Additionally, the NEC reviewed content areas the director should address in the report. A new due date of **August 26, 2011** was issued.
- On August 25, 2011, the Executive Officer **denied** Valley College of Medical Careers Vocational Nursing Program's request for approval to admit 30 students into a day class commencing September 12, 2011 and graduating August 19, 2012, to **replace** students that graduated on August 15, 2010; **and**, required the program to submit a written plan detailing the following by **September 16, 2011**:
  - a. Steps the program will take to encourage the 39 former graduates to take the licensure examination.
  - b. Steps the program will take to prevent a reoccurrence of graduates not taking the licensure examination in a timely fashion.

Additionally, the EO required the program to obtain Board approval prior to the admission of all classes; **and**, directed placement of the program on the November 10, 2011 Board agenda for consideration of placement on provisional accreditation.

- 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 Valley College of Medical Careers Vocational Nursing Program on provisional accreditation for the two-year period from November 10,

2011, through November 30, 2013, and issued a notice to the program to identify specific areas of noncompliance and requirements for correction as referenced in Section 2526.1 (e) of the California Code of Regulations; **and**, denied Valley College of Medical Careers Vocational Nursing Program's request approval to admit a class of 30 full-time, evening students on November 14, 2011 and approved the program's admission of a class of 15 full-time, evening, students on November 14, 2011, graduating on February 24, 2013, only, to **replace** a class that graduated November 18, 2011; **and**, denied the program's request to admit a class of 30 students to the full-time day class on January 16, 2012, graduating April 21, 2013 to **replace** students that graduated November 4, 2011, at this time; **and**, required the program to admit no additional students unless approved by the full Board.

The program was required to bring its average annual pass rate to no more than ten (10) percentage points below the State average annual pass rate; **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.

The program was required to comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526. The program was required to demonstrate incremental progress in correcting the violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's accreditation.

The Board directed that the failure of the program to take any of these corrective actions may cause the full Board to revoke the program's accreditation. The Board placed the program on the **November 2013** Board agenda for reconsideration of provisional accreditation.

- On November 22, 2011, the Board forwarded to the director the Notice of Change in Accreditation Status.
- On December 7, 2011, the Board received the program's signed Acknowledgement of Change in Accreditation Status. The document was signed by the program director on December 5, 2011.
- On January 19, 2012, the assigned consultant forwarded correspondence requesting submission of fifteen (15) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.
- On January 24, 2012, the Board received the program's in-depth program analysis to support its request to admit students.
- On February 24, 2012, the Board **denied** the program's request to admit a class of 30 full-time evening students on March 5, 2012, graduating on June 8, 2013, to **replace** a class that graduated November 18, 2011; **and**, required the program to perform and submit a written analysis and report to address the program's rate of attrition by **February 29, 2012**. The report shall include the program's plans to decrease its rate of attrition and increase the number of graduates taking the licensure examination. The Board also required the program to submit a revised instructional plan **by February 29, 2012**.
- On February 29, 2012, the Board received the program's revised curriculum and plan to decrease attrition rates.
- On April 4, 2012 the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.
- On April 12, 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 May 22, 2012, the Board approved a new director.**
- On May 24, 2012, the Board approved the Valley College of Medical Career's request to admit a class of 15 full-time, day students on May 14, 2012, graduating on September 30, 2013, to **replace** a class that graduated November 6, 2011; **and**, denied the program's request to admit a class of 15 full-time, evening, students on July 9, 2012, graduating on December 16, 2013, to **replace** the day class that graduated November 27, 2011; **and**, continue to obtain approval by the full Board prior to the admission of additional classes.
- On July 19, 2012, Board staff, SNEC and NEC, met with Tricia Devin, program director and Marian Reyes, instructor, at the Boards offices. The focus of the meeting was to request the program be placed on the September Board agenda. The SNEC verified that the program is being placed on the September Board agenda. During the visit, it was identified that the new director had not completed the new director orientation. The SNEC advised her to complete the new director orientation as soon as possible. Additionally, the director

is to send the NEC a list of problems she identified at the school and her plan to correct them, copy of faculty meetings held by the director.

- On July 26, 2012 the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.
- On July 31, 2012, the Board received 2 large binders of program information relevant to the July 19, 2012 visit above.
- On August 6, 2012, the Board received correspondence from the program director and eighteen (18) CD's and one (1) paper copy of pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.
- On September 6, 2012, the Board denied the Valley College of Medical Career's request to admit a class of 20 full-time, day students on September 24, 2012, graduating on December 30, 2013, to **replace** a class that graduated August 13, 2012; **and**, denied the program's request to admit a class of 20 full-time, evening, students on September 24, 2012, graduating on December 17, 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.
- On September 24, 2012, the program submitted the required comprehensive analysis per terms of Provisional Approval on November 10, 2011; **and**, pertinent documents and subsequent actions taken to correct identified problems that they desire the Board members to consider.

# Agenda Item #11.B.6.Attachment B



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](http://www.bvnpt.ca.gov)



## **CERTIFIED MAIL**

November 22, 2011

Ranbir Sadeora  
Director, Vocational Nursing Program  
Valley College of Medical Careers  
8399 Topanga Canyon Boulevard, Suite 200  
West Hills, CA 91304

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

Dear Ms. Sadeora :

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on November 10, 2011, the provisional accreditation status of the Valley College of Medical Careers 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(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 Valley College of Medical Careers Vocational Nursing Program for the past eight (8) 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 2009	73%	50%	-23
Jan – Mar 2010	74%	47%	-27
Apr – Jun 2010	75%	50%	-25
Jul – Sep 2010	75%	46%	-29
Oct – Dec 2010	76%	54%	-22
Jan – Mar 2011	77%	59%	-18
Apr – Jun 2011	76%	63%	-13
Jul – Sep 2011	76%	62%	-14

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 Valley College of Medical Careers, 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](http://www.bvnpt.ca.gov).

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

Sincerely,

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

Enclosures

cc: Board Members

TBJ:cca

# Agenda Item #11.B.6.Attachment C



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

**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
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## CERTIFIED

March 12, 2012

Ranbir Sedeora  
Vocational Nursing Program Director  
Valley College of Medical Careers  
8399 Topanga Canyon Boulevard, Suite 200  
West Hills, CA 91304

### Re: Board Meeting Follow-up

Dear Ms. Sedeora:

The Board of Vocational Nursing and Psychiatric Technicians Executive Officer considered the consultant's report relative to **Valley College of Medical Careers Vocational Nursing Program**. The following decisions were rendered on February 24, 2012 for your program:

1. Require Valley College of Medical Careers Vocational Nursing Program to submit the revised instructional plan **by February 29, 2012**.
2. Deny the program's request to admit a class of 30 full-time, evening, students on March 5, 2012, graduating on June 8, 2013, to **replace** a class that graduated November 18, 2011.
3. Require the program to perform and submit a written analysis and report to address the program's rate of attrition by February 29, 2012. The report shall include the program's plans to decrease its rate of attrition and increase the number of graduates taking the licensure examination.

**Rationale:** Since the first class began July 7, 2008, the program has enrolled a total of 206 students. Of the total enrolled, 139 students have graduated. Thirty – three (33) students currently remain in classes. The **addition of the proposed 30 students** would give the program a total of **63** students.

Of the 139 total graduates, **75** have taken the licensure examination; **64 graduates have not taken the licensure examination**. Thirty-eight (38) of the enrolled students graduated November 6, and 27, 2011. As such, these students have not taken the licensure examination. It is expected that they will be testing, during Quarter 1 of 2012. At the earliest, licensure data for these two (2) classes would be expected during Quarter 2 of 2012.

At the time of placement on provisional accreditation, the program's **quarterly** pass rate was **43%** and the average **annual** pass rate was **62%**. Currently, the program's **quarterly** pass rate is **17%** and the average **annual** pass rate is **53%**. As such, the program's **quarterly**

pass rate **decreased 26 percentage points** and its average **annual** pass rate **decreased 22 percentage points**.

The program's performance statistics and rates of attrition **do not** support approval of the requested 30 students. It must also be noted that the program has not completed the revision of its curriculum. Denying the admission of a class of 30 students will allow time for the program to fully complete revision of the instructional plan, implement and evaluate their plan to improve the program's licensure pass rates, evaluate student progress, and implement effective remediation where indicated.

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, reviewing Annual Reports submitted by the program, and performing accreditation surveys every four (4) years.

If you have any questions, please do not hesitate to contact me.

Sincerely,

*Pam Hinchley, R.N., M.S.N.*

**PAM HINCKLEY, R.N.,M.S.N.**  
Nursing Education Consultant

# Agenda Item #11.B.6.Attachment D



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

**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
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## CERTIFIED MAIL

June 12, 2012

Tricia Devin, Ph.D., R.N.  
Director, Vocational Nursing Program  
Valley College of Medical Careers  
8399 Topanga Canyon Boulevard, Suite 200  
West Hills, CA 91304

### Re: Board Meeting Follow-up

Dear Ms. Devin:

On May 11, 2012, the Board of Vocational Nursing and Psychiatric Technicians (Board) considered the consultant's report relative to the **Valley College of Medical Careers Vocational Nursing Program – Consideration of Request to Admit Students**. The following decisions were rendered for your program:

1. Approve the Valley College of Medical Career's request to admit a class of 15 full-time, day students on May 14, 2012, graduating on September 30, 2013, to **replace** a class that graduated November 6, 2011.
2. Deny the program's request to admit a class of 15 full-time, evening, students on July 9, 2012, graduating on December 16, 2013, to **replace** the evening class that graduated November 27, 2011.
3. Continue to obtain approval by the full Board prior to the admission of additional classes.

**Rationale:** Since the first class began July 7, 2008, the program has enrolled a total of 205 students. Of the total enrolled, 139 students have graduated. Thirty – two (32) students currently remain in classes. Seventeen (17) of the 32 students, are scheduled to graduate August 15, 2012 and the remaining 16 students are scheduled to graduate March 17, 2013. The **addition of the proposed two (2) classes, with 15 students per class**, would give the program a total of **62** students.

At the time of placement on provisional approval, the program's **quarterly** pass rate was **43%** and the average **annual** pass rate was **62%**. Currently, the program's **quarterly** pass rate is **40%** and the average **annual** pass rate is **45%**. As such, the program's **quarterly** pass rate has **decreased three (3) percentage points** and its average

**annual pass rate decreased 17 percentage points since placement on provisional approval.**

The program's performance statistics **do not** support approval of the requested two (2) classes of 15 students each. Approval of one (1) class of 15 students will give the program the opportunity to implement their recently revised curriculum, apply measures identified to increase pass rates, and carefully track student's performance.

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.

If you have any questions, please do not hesitate to contact me.

Sincerely,



**PAM HINCKLEY, R.N., M.S.N.**  
Nursing Education Consultant

# Agenda Item #11.B.6.Attachment E



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  
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## CERTIFIED MAIL

September 19, 2012

Patricia Devin, Ed.D., M.S., R.N.  
Director, Vocational Nursing Program  
Valley College of Medical Careers  
8399 Topanga Canyon Boulevard, Suite 200  
West Hills, CA 91304

**Subject: Board Meeting Follow – Up**

Dear Ms. Devin:

The Board of Vocational Nursing and Psychiatric Technicians (Board) considered the consultant's report relative to **Valley College of Medical Careers Vocational Nursing Program – Consideration of Request to Admit Students**, at its September 6, 2012 meeting.

The following decisions were rendered by the Board.

### Recommendation:

1. Deny the Valley College of Medical Careers Vocational Nursing Program's request to admit a class of 20 full-time, day students on September 24, 2012, graduating on December 30, 2013, to **replace** a class that graduated August 13, 2012.
2. Deny the program's request to admit a class of 20 full-time, evening, students on September 24, 2012, graduating on December 17, 2013.
3. Continue to obtain approval by the full Board prior to the admission of additional classes.

**Rationale:** Since the first class began July 7, 2008, the program has enrolled a total of 236 students. Of the total enrolled, 152 students have graduated. Fifteen (15) students currently remain in classes. Seventeen (17) students, graduated August 15, 2012. Licensure data for these graduates will not be available, minimally until February 2012.

At the time of placement on provisional approval on November 10, 2011, the program's **quarterly** pass rate was **43%** and the average **annual** pass rate was **62%**. Currently, the program's **quarterly** pass

rate is **40%** and the average **annual** pass rate is **37%**. As such, the program's **quarterly** pass rate remains the same and its average **annual** pass rate **decreased 25 percentage points**.

The program's performance statistics **do not** support approval of the requested two (2) classes of 20 students each. The Board approved a new program director on May 22, 2012. The program director is in the process of reviewing all areas of the program and revising the curriculum. Denying the request for additional students will allow the director time to focus on developing the curriculum, implementing reported interventions to enhance student achievement, evaluate the effectiveness of the interventions, identify and implement necessary modifications, and monitor their effectiveness. Board staff will continue to monitor the program's implemented interventions and licensure pass rates.

Please contact the Board should further clarification be needed.

Sincerely,



**CHERYL C. ANDERSON, M.S., R.N.**  
Supervising Nursing Education Consultant

# Agenda Item #11.B.6.Attachment F



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

**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
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## **CERTIFIED MAIL**

August 17, 2012

Tricia Devin, Director  
Valley College of Medical Careers  
Vocational Nursing Program  
8399 Topanga Blvd., Suite 200  
West Hills, CA 91304

### **Re: Reconsideration of Provisional Approval and Request to Admit Students**

Dear Ms. Devin:

The Board is scheduled to consider **Valley College of Medical Careers, Vocational Nursing Program's** relative to Reconsideration of Provisional Approval and 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, P.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](mailto:Pam_hinckley@dca.ca.gov)

# VCMC



## VALLEY COLLEGE OF MEDICAL CAREERS

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September 13<sup>th</sup>, 2012

Hello Ms. Hinckley and Board Members.

I appreciate the time and the consideration that you have extended to Valley College of Medical Careers.

I would like to present a complete analysis, not in length but in content, pertaining to all of the significant changes for the VCMC Vocational Nursing Program. The concentration of the information will include the specific actions taken to improve program pass rates, timeline for implementation and effect of employed interventions.

In August 2012 your office requested a comprehensive analysis of the program. This analysis was to cover each of the major concerns and enlarge on the specific actions that were taken to improve the program pass rates, time lines for implementation and the effect of employed interventions.

On September 20<sup>th</sup>, 2012 eighteen binders and eighteen CDs were sent Federal Express to your office and then were forwarded to the board. These binders and CDs contained all information, including the daily and monthly changes that were made.

The board meeting was held on September 5<sup>th</sup>, 2012. At this meeting Ms. Hinckley requested that I mail the binders which I have brought to the meeting.

### **CONCERNS AND ACTIVITIES:**

A complete SWOT analysis was done by Valley College of Medical Careers in April and May. All the findings and corrections of the report were included in each of the sections in the sixteen binders. There were also concerns regarding the pass rates of the students.

Many individuals working within the different departments think of Admissions as the end all and be all of the pass rates. This was a major concern. The expectations placed on the Admission Department were too low. Some of the supportive measures within the College assumed that The Admissions Department would make the ultimate selection of only students who have met the criteria for the program. This is not true. It was a gathering that was needed to cultivate students who would be successful in the programs. The evaluation for each of the students needed to be objective, without bias. In setting up individual and objective criteria this goal was met by the end of June 2012.

The Admission Department is just one part of the integration that is needed to continue the process of student success.

In the following paragraphs, the flow and transition of the steps taken by Valley College are very clear. The analysis was conducted in all the departments providing a great deal of insight into the contributing factors of student success.

**ACTION:**

1. Issues of Concern
2. Performance of the Changes.
3. Outcome of the Changes

All current and updated materials have been added to the Catalog, Student Handbook, Faculty Handbook and Policies and Procedures of the VCMC. All areas of improvement have been put through the appropriate committees for approval.

## ADMISSION CRITERIA

### CONCERNS AND ACTIONS:

When the DON was hired April 2012, the DON and Admissions Department completed a SWOT analysis of the Vocational Nursing Department. The processes used by the College included all elements of interviews, documentations and meetings. These were completed according to the mandated board regulations. The recommendations stated that stronger measures needed to be taken regarding student entry into the program.

### ACTION:

The Admission Department has developed an Admission Committee with set rules for all student admissions. The Admission Committee divided the VN admission criteria into three distinct segments. Each segment is explained to the student before the process begins. This was completed by the end of June 2012.

### FIRST SEGMENT: INTERVIEW

The student completes the career questionnaire, is interviewed by the Director of Admission, completes the application form, the SLE, and provides copies of the ID, SS and diploma. All documentations are reviewed before the next section. The applicant is then given the practice test for the TEAS. He/She is provided a short tutorial regarding the TEAS and how to understand the requirements. The student then takes a tour of the campus and meets the other Directors. Staff and the students are provided a date for the next section.

### SECOND SECTION: TEAS

VCMC provides the student with the opportunity to complete the TEAS in the computer lab undisturbed but proctored. The student is mandated to pass the first or second time at the 60% Individual, 70% Reading and 60% Math. If the student fails the first time the Director of Admissions will review the weaknesses and provide homework before the student writes the TEAS again.

The Financial Aid Director then moves the student back into the Admission Department. During this time the student is given a Vocational Nursing Packets. These packets include a folder of student forms to be completed. The forms require the student to complete the information regarding medical records and vaccinations. The student must complete a two page written essay outlining the reason he/she wishes to enter the nursing profession.

The student is informed that background checks must be done within the first 6 weeks of the program. Any student who has not completed the background check will not be allowed to be attend in the nine weeks of clinical rotations. Fingerprinting for each student is to be completed within Level 4 or final stage of the program. This is to be done within the first month of the Level 4 program. The student then makes an appointment for Section Three.

# Individual Performance Profile

## Test of Essential Academic Skills 4.0



Individual Name:  
 Student Number:  
 Institution: **Valley College of Medical Careers**  
 Program Type: **PN**  
 Test Date: **12/21/2010**  
 # of Questions: **85**  
 Attempt: **1 of 1**  
 Days since last attempt: **0**

### Scores

Sub-Scale	Adjusted	Mean		Percentile Rank		Adjusted										
	Individual Score	National	Program	National	Program	Individual Score (% correct)										
						1	10	20	30	40	50	60	70	80	90	100
<b>TEAS: Reading - (40 Items)</b>	<b>85.0%</b>	<b>85.7%</b>	<b>80.6%</b>	<b>41</b>	<b>61</b>											▲
Paragraph Comprehension	90.0%	85.6%	81.0%													▲
Passage Comprehension	95.0%	89.1%	84.4%													▲
Inferences and Conclusions	50.0%	73.8%	66.6%							▲						
<b>TEAS: Math - (45 Items)</b>	<b>82.2%</b>	<b>66.8%</b>	<b>58.0%</b>	<b>85</b>	<b>95</b>											▲
Whole Numbers	100.0%	84.4%	78.6%													▲
Fractions and Decimals	100.0%	75.9%	67.2%													▲
Percentages	66.7%	60.7%	52.0%											▲		
Ratio and Proportion	80.0%	65.1%	54.8%												▲	
Metric Conversions	83.3%	60.7%	50.5%												▲	
Algebraic Application	80.0%	59.3%	46.3%												▲	
Data Interpretation	71.4%	71.0%	63.4%												▲	

## SCREENING AND SELECTION CRITERIA

### SECTION THREE: COMMITTEE:

The Administration and Nursing Department determined that it was very important to have a four member committee decide which students had the ability and the desire to enter the program. The committee consisted of the Assistant Campus Director, the Director of Admissions, Director of Nursing and one current faculty member.

This committee was formed to review the student's ability to be successful in a Vocational Nursing Program. A rubric was designed and graded separately by each member of the committee. The total grades were averaged and a full discussion by the members of the committee was undertaken.

The Admission Rubric is a very effective tool in helping to select bright and dedicated students.

### SECTION FOUR: RELATED FORMS:

Upon the successful completion of the committee interviews, the student provides a one to two page essay explaining their desire to enter the nursing profession. After an initial interview by the Director of Admissions, students are then interviewed by the individual Directors, scored and report to the committee regarding if the student is going to be accepted or not accepted.

The final scores are calculated and the minimal overall acceptance by the committee is to be 4. Form sample presented as an exhibit.

Further forms include the completion of the financial aid, the enrollment agreement, the checking of documents, the letter of authorization (where applicable), waivers, the school performance fact sheet, the signed release and the signed disclosure forms.

**EXHIBIT: COMMITTEE MEETING:**

**VCMC**



**VALLEY COLLEGE OF MEDICAL CAREERS**

**NEW STUDENT EVALUATION COMMITTEE TEMPLATE**

Date	Program	Committee Members	Committee Participation	Student Name	Final Grade For Interview
		Dr. T. Devin: CAO/CON Tony Pina: Assistant Campus Director Joseph Maddox: Director of Admissions Director of Medical Assistant Program: Raul Urquiza Director of Billing and Coding: Robert Michol E. Davaney			

# VCMC



# VALLEY COLLEGE OF MEDICAL CAREERS

Discipline: \_\_\_\_\_ Vocational Nursing Program \_\_\_\_\_

Student: \_\_\_\_\_ Mr. Henry Jones \_\_\_\_\_

Criteria	1	2	3	4	Score
<b>Appearance</b>	<p>Overall appearance is untidy</p> <p>Choice in clothing is inappropriate for any job interview (torn unclean, wrinkled)</p> <p>Poor grooming</p>	<p><b>Appearance is somewhat untidy</b></p> <p>Choice in clothing is inappropriate (shirt un-tucked, tee-shirt, too much jewelry, etc.)</p> <p>Grooming attempt is evident</p>	<p><b>Overall neat appearance</b></p> <p>Choice in clothing is acceptable for the type of interview</p> <p>Well groomed (ex. Shirt tucked in, jewelry blends with clothing, minimal wrinkles)</p>	<p><b>Overall appearance is very neat</b></p> <p>Choice in clothing is appropriate for any interview</p> <p>Very well groomed (hair, make-up, clothes pressed, etc.)</p> <p>Overall appearance is business-like</p>	
<b>Greeting</b>	<p>Unacceptable behavior and language</p> <p>Unfriendly and not courteous</p>	<p>Used typical behavior and language – did modify behavior to fit the interview</p> <p>Attempts to be courteous to all in interview setting</p>	<p>Acceptable behavior, well mannered, professionalism lacking</p> <p>Courteous to all involved in interview</p>	<p>Professional behavior and language (handshake, “hello”, “thank you”, eye contact, etc.)</p> <p>Friendly and courteous to all involved in interview</p>	
<b>Communication</b>	<p>Presentation shows lack of interest</p> <p>Speaking is unclear – very difficult to understand</p>	<p>Showed some interest</p> <p>Speaking is unclear– lapses in sentence structure and grammar</p>	<p>Showed interest throughout the interview</p> <p>Speaking clearly</p>	<p>Very attentive</p> <p>Speaking clearly</p> <p>Appropriate use of sentence structure</p>	

	<p>message of what is being said (ex. mumbling)</p> <p>Facts about job not included</p> <p>Volume is inappropriate for interview (ex. Spoke too loudly, too softly)</p>	<p>Knowledge of job is minimal</p> <p>Volume is uneven (varied)</p>	<p>Minimal mistakes in sentence structure and grammar</p> <p>Knowledge and facts are included/shared</p> <p>Volume is appropriate</p>	<p>and grammar</p> <p>Commitment &amp; enthusiasm for job is conveyed</p> <p>Volume conveys business tone</p>	
<b>Body Language</b>	<p>Fidgeted – ex. constant movement of hands and feet</p> <p>Lack of eye contact</p> <p>Slouching all the time</p>	<p>Fidgeted – ex. movement of hands and feet frequently</p> <p>Eye contact is made intermittently</p> <p>Occasionally slouching</p>	<p>Minimal fidgeting (ex. occasionally shifting)</p> <p>Occasional loss of eye contact</p> <p>Brief slouching, but quickly correcting self</p>	<p>No fidgeting</p> <p>Eye contact made</p> <p>Sitting straight in chair</p>	
<b>Responding to Questions</b>	<p>Inappropriate answers to questions</p> <p>Did not attempt to answer questions</p>	<p>Gives inaccurate answers</p> <p>Attempts to answer questions</p>	<p>Answers are acceptable and accurate</p> <p>Answers questions</p>	<p>Thorough answers to questions</p>	
<b>Asking Questions</b>	<p>No questions asked</p> <p>Showed interest in listening</p>	<p>Student asked questions that were not related to the program</p>	<p>Asked questions relating to the desired program</p>	<p>Asked questions relating to the desired program (Evidence is shown that the applicant had researched the business or career field)</p> <p>Asked questions related to the business or career field</p>	

# VCMC



# VALLEY COLLEGE OF MEDICAL CAREERS

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## TERMINAL COURSE OBJECTIVES

### CONCERNS:

Terminal Objectives and the weekly objectives found in the old curriculum /syllabus were not specific or significant enough when it came to the integration of classroom theory and clinical theory into the practicum.

### THREE NEW ACTIONS:

The Weekly Terminal Course Objectives, Weekly Theory Objectives, and Clinical Objectives provided an integration of the theory with the practicum in the clinical environment. Four Areas of Objectives have been integrated into the curriculum/syllabus

1. The Program Terminal Course Objectives.
2. Weekly Terminal Course Objectives
3. Weekly Theory Objectives
4. Weekly Clinical Objectives

## TERMINAL PROGRAM OBJECTIVES:

Upon graduation the vocational nursing student will be eligible for application for licensure as an L.V.N. and will be able to:

1. Provide safe proficient and compassionate nursing care as a beginning practitioner applying selected principles and utilizing the nursing process and therapeutic communication skills.
2. Exhibit responsibility in the practice of vocational nursing by adherence to ethical, moral and legal obligations as stated in the Vocational Nursing Practice Act.
3. Acknowledge accountability for recognizing own limitations and refusing to perform tasks for which the graduate is not prepared.
4. Function as an effective member of the health team under the direction of the registered nurse or physician.
5. Interact with other health team members as a patient advocate.
6. Assume responsibility for professional growth and recognize the need for continuing education.

The Terminal Course Objectives are specified for all weeks of the program. The Theory and Clinical Objectives for each week are then measured at the end of each Level thru the Standardized Testing Tools provided from weekly theory, ATI and clinical grading rubrics. Example: Final Examination and the Comprehensive ATI proctorship Exam.

**EXAMPLE:** The first set of objectives for the **Evolution of Nursing**, Terminal Course Objectives and Weekly Objectives were developed in order that the clinical components of each week's practicum supported all the objectives. After the Terminal Course Objectives were determined the Weekly Theory Objectives and the Weekly Clinical Objectives were developed.

**ACTION ONE:** Monday and Tuesday consisted of Weekly Theory Objectives and Concentrated Theory.

**ACTION TWO:** Wednesday is designated ATI. Students have all the ATI books and access to computers at home and in the computer lab. Two major issues that we have started teaching in the Monday and Tuesday theory are the Concept Mapping and the Remediation of each section. The students need to review each section of every assignment.

**ACTION THREE:** Thursday and Friday: Clinical Objectives and Outcomes were derived from the theory

**EXHIBIT: EXAMPLE OF TERMINAL COURSE OBJECTIVES FOR DAY ONE AND TWO OF LEVEL ONE**

1. Understanding The Evolution Of Nursing
2. The History Of Nursing And Nursing Education
3. Development Of Practical And Vocational Nursing
4. Understanding Health Care Delivery Systems
5. Demonstration of the Nursing Care Models
6. Contemporary Practical And Vocational Nursing Care

**EXAMPLE OF WEEKLY THEORY OBJECTIVES FOR WEEK ONE**

1. Describe the evolution of nursing and nursing education from early civilization to the 20<sup>th</sup> century.
2. Identify the major leaders in nursing history.
3. List major developments of practical and vocational nursing.
4. Identify the components of the healthcare system.
5. Describe the complex factors involved in the delivery of patient care.
6. Define practical and vocational nursing.
7. Describe the purpose, role and responsibilities of the practical or vocational nurse.

**EXAMPLE OF WEEKLY CLINICAL OBJECTIVES FOR WEEK ONE**

**SKILLS LAB CONTINUES TO BUILD THE OBJECTIVE FOR THE FIRST EIGHT WEEKS,  
AND CONTINUES TO BUILD OBJECTIVES FOR THE CLINICAL ROTATIONS.**

1. Orientation to Skills Lab
2. Bed making: Occupied
3. Bed making: Unoccupied
4. Positioning the patient on a bedpan
5. Assisting the patient with eating
6. Serving and removing trays

**Note:** It is very important to understand that TCO cannot just be written for the overall program, but needs to be integrated into each of the week's theory, clinical, ATI and NCLEX. This has been completed for all 15 weeks for Level One through Level Four. Each level has Weekly Theory TCO, Weekly Objectives and Weekly Clinical Objectives.

## INSTRUCTIONAL PLAN

### LEVEL ONE TO LEVEL FOUR: INSTRUCTIONAL PLAN: THEORY AND CLINICAL OBJECTIVES FOR EACH WEEK.

After the Curriculum committee discussed additional rigor that we needed to add to the program, the Instructional Plan was restructured for the integration of the theory, clinical and practicum objectives. The goal for the corrections was the end of June 2012.

### INSTRUCTIONAL PLANS CONCERN AND ACTION:

The one issue that was very clear upon review of the lesson plans was the faculty's lack of understanding of the utilization of the Lesson Plans each day in cooperation with the Lectures, PowerPoint Presentations, Quizzes, Video, and Puzzles. The Faculty had the knowledge but needed to integrate this with the daily Power Points and theory as well as the clinical practicum.

### ACTION:

Due to the concerns within this process in-services are set up every Friday of the month to educate the faculty in many different aspects of the program. The time line was one month, and this was met.

## LESSON PLANS FOR EACH WEEK

### CONCERNS AND ACTION:

In order that there are consistency, flow and transition of the theory into the practicum, Lesson Plans have been provided to the faculty for each day of theory and clinical. Each faculty has been given access to all of the related lesson plans, lecture tools, PowerPoint, ATI, Remediation, and Concept Mapping they need for each of the weeks. Due to the fact that each instructor may have a different teaching style the lesson plans can be upgraded according to the rigor of the theory.

Due to the length of each of the lesson plans the first section for Week One Day One and Day Two are provided as an Exhibit below.

### EXHIBIT: LESSON PLAN

#### TEACHING FOCUS

In this chapter the student will be introduced to the history of nursing from early civilization to the modern times, including the major leaders and organizations. The student will have the opportunity to learn about the health care system, its components, and its participants. The role of the practical/vocational nurse will be explored.

## MATERIALS AND RESOURCES

Computer/overhead projector (all lessons)  
Pictures of nursing hats, pins, and lamps that were used during Florence Nightingale's era  
White/black board and marker/chalk  
Piece of blank paper for each student

## LESSON CHECKLIST

Preparations for this lesson include:

Lecture

The inviting of a LPN/LVN professional to discuss the role and responsibilities of the LPN/LVN.

## KEY TERMS

Accreditation	(FAAHN p. 9, FON p. 9)
Approved	(FAAHN p. 9, FON p. 9)
Certification	(FAAHN p. 6, FON p. 6)
Health	(FAAHN p. 2, FON p. 2)
Health care system	(FAAHN p. 11, FON p. 11)
Holistic	(FAAHN p. 2, FON p. 2)
Holistic health care	(FAAHN p. 11, FON p. 11)
Illness	(FAAHN p. 1 FON p. 1)
Licensure	(FAAHN p. 5, FON p. 5)
Medicine	(FAAHN p. 2, FON p. 2)
Patient	HN p. 2, FON p. 2)
Wellness	HN p. 11, FON p. 11)

## ADDITIONAL RESOURCES (FON)

PPT	Ch. through 56 FAAHN (Ch. 1, 1 through 56 FON)
EILR IC images	Ch. 1-1 through 1-8 FAAHN (Ch. 1, 1-1 through 1-8 FON)
EILR TB questions	Ch. 1, 1 through 35 FAAHN (Ch. 1, 1 through 35 FON)
EILR Open Book Quiz	Ch1.1 through 10 FAAHN (Ch. 1, 1 through 10 FON)
ESLR Review Questions for the NCLEX® Examination	Ch. 1-01 through 01-10 FAAHN (Ch. 1, 01-01 through 01-10 FON)

**LESSON ONE : PRETEST: SAMPLE**

1. Primitive people believed that a person became ill when an evil spirit entered the \_\_\_\_\_.
  - a. mind
  - b. spirit
  - c. body
  - d. house
2. Florence Nightingale's Plan focused on these concepts:
  - a. Sanitation, record keeping, hygiene, and nutrition.
  - b. Documentation, assessment, planning, and teaching.
  - c. Cleanliness, grammar, record keeping, and leadership.
  - d. Education, bathing, care of wounds, health, and safety.
3. How did World War I and World War II influence nursing?
  - a. They increased focus on service to the patient.
  - b. They offered nurse's aide certification.
  - c. They offered a career in the military.
  - d. They pressured states to mandate requirements for nurses.
4. What is the difference between approved nursing programs and accredited nursing programs?
  - a. There is no difference.
  - b. Approved programs meet the minimum state requirements, whereas accredited programs are reviewed by a professional organization with higher standards than the state.
  - c. The accredited program requires the maximum state requirements, whereas the approved program requires the state's minimum requirements.
  - d. The approved programs are less expensive than the accredited programs.
5. The term "holistic health care system" indicates that this system's focus is toward \_\_\_\_\_.
  - a. the disease process of the patient
  - b. the patient's perceived needs
  - c. the patient's financial deficits
  - d. the comprehensive care of the patient
6. What are Maslow's five categories of basic human needs?
  - a. Nutrition, safety, love, confidence, and talents
  - b. Security, nutrition, family, self-esteem, and performance
  - c. Physiologic, safety and security, love and belonging, self-esteem, and self-actualization
  - d. Safety and security, self-actualization, education, family, and employment
7. Which of the following is included in the Patient's Bill of Rights?
  - a. The patient has the right to refuse treatment and be informed of the medical consequences.
  - b. The patient has the right to choose the nurse who is caring for him/her in the hospital.
  - c. The patient has the right to discuss his/her physician's practice with other physicians to determine whether the physician is an ethical practitioner.
  - d. The patient has the right to influence his/her roommate's care while in the hospital.
8. Which of the following fall within the LPN/LVN roles and responsibilities?
  - a. Supervise nurses' aides, registered nurses, and respiratory technicians
  - b. Practices under a physician's license
  - c. Obtaining and maintaining current licensure and practice within the scope of practice
  - d. Medically diagnosing patients who are admitted to the hospital
9. A Care Plan is a document that outlines \_\_\_\_\_.
  - a. the disease process of the patient
  - b. the physician's plan in caring for a patient

- c. the plan of care to meet the patient's needs by the health care team
  - d. the general plan of the unit in which the patient is admitted
10. The term "health" means \_\_\_\_\_.
- a. condition of physical, mental, social well-being, and absence of disease
  - b. without disease
  - c. without disease, illness, and physical pain
  - d. without worry or physical difficulties

#### **TEXTBOOKS CONCERNS/ACTION:**

A textbook committee has been set up with members of the faculty, student services and the Director of Nursing. Textbooks are one of the most important tools used by the faculty. However, living in a new generation of education, the use of textbooks has decreased within the curriculum and the syllabus. In addition to the text books VCMC has added resource tools such as quizzes, lectures, student presentations, faculty lectures, group activities and other alternative forms of teaching. Bringing all of these tools to the classroom has been a tremendous advantage for the students. Time line for review and installment of the textbooks was the end of June 2012

#### **ACTION:**

In reading the Catalog for the VCMC, it was noted that certain policies and procedures needed to be updated. A Catalog and Handbook Committee was formed by the Administration, Nursing, Medical Assistance and the Coding and Billing Departments to review and correct any information that needed to be updated. This was completed by the end of July 2012.

#### **ATTENDANCE POLICY AND ACTION:**

VCMC has an attendance policy that follows the rules and regulations from the board. This was a major concern when it came to students, regarding the time they were required to be in school and also the amount of theory that they would miss during the lack of attendance.

If a student missed two days which is 6 ½ hours of theory and 7 hours of clinical, they have to make up the time of 13 1/2 hours. It was determined that the missed hours were creating gaps in the understanding of the theory.

There is a short period of time that the student can be absent. The day's out of an entire program are limited. Learning activities of the theory and the clinical must be 100%. This can be done with the Make-UP theory through tutoring (every Tuesday night), or with the Clinical Instructor, or the DON with Conceptual Mapping and remediation of the Class theory and the ATI. Time line adjustments were completed by the end of June. This cannot be done randomly or with just faculty approval. Each student must document missed time on a Make-up Sheet and provide this to the faculty who gives this to the DON for assignments. This process is also checked by the Registrar to ensure that students have completed all theory and clinical requirements. Faculty and DON work closely together to make sure that the theory has been covered. The student must return the assigned work to the DON for signature only.

For clinical, students who are absent must repeat the clinical day missed. The Clinical Director monitors this very closely.

The students are now mandated to make up those 13 1/2 hours with concept mapping of any of the chapters missed for that specific day, remediation and Mock Quiz for the chapters themselves. This is implemented from Level One to Level Four and within the 15 weeks for each program.

### CLINICAL DIRECTOR AND CLINICAL EVALUATIONS COMPLETED EACH MONTH

#### CONCERN AND ACTION:

Previously the faculties teaching within the Theory and Clinical areas were evaluated every year. This process changed and a new policy was put into place by the end of June 2012,

The Clinical Director would have the students evaluate the faculty throughout the year. The evaluations would take place at the end of each of the four levels. These would be confidential evaluations provided to the students. A proctor would supervise the evaluation after the faculty was asked to leave the room.

The facility also had an opportunity to evaluate the students every six months. In this way the DON and the Instructor could review the needs of each individual student and set up remediation programs.

The Clinical Director evaluates the Clinical Faculty every six months. The DON now evaluates the Clinical Director every six months.

The Clinical Director had secured for Valley College of Medical Careers 6 to 8 different facilities. These are very good facilities, however there was a concern regarding not having enough acute facilities. One clinic was obtained and they are very pleased to have the students work in their clinic for their rotations. Two more acute hospitals are under consideration for clinical rotations. Three more SNF are under consideration for clinical rotations. Two SNF are willing to accept our graduates for employment after they have finished the program. The time line for these facilities was in June, one in July and one in August 2012.

#### EVALUATION OF STUDENT ACHIEVEMENT - CONCERN AND ACTION:

Pass rates of any college are the basis and foundation of how good a program is. This has been a point of concern for the past several years at VCMC. Every department needs to be involved, to be active and to be part of the student success.

After the SWOT was completed, it was determined that the students were not provided with enough integration of the theory, the ATI, the clinical theory and practice and the NCLEX. These four components have to be a part of any Vocational Nursing Program at VCMC. Students had a good curriculum, theory and clinical, but did not have integration of all of these areas. The curriculum and syllabus have been restructured and each deficiency has been attended to and corrections have been put in place. The time line on this was July 1<sup>st</sup>, and VCMC met that goal.

VCMC



VALLEY COLLEGE OF MEDICAL CAREERS

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Dear David:

I was very pleased to see the results of NCLEX-PN. I appreciate all the hard work and dedication you have put into your studies.

I would like you to review, complete and print out all the areas of the Individual Performance in the major Content Areas. Please provide the Concept Mapping and the Remediation Forms that are in your ATI and submit these to me within a week.

As you know, we have provided extra tutoring for the Pharmacological and Parenteral Therapies. The times have been posted in the student areas. The two areas that you are weakest are Pharm and Risk.

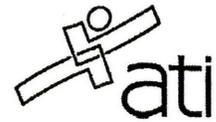
Keep up the good work. I will look forward to the completion of your topics.

Be well.

A handwritten signature in black ink, appearing to read 'Tricia Devin'. The signature is fluid and cursive, with a large loop at the beginning.

Dr. Tricia Devin  
CAO/DON  
Valley College of Medical Careers

**Individual Performance Profile**  
**PN Comprehensive Predictor 2011 Form A Web**



Individual Name: 11	Adjusted Individual Total Score: 77.3%
Student Number: student	Predicted Probability of Passing
Institution: Valley College of Medical Careers	NCLEX-PN® on the First Attempt: 98%
Program Type: PN	Mean - National: 67.1%
Test Date: 8/20/2012	Percentile Rank - National: 89
# of Questions: 150	

Individual Performance in the Major Content Areas																			
Sub-Scale	# Items	Individual Score	Mean National	Percentile Rank National	Individual Score (% Correct)														
					1	10	20	30	40	50	60	70	80	90	100				
Coordinated Care	24	87.5%	68.5%	98															▲
Safety and Infection Control	21	76.2%	72.2%	68															▲
Health Promotion and Maintenance	15	86.7%	69.7%	94															▲
Psychosocial Integrity	15	80.0%	62.6%	93															▲
Basic Care and Comfort	18	77.8%	66.6%	83															▲
Pharmacological and Parenteral Therapies	21	66.7%	62.2%	68															▲
Reduction of Risk Potential	18	55.6%	65.1%	29															▲
Physiological Adaptation	18	88.9%	68.8%	96															▲

**Topics To Review**

**Coordinated Care (24 Items)**

**Collaboration with Interdisciplinary Team (1 Item)**

Coordinating Client Care: Discharging a Client (RM L and M 5.0 Chp 2, Basic Concept)

**Establishing Priorities (2 Items)**

Chronic Obstructive Pulmonary Disease (COPD): Prioritizing Client Care (System Disorder, RM AMS PN 8.0 Chp 20)

**Legal Responsibilities (5 Items)**

Supervising Client Care: Identifying Need for Intervention (Basic Concept, RM L and M 5.0 Chp 1)

**Safety and Infection Control (21 items)**

**Accident/Error/Injury Prevention (4 Items)**

Creating and Maintaining a Therapeutic and Safe Environment: Suicide Precautions (Basic Concept, RM MH PN 8.0 Chp 5)

Discharge Teaching: Car Seat Safety (Growth and Development, RM MN PN 8.0 Chp 14)

**Standard Precautions/Transmission-Based Precautions/Surgical Asepsis (8 Items)**

Infection Control: Preventing Transmission of Hepatitis B (System Disorder, RM Fundamentals 7.0 Chp 11)

Skin Infections and Infestations: Pediculosis Transmission (System Disorder, RM NCC PN 8.0 Chp 29)

Tuberculosis: Nursing Interventions (System Disorder, RM AMS PN 8.0 Chp 22)

## **OVERALL SYNOPSIS - LEVEL ONE: SAMPLE OF SYLLABUS AND CURRICULUM:**

**Level One: Monday:** Starts with a Lecture and a Quiz, a lecture with a Second Quiz, Student PowerPoint presentations, Student Presentations, Group Discussions, Conceptual Mapping, Chapter Readings and Home Book Assignments.

**Level One: Tuesday:** Starts with a Lecture and a Quiz, a lecture with a Second Quiz, Student PowerPoint presentations, Student Presentations, Group Discussions, Conceptual Mapping, Chapter Readings and Home Book Assignments.

**Level One: Wednesday:** ATI is introduced in the first week of Level Two by the faculty. This is a full day of training, assessments, concept mapping, and remediation. This is mandatory for all students. All students have had two training sessions by the ATI representative.

**Thursday and Friday:** Student demonstrates to the faculty the theory and the execution of an activity. A faculty member is with the students the entire shift.

**Thursday and Friday:** After Week Eight, students are assigned to different facilities. This is set up randomly by the Clinical Director.

## **OUTCOMES OF IMPLEMENTATIONS AND ACTIONS:**

Level One started June 11<sup>th</sup>, 2012. The students had a difficult time in the first month of the program. Critical thinking skills needed to be developed. Professional behavior was required and students' understandings of the basic concepts were a challenge. The majority of these students had not been in any health care setting before and their thinking and understanding had to be shaped and continually encouraged.

At the end of Level One, three of our most educationally challenged students improved from 17% in the beginning weeks to the 80% and 90% range at the end of the Level One. All mock exams, all mid-terms examinations and all Finals are created and reviewed by the DON. No examination is the same. No examination is taken twice for a higher score.

There are no Level Two students at this time.

Level Three consists of 12 students who are following the revised curriculum. The students are doing well in the quizzes, mid-terms and finals. However, they are hesitant to work on the ATI due to the fact that they think that it is too much time and work. Every week the DON meets with the faculty and students and encourages them to continue with the structured process.

Level Four recently completed the program on the 13<sup>th</sup> of August. Five students scored over 90% for their ATI. Students who failed their first proctorship were given a week to prepare for the second exam on August 20<sup>th</sup> and were required to take the second Comprehensive A proctorship examination. Three more students secured in the 85% range which constitutes a predictor of passing the NCLEX.

Students who do not meet the predictor point allocation are scheduled to take a third ATI new proctorship testing tool. This will cost \$ 42.00 per test. If the student does not pass the third testing, they will be put back into the remediation process until the entire concept mapping and the remediation is completed within the ATI.

### **REMEDATION POLICY – CONCERN/ACTION**

The SWOT demonstrated that students had difficulty understanding the concepts of remediation by their faculty (failure of a quiz or final) or the remediation required for each section of the ATI. Faculty and students were given two in-services by the ATI representative. Grades have significantly increased with the completion of these tools. Construction of the Policy and Procedure for Remediation was approved by the Board in June 2012.

# VCMC



# VALLEY COLLEGE OF MEDICAL CAREERS

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## POLICY AND PROCEDURE: REMEDIATION PLAN

### **ACADEMIC PROBATION AND REMEDIATION PLAN**

When a student's scores falls below a minimum level of 86% at any given time, student is placed on Academic Probation. Student will be given 30 days to bring the scores to the minimum of 86% level or the probation will be extended to the end of the course or level whichever comes first.

Students on Academic Probation must participate in a remediation plan within one week of the probation. The remediation plan will be designed to assist student to increase GPA level to a minimum of 86% or better by end of the probation period.

### REMEDICATION PLAN

The Student On Academic Probation Will Meet With Remediation Coordinator Or The Instructor For Remediation Action Plan (Preferably No Later Than The 11<sup>th</sup> Week Of The Current Level). This will include but is not limited to:

1. Meeting with Faculty and DON
2. Attending Weekly Remediation Sessions as Scheduled.
3. Identifying Areas Of Deficient Study Habits.
4. Identifying A Plan Of Study.
5. Developing A Plan Of Study.
6. Completing Appropriate Assignments.

There will be no make up exams; instead it will be remediation and focus review on the areas of weakness.

No patterned exam retakes are allowed. This may be viewed as unsatisfactory academic progress and may be cause for termination from program.

Students are provided mock examinations which they can do on campus. These mock examinations are for review only. Any student at any time may have a mock examination of their week or completed level.

## REMEDATION STRATEGIES

Remediation can take several forms - from testing to determine where the gaps are to providing tutoring and other support services and evaluating success upon completion of remedial work. The following is the recommended remediation process:

### **1. DIAGNOSE THE STUDENT'S LEARNING STRENGTHS AND WEAKNESSES.**

Effective remediation helps the student to learn ways to overcome his/her academic deficiencies by using his/her best learning strengths. It is therefore imperative to identify student's learning strengths and match them with teaching methods accordingly. The following are learning strengths that can be incorporated in teaching strategies (Multiple Intelligences, 1991).

1. **Visual:** Learn through drawings, imagery, models, graphics, photographs, and video.
2. **Bodily-kinesthetic:** touching, physical activity, hands-on learning, role playing
3. **Musical:** study better with music in the background, turning lessons into lyrics, and using tools such as radio, multi-media.
4. **Interpersonal:** study better in study groups with interaction with others in study groups.
5. **Intrapersonal:** Study better individually through independent study by using text books in their privacy and time.
6. **Linguistic:** Learn by reading, using computers, and lectures.
7. **Logical –Mathematical:** Learn through investigations, developing concepts before learning details.

### **2. TEACH LEARNING**

Teach students how to learn and retain information by using tools/methods that best match their learning strengths. The following teachings are recommended:

1. Be organized by keeping a binder and having a system to keep track of assignments.
2. Use simple but effective tools such as note cards
3. Engage in study groups – if applicable
4. Bring questions on the subject matter(s) to remediation sessions

### 3. SET HIGH EXPECTATIONS

Keep expectations high and align them to the course standards.

#### SUPPORTIVE QUESTIONS FOR REMEDIATION

1. What other ways can we help you to learn subject material?
2. What are your goals from remediation?
3. Describe how you are going to achieve them?

#### REMEDIATION GOALS:

1. Improve Study Habits
2. Develop Individualized Plan Of Study
3. Increase Knowledge Of Subject Materials
4. Increase GPA To 86% Or Better

#### ACTION PLAN:

1. Attend Weekly Remediation Session As Scheduled.
2. Complete Appropriate Assignments.
3. Identify Deficiencies And Problem Areas.
4. Develop Individualized Plan Of Study.
5. Score 86% Or Better On The Re-Take Exam

DON: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EVALUATION OF THEORY AND CLINICAL FACULTY

### EVALUATION OF THEORY CONCERN/ACTION

Using the SWOT information that was reviewed by the Curriculum and Syllabus committee, it was determined, that the theory and the practicum needed to be more integrated. More consistency and flow of the theory was needed.

In order, to accomplish this integration, the VN program's entire syllabus was revised (not reconstructed) in order to have a flow of theory then practicum.

The deadline for this action was May 15<sup>th</sup>. The information and processes were shared with Ms. Pam Hinckley upon our visit to Sacramento. The outcome of this effort resulted in the consistency of the theory with the clinical skills lab and the clinical facilities. Faculty provided a great deal of information and contributed suggestions and contribution to the Evaluation Committee. These four areas consist of the following:

1. Evaluation of Theory Presentations by Faculty.
2. Evaluation of PowerPoint Presentations by Faculty that were given to the Students
3. Evaluation of Power Point Presentation by Students graded by Faculty
4. Evaluation of Clinical Rotations and their Correlation To the Theory

### EVALUATION OF CLINICAL FACULTY: CONCERN/ACTION

Theory and Clinical Evaluations were completed. However, the reviews by the DON were not signed by the faculty. This may have been an oversight. In the future all paperwork will be signed by the Faculty and the DON or Clinical Director. Providing feedback to the theory and clinical faculty is very important for future improvement.

The Clinical Director is also assigned to set up an appointment schedule to visit facilities once per month to discuss and issues that may be problematic. There are four different evaluations for faculty. First is the theory evaluation in class (by the students), the second is the evaluation of the faculty in the skills lab (9 weeks) and the third is the clinical evaluation of the faculty in the facilities. The fourth evaluation is completed by the DON and consists of an evaluation of the individual instructors.

EVALUATION OF STUDENTS WITHIN CLINICAL FACILITIES BY CLINICAL FACULTY



**Grading Allocations for Skills Lab and Clinicals**

INSTRUCTIONS: Students are to completing this process, need to sign off the skill in the student data and initial section, have the faculty review and provide a grade per demonstration. Students are to keep these forms, from Level One through Level Four. At the end of Level Four, students are to turn into the instructor. No forms will be accepted if the form does not have the instructor initials

**STUDENT NAME:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CLINICAL INSTRUCTOR :** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

Weeks	Student Date And Initial	Knowledge of Skill	Attitude and Attendance  Score: 0 to 5 Points	Student Ability To Demonstrate in Skills Lab  Score: 0 to 5 points	Student Ability To Demonstrate In Clinical  Score: 0 to 5 points	<u>Instructor Initials</u>
1-1		Perform A Two-Minute Hand Wash				
1-2		Bathing The Patient				
1-3		Administering A Back Rub				
1-4 a		Bed Making: Occupied				
1-4 b		Bed Making: Unoccupied				

1-5		Administering Oral Hygiene				
1-6		Care Of Hair, Nails, And Feet				
1-7 a		Perineal Care: Male				
1-7 b		Perineal Care: Female				
1-8		Positioning Patients				
1-9		Performing Routine Catheter Care				
1-1		Performing A Two-Minute Hand Washing				
1-2		Bathing The Patient				
1-3		Administering A Backrub				
1-4 a		Bed Making: Occupied				
1-4 b		Bed Making: Unoccupied				
1-5		Administering Oral Hygiene				
1-6		Care Of Hair, Nails, And Feet				
1-7 a		Perineal Care: Male				
1-7 b		Perineal Care: Female				
1-8		Positioning Patients				
1-9		Performing Routine Catheter Care				
2-1		Performing Range Of Motion Exercises				
2-2		Moving The Patient				

2-3		Using Lifts To Move The Patient				
2-4		Positioning The Patient On A Bedpan				
2-5		Assisting The Patient With Eating				
2-6		Serving And Removing Trays				
2-1		Oxygen Administration				
2-2		Clearing The Airway				
2-3		Tracheotomy Care And Suctioning				
2-4		Care Of Patient With A Cuffed Tracheotomy				
2-5		Maintaining An Intravenous Site				
2-6		Care Of A Patient In A Cast				
2-7		Applying A Tourniquet				
2-8		Applying An Arm Splint Using A Triangular Bandage				
2-9		Moving A Patient With A Suspected Spinal Cord Injury				
3-1		Preparing Patient For Diagnostic Examination				
3-2		Performing An Electrocardiogram				
3-3		Measuring Intake And Output				
3-4		Applying Teds Or Scds				
3-1		Preparing Patient For Diagnostic Examination				

3-2		Performing An Electrocardiogram				
3-3		Measuring Intake And Output				
3-4		Applying Teds Or Scds				
4-1		Measuring Body Temperature				
4-2		Obtaining A Radial Pulse				
4-3		Obtaining An Apical Pulse				
4-4		Obtaining A Respiratory Rate				
4-5		Obtaining A Blood Pressure Reading				
4-6		Measuring Height And Weight				
4-1		Head-To-Toe Assessment				
4-2		Neurological Assessment				
5-1		Admitting A Patient				
5-2		Transferring A Patient				
5-3		Discharging A Patient				
5-4		Applying A Safety Reminder Device				
5-1		Admitting A Patient				
5-2		Transferring A Patient				
5-3		Discharging A Patient				

5-4		Applying A Safety Reminder Device				
6-1		Applying A Bandage				
6-2		Applying An Abdominal Binder				
6-3		Applying An Arm Sling				
6-4		Performing An Eye Irrigation				
6-5		Applying Warm, Moist Eye Compress				
6-6		Performing An Ear Irrigation				
6-7		Incentive Spirometer/Positive Expiratory Breathing				
6-8		Teaching Controlled Coughing				
6-9		Teaching Post-Operative Breathing Techniques				
6-1		Applying A Bandage				
6-2		Applying An Abdominal Binder				
6-3		Applying An Arm Sling				
6-4		Performing An Eye Irrigation				
6-5		Applying Warm, Moist Eye Compress				
6-6		Performing An Ear Irrigation				
6-7		Incentive Spirometer/Positive Expiratory Breathing				
6-8		Teaching Controlled Coughing				

6-9		Teaching Post-Operative Breathing Techniques				
7-1		Gowning For Isolation				
7-2		Donning Gloves				
7-3		Donning A Mask				
7-4		Double Bagging				
7-5		Isolation Technique				
7-6		Surgical Hand Wash				
7-7		Collecting A Mid-Stream Urine Specimen				
7-8		Collecting A 24-Hour Urine Specimen				
7-9		Collecting A Stool Specimen				
7-10		Testing For Occult Blood				
7-11		Collecting Gastric Emesis				
7-12		Obtaining A Throat Culture				
7-13		Obtaining A Nose Culture				
7-14		Performing A Vaginal Douche				
7-15		Administering An Enema				
7-16		Digital Examination With Fecal Disimpaction				
7-17		Performing Nasal Irrigation				

7-1		Preparing A Sterile Field				
7-2		Performing Open Sterile Gloving				
7-3		Preparing For Disinfection And Sterilization				
7-4		Performing Surgical Skin Preparation				
7-5		Measuring Blood Glucose Levels				
7-6		Collecting A Sputum Specimen By Suction				
7-7		Collecting A Sputum Specimen By Expectoration				
7-8 a		Catheterization: Male				
7-8 b		Catheterization: Female				
7-9 a		Catheter Irrigation: Open				
7-9 b		Catheter Irrigation: Intermittent				
7-9 c		Catheter Irrigation: Continuous				
7-9 d		Catheter Irrigation: Bladder Installation				
7-10		Removing An Indwelling Catheter				
7-11		Inserting A Nasogastric Tube				
7-12		Nasogastric Tube Irrigation				
7-13		Gastrointestinal Suctioning				
7-14		Nasogastric Removal				

7-15		Inserting A Rectal Tube				
7-16 a		Performing Ostomy Care: Colostomy				
7-16 b		Performing Ostomy Care: Ileostomy				
7-16 c		Performing Ostomy Care: Urostomy				
7-17		Performing A Colostomy Irrigation				
7-18 a		Administering Tube Feedings: Nasogastric				
7-18 b		Administering Tube Feelings: Gastrostomy				
7-18		Administering Tube Feedings: Jejunostomy				
8-1		Administering Tablets, Pills, And Capsules				
8-2		Administering Liquid Medications				
8-3		Administering Medications Via Nasogastric Tube				
8-4		Administering Rectal Suppositories				
8-5		Applying Topical Agents				
8-6		Administering Eye Drops And Ointments				
8-7		Administering Ear Drops				
8-8		Administering Nose Drops				
8-9		Administering Nasal Sprays				
8-10		Administering Inhalants				

8-11		Administering Sublingual Medications				
8-12		Administering Buccal Medications				
8-13		Preparing Parenteral Medications				
8-1		Giving An Intramuscular Injection				
8-2		Giving A Z-Track Injection				
8-3		Giving An Intradermal Injection				
8-4		Giving A Subcutaneous Injection				
8-5		Insulin Administration				
8-6		Changing A Sterile Dressing				
8-7		Applying A Wet-To-Dry Dressing				
8-8		Applying A Transparent Dressing				
8-9		Removing Staples Or Sutures				
8-10		Applying Steri-Strips				
8-11		Maintaining Hemovac/Davol Suction & T-Tube				
8-12		Wound VAC				
Weeks 9-15 in clinical facility		Provide For The Patient's Environment To Ensure Safety, Health, And Hygiene				
		Bathing				
		Bed Making: Occupied				

		Bed Making: Unoccupied				
		Prevention Of Injury				
		Infection Control Practices				
		Provide Skin Care To Assigned Patient				
		Write A Care Plan To Prevent Skin Breakdown				
		Measure Blood Glucose				
		Accurately Measure Vital Signs: Temperature				
		Accurately Measure Vital Signs: Pulse				
		Accurately Measure Vital Signs: Respirations				
		Accurately Measure Vital Signs: Blood Pressure				
		Measure Urine				
		Measure Liquids				
		Document Intake And Output				
		Apply Anti-Embolism Stockings				
		Assist Patient With: Bedpan				
		Assist Patient With: Bedside Commode				
		Assist Patient With: Condom Catheter				
		Assist Patient With: Drainage Bag				

		Position Assigned Patient Accordingly: Supine				
		Position Assigned Patient Accordingly: Prone				
		Position Assigned Patient Accordingly: Semi-Fowler's				
		Position Assigned Patient Accordingly: High Fowler's				
		Position Assigned Patient Accordingly: Side Lying				
		Position Assigned Patient Accordingly: Lithotomy				
		Position Assigned Patient Accordingly: Orthopneic				
		Position Assigned Patient Accordingly: Trendelenberg				
		Position Assigned Patient Accordingly: Reverse Trendelenberg				
		Pressure-Relieving Alignment				
		Apply Heat & Cold Therapy				
		Perform Eye Irrigations				
		Perform Ear Irrigations				
		Apply Warm Eye Compresses				
		Oxygen Administration				
		Tracheostomy Care & Suctioning				
		Urinary Catheterization: Male				
		Urinary Catheterization: Female				

		Catheter Care				
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Each Student Is To Demonstrate Each Of The Above Requirements.

The Passing Grade Is To Be 3 or Better All the Clinical Skills

If Students Do Not Achieve A 90%, Students Will Be Required To Repeat The Skills.

5 points indicate Ability To Demonstrate

5 points indicate student has provided an good attitude with the patients and facility nurses as well as his/her team members

**Total Grading Allocation Is 270 Points.**

**STUDENT ACHIEVEMENT CONCERN/ACTION:**

In the first month of the SWOT analysis all files were reviewed step by step. The first concern was the low pass rates of the students in all levels of the program.

Second was the number of times that the students were tested for comprehension and application into the practicum environment of the clinical facilities. Many of the exams were very well done by the faculty; however there was a lack of consistency in the types of testing tools. Some exams were developed by the DON, others were developed by the faculty and others were provided by exam guidebooks.

**Action:** In order to have high student achievement it is important to frequently test the students. In the current syllabus, Monday and Tuesday are theory days and two short quizzes are provided to the students each day of the theory.

Wednesday is specifically allocated to the process of the ATI. This allows students to progress from Level One to Level Four with an excellent foundation in the concept mapping and the remediation of all the information provided by ATI. The ATI offers daily quiz and assessment reviews for all of the disciplines. This is an excellent tool for increasing grades and allowing increased study time for each of the students.

Thursday and Friday are skills labs for the first eight weeks of class. On the ninth week the students are randomly selected to be placed for their clinical rotation. The Clinical Director is responsible for this process. The Clinical Director submits monthly reports on the progress of the students. The outcome has changed a great deal. The grades have increased 30% to 40% not only in the theory and clinical classes, but in the NCLEX and the ATI.

Standardized Achievement Testing has been put into place for all student levels. The DON at this time is developing the Midterms and the Final Examinations for all Levels. The DON has been certified in Standardized Testing by Pepperdine University. These standardized tests are developed from the information from the Lectures, the PowerPoint presentations, the chapters assigned for the reading and the homework books associated for the text books.

Faculty surveys are completed on what has actually been taught in the classroom. The areas included in this survey format are the theory, the skills lab, and the clinical. They help to determine for each student their achievement in the testing tools.

Grade Reports measure academic achievement and proficiency. In order to be consistent with the short term learning and the long term learning remediation is a constant part of each of the students learning.

VALLEY COLLEGE OF MEDICAL CAREERS  
VOCATIONAL NURSING PROGRAM

STUDENT EVALUATION OF INSTRUCTOR IN SKILLS LAB Sample

SKILLS LAB- LEVEL ONE: \_\_\_\_\_

LEVEL \_\_\_\_\_ DATE: \_\_\_\_\_

=====

Please answer the following questions regarding this clinical facility. This is an evaluation of how the SKILLS LAB and Instruction is meeting student needs.

Did the students & faculty receive adequate orientation to function within this facility?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, PLEASE EXPLAIN

2. How would you rate the learning experiences available in this facility?

EXCELLENT \_\_\_ GOOD \_\_\_ FAIR \_\_\_ POOR \_\_\_

3. What did you find most helpful at this skills lab?

4. What did you find least helpful at this skills lab?

6. Were students able to meet the objectives of this level? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Did the facility provide an adequate classroom/meeting place for pre and post conferences?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, PLEASE EXPLAIN

8. Were students & faculty well received by facility staff? YES \_\_\_\_\_ NO \_\_\_\_\_

9. What suggestions would you offer to improve student experiences at this facility?

**Students May Put Their Names On The Survey, But Is Not Required.**

**Current Enrollment:**

**START DATES:**

Requesting a Start in November, 2012 for a Day Class. Requesting a Start for the Evening Class for 20 students.

**OVERVIEW:**

The Valley College of Medical Careers- Vocational Nursing program provides students with a conceptual framework of knowledge, skills values, meaning and experience and its integration into the provision of nursing care within the scope of the Vocational Nursing Practice Act. The course of study is designed to utilize a curriculum that progresses from simple to complex concepts in theory and clinical skills. Each of the concerns that resulted from the SWOT analysis have been addressed and put into place. These concepts will continue to strengthen as the theory, the clinical practicum and the success of our students.

# VCMC



# VALLEY COLLEGE OF MEDICAL CAREERS

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September 13<sup>th</sup>, 2012

Hello Ms. Hinckley and Board Members.

I appreciate the time and the consideration that you have extended to Valley College of Medical Careers.

I would like to present a complete analysis, not in length but in content, pertaining to all of the significant changes for the VCMC Vocational Nursing Program. The concentration of the information will include the specific actions taken to improve program pass rates, timeline for implementation and effect of employed interventions.

In August 2012 your office requested a comprehensive analysis of the program. This analysis was to cover each of the major concerns and enlarge on the specific actions that were taken to improve the program pass rates, time lines for implementation and the effect of employed interventions.

On September 20<sup>th</sup>, 2012 eighteen binders and eighteen CDs were sent Federal Express to your office and then were forwarded to the board. These binders and CDs contained all information, including the daily and monthly changes that were made.

The board meeting was held on September 5<sup>th</sup>, 2012. At this meeting Ms. Hinckley requested that I mail the binders which I have brought to the meeting.

### **CONCERNS AND ACTIVITIES:**

A complete SWOT analysis was done by Valley College of Medical Careers in April and May. All the findings and corrections of the report were included in each of the sections in the sixteen binders. There were also concerns regarding the pass rates of the students.

Many individuals working within the different departments think of Admissions as the end all and be all of the pass rates. This was a major concern. The expectations placed on the Admission Department were too low. Some of the supportive measures within the College assumed that The Admissions Department would make the ultimate selection of only students who have met the criteria for the program. This is not true. It was a gathering that was needed to cultivate students who would be successful in the programs. The evaluation for each of the students needed to be objective, without bias. In setting up individual and objective criteria this goal was met by the end of June 2012.

The Admission Department is just one part of the integration that is needed to continue the process of student success.

In the following paragraphs, the flow and transition of the steps taken by Valley College are very clear. The analysis was conducted in all the departments providing a great deal of insight into the contributing factors of student success.

**ACTION:**

1. Issues of Concern
2. Performance of the Changes.
3. Outcome of the Changes

All current and updated materials have been added to the Catalog, Student Handbook, Faculty Handbook and Policies and Procedures of the VCMC. All areas of improvement have been put through the appropriate committees for approval.

## ADMISSION CRITERIA

### CONCERNS AND ACTIONS:

When the DON was hired April 2012, the DON and Admissions Department completed a SWOT analysis of the Vocational Nursing Department. The processes used by the College included all elements of interviews, documentations and meetings. These were completed according to the mandated board regulations. The recommendations stated that stronger measures needed to be taken regarding student entry into the program.

### ACTION:

The Admission Department has developed an Admission Committee with set rules for all student admissions. The Admission Committee divided the VN admission criteria into three distinct segments. Each segment is explained to the student before the process begins. This was completed by the end of June 2012.

#### FIRST SEGMENT: INTERVIEW

The student completes the career questionnaire, is interviewed by the Director of Admission, completes the application form, the SLE, and provides copies of the ID, SS and diploma. All documentations are reviewed before the next section. The applicant is then given the practice test for the TEAS. He/She is provided a short tutorial regarding the TEAS and how to understand the requirements. The student then takes a tour of the campus and meets the other Directors. Staff and the students are provided a date for the next section.

#### SECOND SECTION: TEAS

VCMC provides the student with the opportunity to complete the TEAS in the computer lab undisturbed but proctored. The student is mandated to pass the first or second time at the 60% Individual, 70% Reading and 60% Math. If the student fails the first time the Director of Admissions will review the weaknesses and provide homework before the student writes the TEAS again.

The Financial Aid Director then moves the student back into the Admission Department. During this time the student is given a Vocational Nursing Packets. These packets include a folder of student forms to be completed. The forms require the student to complete the information regarding medical records and vaccinations. The student must complete a two page written essay outlining the reason he/she wishes to enter the nursing profession.

The student is informed that background checks must be done within the first 6 weeks of the program. Any student who has not completed the background check will not be allowed to be attend in the nine weeks of clinical rotations. Fingerprinting for each student is to be completed within Level 4 or final stage of the program. This is to be done within the first month of the Level 4 program. The student then makes an appointment for Section Three.

# Individual Performance Profile

## Test of Essential Academic Skills 4.0



Individual Name:	
Student Number:	
Institution:	<b>Valley College of Medical Careers</b>
Program Type:	<b>PN</b>
Test Date:	<b>12/21/2010</b>
# of Questions:	<b>85</b>
Attempt:	<b>1 of 1</b>
Days since last attempt:	<b>0</b>

### Scores

Sub-Scale	Adjusted Individual	Mean		Percentile Rank		Adjusted Individual Score (% correct)										
	Score	National	Program	National	Program	1	10	20	30	40	50	60	70	80	90	100
<b>TEAS: Reading - (40 Items)</b>	<b>85.0%</b>	<b>85.7%</b>	<b>80.6%</b>	<b>41</b>	<b>61</b>											▲
Paragraph Comprehension	90.0%	85.6%	81.0%													▲
Passage Comprehension	95.0%	89.1%	84.4%													▲
Inferences and Conclusions	50.0%	73.8%	66.6%							▲						
<b>TEAS: Math - (45 Items)</b>	<b>82.2%</b>	<b>66.8%</b>	<b>58.0%</b>	<b>85</b>	<b>95</b>											▲
Whole Numbers	100.0%	84.4%	78.6%													▲
Fractions and Decimals	100.0%	75.9%	67.2%													▲
Percentages	66.7%	60.7%	52.0%									▲				
Ratio and Proportion	80.0%	65.1%	54.8%													▲
Metric Conversions	83.3%	60.7%	50.5%													▲
Algebraic Application	80.0%	59.3%	46.3%													▲
Data Interpretation	71.4%	71.0%	63.4%													▲

## SCREENING AND SELECTION CRITERIA

### SECTION THREE: COMMITTEE:

The Administration and Nursing Department determined that it was very important to have a four member committee decide which students had the ability and the desire to enter the program. The committee consisted of the Assistant Campus Director, the Director of Admissions, Director of Nursing and one current faculty member.

This committee was formed to review the student's ability to be successful in a Vocational Nursing Program. A rubric was designed and graded separately by each member of the committee. The total grades were averaged and a full discussion by the members of the committee was undertaken.

The Admission Rubric is a very effective tool in helping to select bright and dedicated students.

### SECTION FOUR: RELATED FORMS:

Upon the successful completion of the committee interviews, the student provides a one to two page essay explaining their desire to enter the nursing profession. After an initial interview by the Director of Admissions, students are then interviewed by the individual Directors, scored and report to the committee regarding if the student is going to be accepted or not accepted. The final scores are calculated and the minimal overall acceptance by the committee is to be 4. Form sample presented as an exhibit.

Further forms include the completion of the financial aid, the enrollment agreement, the checking of documents, the letter of authorization (where applicable), waivers, the school performance fact sheet, the signed release and the signed disclosure forms.

**EXHIBIT: COMMITTEE MEETING:**



**NEW STUDENT EVALUATION COMMITTEE TEMPLATE**

Date	Program	Committee Members	Committee Participation	Student Name	Final Grade For Interview
		Dr. T. Devin: CAO/CON Tony Pina: Assistant Campus Director Joseph Maddox: Director of Admissions Director of Medical Assistant Program: Raul Urquiza Director of Billing and Coding: Robert Michol E. Davaney			



Discipline: \_\_\_\_\_ Vocational Nursing Program \_\_\_\_\_

Student: \_\_\_\_\_ Mr. Henry Jones \_\_\_\_\_

Criteria	1	2	3	4	Score
<b>Appearance</b>	<p>Overall appearance is untidy</p> <p>Choice in clothing is inappropriate for any job interview (torn unclean, wrinkled)</p> <p>Poor grooming</p>	<p><b>Appearance is somewhat untidy</b></p> <p>Choice in clothing is inappropriate (shirt un-tucked, tee-shirt, too much jewelry, etc.)</p> <p>Grooming attempt is evident</p>	<p><b>Overall neat appearance</b></p> <p>Choice in clothing is acceptable for the type of interview</p> <p>Well groomed (ex. Shirt tucked in, jewelry blends with clothing, minimal wrinkles)</p>	<p><b>Overall appearance is very neat</b></p> <p>Choice in clothing is appropriate for any interview</p> <p>Very well groomed (hair, make-up, clothes pressed, etc.)</p> <p>Overall appearance is business-like</p>	
<b>Greeting</b>	<p>Unacceptable behavior and language</p> <p>Unfriendly and not courteous</p>	<p>Used typical behavior and language – did modify behavior to fit the interview</p> <p>Attempts to be courteous to all in interview setting</p>	<p>Acceptable behavior, well mannered, professionalism lacking</p> <p>Courteous to all involved in interview</p>	<p>Professional behavior and language (handshake, “hello”, “thank you”, eye contact, etc.)</p> <p>Friendly and courteous to all involved in interview</p>	
<b>Communication</b>	<p>Presentation shows lack of interest</p> <p>Speaking is unclear – very difficult to understand</p>	<p>Showed some interest</p> <p>Speaking is unclear– lapses in sentence structure and grammar</p>	<p>Showed interest throughout the interview</p> <p>Speaking clearly</p>	<p>Very attentive</p> <p>Speaking clearly</p> <p>Appropriate use of sentence structure</p>	

	<p>message of what is being said (ex. mumbling)</p> <p>Facts about job not included</p> <p>Volume is inappropriate for interview (ex. Spoke too loudly, too softly)</p>	<p>Knowledge of job is minimal</p> <p>Volume is uneven (varied)</p>	<p>Minimal mistakes in sentence structure and grammar</p> <p>Knowledge and facts are included/shared</p> <p>Volume is appropriate</p>	<p>and grammar</p> <p>Commitment &amp; enthusiasm for job is conveyed</p> <p>Volume conveys business tone</p>	
<b>Body Language</b>	<p>Fidgeted – ex. constant movement of hands and feet</p> <p>Lack of eye contact</p> <p>Slouching all the time</p>	<p>Fidgeted – ex. movement of hands and feet frequently</p> <p>Eye contact is made intermittently</p> <p>Occasionally slouching</p>	<p>Minimal fidgeting (ex. occasionally shifting)</p> <p>Occasional loss of eye contact</p> <p>Brief slouching, but quickly correcting self</p>	<p>No fidgeting</p> <p>Eye contact made</p> <p>Sitting straight in chair</p>	
<b>Responding to Questions</b>	<p>Inappropriate answers to questions</p> <p>Did not attempt to answer questions</p>	<p>Gives inaccurate answers</p> <p>Attempts to answer questions</p>	<p>Answers are acceptable and accurate</p> <p>Answers questions</p>	<p>Thorough answers to questions</p>	
<b>Asking Questions</b>	<p>No questions asked</p> <p>Showed interest in listening</p>	<p>Student asked questions that were not related to the program</p>	<p>Asked questions relating to the desired program</p>	<p>Asked questions relating to the desired program (Evidence is shown that the applicant had researched the business or career field)</p> <p>Asked questions related to the business or career field</p>	

**TERMINAL COURSE OBJECTIVES****CONCERNS:**

Terminal Objectives and the weekly objectives found in the old curriculum /syllabus were not specific or significant enough when it came to the integration of classroom theory and clinical theory into the practicum.

**THREE NEW ACTIONS:**

The Weekly Terminal Course Objectives, Weekly Theory Objectives, and Clinical Objectives provided an integration of the theory with the practicum in the clinical environment. Four Areas of Objectives have been integrated into the curriculum/syllabus

1. The Program Terminal Course Objectives.
2. Weekly Terminal Course Objectives
3. Weekly Theory Objectives
4. Weekly Clinical Objectives

**TERMINAL PROGRAM OBJECTIVES:**

Upon graduation the vocational nursing student will be eligible for application for licensure as an L.V.N. and will be able to:

1. Provide safe proficient and compassionate nursing care as a beginning practitioner applying selected principles and utilizing the nursing process and therapeutic communication skills.
2. Exhibit responsibility in the practice of vocational nursing by adherence to ethical, moral and legal obligations as stated in the Vocational Nursing Practice Act.
3. Acknowledge accountability for recognizing own limitations and refusing to perform tasks for which the graduate is not prepared.
4. Function as an effective member of the health team under the direction of the registered nurse or physician.
5. Interact with other health team members as a patient advocate.
6. Assume responsibility for professional growth and recognize the need for continuing education.

The Terminal Course Objectives are specified for all weeks of the program. The Theory and Clinical Objectives for each week are then measured at the end of each Level thru the Standardized Testing Tools provided from weekly theory, ATI and clinical grading rubrics. Example: Final Examination and the Comprehensive ATI proctorship Exam.

**EXAMPLE:** The first set of objectives for the **Evolution of Nursing**, Terminal Course Objectives and Weekly Objectives were developed in order that the clinical components of each week's practicum supported all the objectives. After the Terminal Course Objectives were determined the Weekly Theory Objectives and the Weekly Clinical Objectives were developed.

**ACTION ONE:** Monday and Tuesday consisted of Weekly Theory Objectives and Concentrated Theory.

**ACTION TWO:** Wednesday is designated ATI. Students have all the ATI books and access to computers at home and in the computer lab. Two major issues that we have started teaching in the Monday and Tuesday theory are the Concept Mapping and the Remediation of each section. The students need to review each section of every assignment.

**ACTION THREE:** Thursday and Friday: Clinical Objectives and Outcomes were derived from the theory

**EXHIBIT: EXAMPLE OF TERMINAL COURSE OBJECTIVES FOR DAY ONE AND TWO OF LEVEL ONE**

1. Understanding The Evolution Of Nursing
2. The History Of Nursing And Nursing Education
3. Development Of Practical And Vocational Nursing
4. Understanding Health Care Delivery Systems
5. Demonstration of the Nursing Care Models
6. Contemporary Practical And Vocational Nursing Care

**EXAMPLE OF WEEKLY THEORY OBJECTIVES FOR WEEK ONE**

1. Describe the evolution of nursing and nursing education from early civilization to the 20<sup>th</sup> century.
2. Identify the major leaders in nursing history.
3. List major developments of practical and vocational nursing.
4. Identify the components of the healthcare system.
5. Describe the complex factors involved in the delivery of patient care.
6. Define practical and vocational nursing.
7. Describe the purpose, role and responsibilities of the practical or vocational nurse.

**EXAMPLE OF WEEKLY CLINICAL OBJECTIVES FOR WEEK ONE**

**SKILLS LAB CONTINUES TO BUILD THE OBJECTIVE FOR THE FIRST EIGHT WEEKS,  
AND CONTINUES TO BUILD OBJECTIVES FOR THE CLINICAL ROTATIONS.**

1. Orientation to Skills Lab
2. Bed making: Occupied
3. Bed making: Unoccupied
4. Positioning the patient on a bedpan
5. Assisting the patient with eating
6. Serving and removing trays

**Note:** It is very important to understand that TCO cannot just be written for the overall program, but needs to be integrated into each of the week's theory, clinical, ATI and NCLEX. This has been completed for all 15 weeks for Level One through Level Four. Each level has Weekly Theory TCO, Weekly Objectives and Weekly Clinical Objectives.

## INSTRUCTIONAL PLAN

### LEVEL ONE TO LEVEL FOUR: INSTRUCTIONAL PLAN: THEORY AND CLINICAL OBJECTIVES FOR EACH WEEK.

After the Curriculum committee discussed additional rigor that we needed to add to the program, the Instructional Plan was restructured for the integration of the theory, clinical and practicum objectives. The goal for the corrections was the end of June 2012.

### INSTRUCTIONAL PLANS CONCERN AND ACTION:

The one issue that was very clear upon review of the lesson plans was the faculty's lack of understanding of the utilization of the Lesson Plans each day in cooperation with the Lectures, PowerPoint Presentations, Quizzes, Video, and Puzzles. The Faculty had the knowledge but needed to integrate this with the daily Power Points and theory as well as the clinical practicum.

### ACTION:

Due to the concerns within this process in-services are set up every Friday of the month to educate the faculty in many different aspects of the program. The time line was one month, and this was met.

## LESSON PLANS FOR EACH WEEK

### CONCERNS AND ACTION:

In order that there are consistency, flow and transition of the theory into the practicum, Lesson Plans have been provided to the faculty for each day of theory and clinical. Each faculty has been given access to all of the related lesson plans, lecture tools, PowerPoint, ATI, Remediation, and Concept Mapping they need for each of the weeks. Due to the fact that each instructor may have a different teaching style the lesson plans can be upgraded according to the rigor of the theory.

Due to the length of each of the lesson plans the first section for Week One Day One and Day Two are provided as an Exhibit below.

### EXHIBIT: LESSON PLAN

#### TEACHING FOCUS

In this chapter the student will be introduced to the history of nursing from early civilization to the modern times, including the major leaders and organizations. The student will have the opportunity to learn about the health care system, its components, and its participants. The role of the practical/vocational nurse will be explored.

## **MATERIALS AND RESOURCES**

Computer/overhead projector (all lessons)  
Pictures of nursing hats, pins, and lamps that were used during Florence Nightingale's era  
White/black board and marker/chalk  
Piece of blank paper for each student

## **LESSON CHECKLIST**

Preparations for this lesson include:  
Lecture  
The inviting of a LPN/LVN professional to discuss the role and responsibilities of the LPN/LVN.

## **KEY TERMS**

Accreditation	(FAAHN p. 9, FON p. 9)
Approved	(FAAHN p. 9, FON p. 9)
Certification	(FAAHN p. 6, FON p. 6)
Health	(FAAHN p. 2, FON p. 2)
Health care system	(FAAHN p. 11, FON p. 11)
Holistic	(FAAHN p. 2, FON p. 2)
Holistic health care	(FAAHN p. 11, FON p. 11)
Illness	(FAAHN p. 1 FON p. 1)
Licensure	(FAAHN p. 5, FON p. 5)
Medicine	(FAAHN p. 2, FON p. 2)
Patient	HN p. 2, FON p. 2)
Wellness	HN p. 11, FON p. 11)

## **ADDITIONAL RESOURCES (FON)**

PPT	Ch. through 56 FAAHN (Ch. 1, 1 through 56 FON)
EILR IC images	Ch. 1-1 through 1-8 FAAHN (Ch. 1, 1-1 through 1-8 FON)
EILR TB questions	Ch. 1, 1 through 35 FAAHN (Ch. 1, 1 through 35 FON)
EILR Open Book Quiz	Ch1.1 through 10 FAAHN (Ch. 1, 1 through 10 FON)
ESLR Review Questions for the NCLEX® Examination	Ch. 1-01 through 01-10 FAAHN (Ch. 1, 01-01 through 01-10 FON)

## LESSON ONE : PRETEST: SAMPLE

1. Primitive people believed that a person became ill when an evil spirit entered the \_\_\_\_\_.
  - a. mind
  - b. spirit
  - c. body
  - d. house
2. Florence Nightingale's Plan focused on these concepts:
  - a. Sanitation, record keeping, hygiene, and nutrition.
  - b. Documentation, assessment, planning, and teaching.
  - c. Cleanliness, grammar, record keeping, and leadership.
  - d. Education, bathing, care of wounds, health, and safety.
3. How did World War I and World War II influence nursing?
  - a. They increased focus on service to the patient.
  - b. They offered nurse's aide certification.
  - c. They offered a career in the military.
  - d. They pressured states to mandate requirements for nurses.
4. What is the difference between approved nursing programs and accredited nursing programs?
  - a. There is no difference.
  - b. Approved programs meet the minimum state requirements, whereas accredited programs are reviewed by a professional organization with higher standards than the state.
  - c. The accredited program requires the maximum state requirements, whereas the approved program requires the state's minimum requirements.
  - d. The approved programs are less expensive than the accredited programs.
5. The term "holistic health care system" indicates that this system's focus is toward \_\_\_\_\_.
  - a. the disease process of the patient
  - b. the patient's perceived needs
  - c. the patient's financial deficits
  - d. the comprehensive care of the patient
6. What are Maslow's five categories of basic human needs?
  - a. Nutrition, safety, love, confidence, and talents
  - b. Security, nutrition, family, self-esteem, and performance
  - c. Physiologic, safety and security, love and belonging, self-esteem, and self-actualization
  - d. Safety and security, self-actualization, education, family, and employment
7. Which of the following is included in the Patient's Bill of Rights?
  - a. The patient has the right to refuse treatment and be informed of the medical consequences.
  - b. The patient has the right to choose the nurse who is caring for him/her in the hospital.
  - c. The patient has the right to discuss his/her physician's practice with other physicians to determine whether the physician is an ethical practitioner.
  - d. The patient has the right to influence his/her roommate's care while in the hospital.
8. Which of the following fall within the LPN/LVN roles and responsibilities?
  - a. Supervise nurses' aides, registered nurses, and respiratory technicians
  - b. Practices under a physician's license
  - c. Obtaining and maintaining current licensure and practice within the scope of practice
  - d. Medically diagnosing patients who are admitted to the hospital
9. A Care Plan is a document that outlines \_\_\_\_\_.
  - a. the disease process of the patient
  - b. the physician's plan in caring for a patient

- c. the plan of care to meet the patient's needs by the health care team
  - d. the general plan of the unit in which the patient is admitted
10. The term "health" means \_\_\_\_\_.
- a. condition of physical, mental, social well-being, and absence of disease
  - b. without disease
  - c. without disease, illness, and physical pain
  - d. without worry or physical difficulties

**TEXTBOOKS CONCERNS/ACTION:**

A textbook committee has been set up with members of the faculty, student services and the Director of Nursing. Textbooks are one of the most important tools used by the faculty. However, living in a new generation of education, the use of textbooks has decreased within the curriculum and the syllabus. In addition to the text books VCMC has added resource tools such as quizzes, lectures, student presentations, faculty lectures, group activities and other alternative forms of teaching. Bringing all of these tools to the classroom has been a tremendous advantage for the students. Time line for review and installment of the textbooks was the end of June 2012

**ACTION:**

In reading the Catalog for the VCMC, it was noted that certain policies and procedures needed to be updated. A Catalog and Handbook Committee was formed by the Administration, Nursing, Medical Assistance and the Coding and Billing Departments to review and correct any information that needed to be updated. This was completed by the end of July 2012.

**ATTENDANCE POLICY AND ACTION:**

VCMC has an attendance policy that follows the rules and regulations from the board. This was a major concern when it came to students, regarding the time they were required to be in school and also the amount of theory that they would miss during the lack of attendance.

If a student missed two days which is 6 ½ hours of theory and 7 hours of clinical, they have to make up the time of 13 1/2 hours. It was determined that the missed hours were creating gaps in the understanding of the theory.

There is a short period of time that the student can be absent. The day's out of an entire program are limited. Learning activities of the theory and the clinical must be 100%. This can be done with the Make-UP theory through tutoring (every Tuesday night), or with the Clinical Instructor, or the DON with Conceptual Mapping and remediation of the Class theory and the ATI. Time line adjustments were completed by the end of June. This cannot be done randomly or with just faculty approval. Each student must document missed time on a Make-up Sheet and provide this to the faculty who gives this to the DON for assignments. This process is also checked by the Registrar to ensure that students have completed all theory and clinical requirements. Faculty and DON work closely together to make sure that the theory has been covered. The student must return the assigned work to the DON for signature only.

For clinical, students who are absent must repeat the clinical day missed. The Clinical Director monitors this very closely.

The students are now mandated to make up those 13 1/2 hours with concept mapping of any of the chapters missed for that specific day, remediation and Mock Quiz for the chapters themselves. This is implemented from Level One to Level Four and within the 15 weeks for each program.

### **CLINICAL DIRECTOR AND CLINICAL EVALUATIONS COMPLETED EACH MONTH**

#### **CONCERN AND ACTION:**

Previously the faculties teaching within the Theory and Clinical areas were evaluated every year. This process changed and a new policy was put into place by the end of June 2012,

The Clinical Director would have the students evaluate the faculty throughout the year. The evaluations would take place at the end of each of the four levels. These would be confidential evaluations provided to the students. A proctor would supervise the evaluation after the faculty was asked to leave the room.

The facility also had an opportunity to evaluate the students every six months. In this way the DON and the Instructor could review the needs of each individual student and set up remediation programs.

The Clinical Director evaluates the Clinical Faculty every six months. The DON now evaluates the Clinical Director every six months.

The Clinical Director had secured for Valley College of Medical Careers 6 to 8 different facilities. These are very good facilities, however there was a concern regarding not having enough acute facilities. One clinic was obtained and they are very pleased to have the students work in their clinic for their rotations. Two more acute hospitals are under consideration for clinical rotations. Three more SNF are under consideration for clinical rotations. Two SNF are willing to accept our graduates for employment after they have finished the program. The time line for these facilities was in June, one in July and one in August 2012.

#### **EVALUATION OF STUDENT ACHIEVEMENT - CONCERN AND ACTION:**

Pass rates of any college are the basis and foundation of how good a program is. This has been a point of concern for the past several years at VCMC. Every department needs to be involved, to be active and to be part of the student success.

After the SWOT was completed, it was determined that the students were not provided with enough integration of the theory, the ATI, the clinical theory and practice and the NCLEX. These four components have to be a part of any Vocational Nursing Program at VCMC. Students had a good curriculum, theory and clinical, but did not have integration of all of these areas. The curriculum and syllabus have been restructured and each deficiency has been attended to and corrections have been put in place. The time line on this was July 1<sup>st</sup>, and VCMC met that goal.

# VCMC



# VALLEY COLLEGE OF MEDICAL CAREERS

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Dear David:

I was very pleased to see the results of NCLEX-PN. I appreciate all the hard work and dedication you have put into your studies.

I would like you to review, complete and print out all the areas of the Individual Performance in the major Content Areas. Please provide the Concept Mapping and the Remediation Forms that are in your ATI and submit these to me within a week.

As you know, we have provided extra tutoring for the Pharmacological and Parenteral Therapies. The times have been posted in the student areas. The two areas that you are weakest are Pharm and Risk.

Keep up the good work. I will look forward to the completion of your topics.

Be well.

A handwritten signature in black ink, appearing to read "Tricia Devin". The signature is written in a cursive style with a large, looping initial "T".

Dr. Tricia Devin  
CAO/DON  
Valley College of Medical Careers

# Individual Performance Profile

## PN Comprehensive Predictor 2011 Form A Web



Individual Name:		Adjusted Individual Total Score:	77.3%
Student Number:	student	Predicted Probability of Passing	
Institution:	Valley College of Medical Careers	NCLEX-PN® on the First Attempt:	98%
Program Type:	PN	Mean - National:	67.1%
Test Date:	8/20/2012	Percentile Rank - National:	89
# of Questions:	150		

Individual Performance in the Major Content Areas																				
Sub-Scale	# Items	Individual Score	Mean National	Percentile Rank National	Individual Score (% Correct)															
					1	10	20	30	40	50	60	70	80	90	100					
Coordinated Care	24	87.5%	68.5%	98																
Safety and Infection Control	21	76.2%	72.2%	68																
Health Promotion and Maintenance	15	86.7%	69.7%	94																
Psychosocial Integrity	15	80.0%	62.6%	93																
Basic Care and Comfort	18	77.8%	66.6%	83																
Pharmacological and Parenteral Therapies	21	66.7%	62.2%	68																
Reduction of Risk Potential	18	55.6%	65.1%	29																
Physiological Adaptation	18	88.9%	68.8%	96																

### Topics To Review

#### Coordinated Care (24 items)

##### Collaboration with Interdisciplinary Team (1 item)

Coordinating Client Care: Discharging a Client (RM L and M 5.0 Chp 2, Basic Concept)

##### Establishing Priorities (2 items)

Chronic Obstructive Pulmonary Disease (COPD): Prioritizing Client Care (System Disorder, RM AMS PN 8.0 Chp 20)

##### Legal Responsibilities (5 items)

Supervising Client Care: Identifying Need for Intervention (Basic Concept, RM L and M 5.0 Chp 1)

#### Safety and Infection Control (21 items)

##### Accident/Error/Injury Prevention (4 items)

Creating and Maintaining a Therapeutic and Safe Environment: Suicide Precautions (Basic Concept, RM MH PN 8.0 Chp 5)

Discharge Teaching: Car Seat Safety (Growth and Development, RM MN PN 8.0 Chp 14)

##### Standard Precautions/Transmission-Based Precautions/Surgical Asepsis (8 items)

Infection Control: Preventing Transmission of Hepatitis B (System Disorder, RM Fundamentals 7.0 Chp 11)

Skin Infections and Infestations: Pediculosis Transmission (System Disorder, RM NCC PN 8.0 Chp 29)

Tuberculosis: Nursing Interventions (System Disorder, RM AMS PN 8.0 Chp 22)

## **OVERALL SYNOPSIS - LEVEL ONE: SAMPLE OF SYLLABUS AND CURRICULUM:**

**Level One: Monday:** Starts with a Lecture and a Quiz, a lecture with a Second Quiz, Student PowerPoint presentations, Student Presentations, Group Discussions, Conceptual Mapping, Chapter Readings and Home Book Assignments.

**Level One: Tuesday:** Starts with a Lecture and a Quiz, a lecture with a Second Quiz, Student PowerPoint presentations, Student Presentations, Group Discussions, Conceptual Mapping, Chapter Readings and Home Book Assignments.

**Level One: Wednesday:** ATI is introduced in the first week of Level Two by the faculty. This is a full day of training, assessments, concept mapping, and remediation. This is mandatory for all students. All students have had two training sessions by the ATI representative.

**Thursday and Friday:** Student demonstrates to the faculty the theory and the execution of an activity. A faculty member is with the students the entire shift.

**Thursday and Friday:** After Week Eight, students are assigned to different facilities. This is set up randomly by the Clinical Director.

## **OUTCOMES OF IMPLEMENTATIONS AND ACTIONS:**

Level One started June 11<sup>th</sup>, 2012. The students had a difficult time in the first month of the program. Critical thinking skills needed to be developed. Professional behavior was required and students' understandings of the basic concepts were a challenge. The majority of these students had not been in any health care setting before and their thinking and understanding had to be shaped and continually encouraged.

At the end of Level One, three of our most educationally challenged students improved from 17% in the beginning weeks to the 80% and 90% range at the end of the Level One. All mock exams, all mid-terms examinations and all Finals are created and reviewed by the DON. No examination is the same. No examination is taken twice for a higher score.

There are no Level Two students at this time.

Level Three consists of 12 students who are following the revised curriculum. The students are doing well in the quizzes, mid-terms and finals. However, they are hesitant to work on the ATI due to the fact that they think that it is too much time and work. Every week the DON meets with the faculty and students and encourages them to continue with the structured process.

Level Four recently completed the program on the 13<sup>th</sup> of August. Five students scored over 90% for their ATI. Students who failed their first proctorship were given a week to prepare for the second exam on August 20<sup>th</sup> and were required to take the second Comprehensive A proctorship examination. Three more students secured in the 85% range which constitutes a predictor of passing the NCLEX.

Students who do not meet the predictor point allocation are scheduled to take a third ATI new proctorship testing tool. This will cost \$ 42.00 per test. If the student does not pass the third testing, they will be put back into the remediation process until the entire concept mapping and the remediation is completed within the ATI.

### **REMEDATION POLICY – CONCERN/ACTION**

The SWOT demonstrated that students had difficulty understanding the concepts of remediation by their faculty (failure of a quiz or final) or the remediation required for each section of the ATI. Faculty and students were given two in-services by the ATI representative. Grades have significantly increased with the completion of these tools. Construction of the Policy and Procedure for Remediation was approved by the Board in June 2012.

# VCMC



# VALLEY COLLEGE OF MEDICAL CAREERS

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## **POLICY AND PROCEDURE: REMEDIATION PLAN**

### **ACADEMIC PROBATION AND REMEDIATION PLAN**

When a student's scores falls below a minimum level of 86% at any given time, student is placed on Academic Probation. Student will be given 30 days to bring the scores to the minimum of 86% level or the probation will be extended to the end of the course or level whichever comes first.

Students on Academic Probation must participate in a remediation plan within one week of the probation. The remediation plan will be designed to assist student to increase GPA level to a minimum of 86% or better by end of the probation period.

### **REMEDIATION PLAN**

The Student On Academic Probation Will Meet With Remediation Coordinator Or The Instructor For Remediation Action Plan (Preferably No Later Than The 11<sup>th</sup> Week Of The Current Level). This will include but is not limited to:

1. Meeting with Faculty and DON
2. Attending Weekly Remediation Sessions as Scheduled.
3. Identifying Areas Of Deficient Study Habits.
4. Identifying A Plan Of Study.
5. Developing A Plan Of Study.
6. Completing Appropriate Assignments.

There will be no make up exams; instead it will be remediation and focus review on the areas of weakness.

No patterned exam retakes are allowed. This may be viewed as unsatisfactory academic progress and may be cause for termination from program.

Students are provided mock examinations which they can do on campus. These mock examinations are for review only. Any student at any time may have a mock examination of their week or completed level.

## REMEDATION STRATEGIES

Remediation can take several forms - from testing to determine where the gaps are to providing tutoring and other support services and evaluating success upon completion of remedial work. The following is the recommended remediation process:

### **1. DIAGNOSE THE STUDENT'S LEARNING STRENGTHS AND WEAKNESSES.**

Effective remediation helps the student to learn ways to overcome his/her academic deficiencies by using his/her best learning strengths. It is therefore imperative to identify student's learning strengths and match them with teaching methods accordingly. The following are learning strengths that can be incorporated in teaching strategies (Multiple Intelligences, 1991).

1. **Visual:** Learn through drawings, imagery, models, graphics, photographs, and video.
2. **Bodily-kinesthetic:** touching, physical activity, hands-on learning, role playing
3. **Musical:** study better with music in the background, turning lessons into lyrics, and using tools such as radio, multi-media.
4. **Interpersonal:** study better in study groups with interaction with others in study groups.
5. **Intrapersonal:** Study better individually through independent study by using text books in their privacy and time.
6. **Linguistic:** Learn by reading, using computers, and lectures.
7. **Logical –Mathematical:** Learn through investigations, developing concepts before learning details.

### **2. TEACH LEARNING**

Teach students how to learn and retain information by using tools/methods that best match their learning strengths. The following teachings are recommended:

1. Be organized by keeping a binder and having a system to keep track of assignments.
2. Use simple but effective tools such as note cards
3. Engage in study groups – if applicable
4. Bring questions on the subject matter(s) to remediation sessions

### 3. SET HIGH EXPECTATIONS

Keep expectations high and align them to the course standards.

#### SUPPORTIVE QUESTIONS FOR REMEDIATION

1. What other ways can we help you to learn subject material?
2. What are your goals from remediation?
3. Describe how you are going to achieve them?

#### REMEDIATION GOALS:

1. Improve Study Habits
2. Develop Individualized Plan Of Study
3. Increase Knowledge Of Subject Materials
4. Increase GPA To 86% Or Better

#### ACTION PLAN:

1. Attend Weekly Remediation Session As Scheduled.
2. Complete Appropriate Assignments.
3. Identify Deficiencies And Problem Areas.
4. Develop Individualized Plan Of Study.
5. Score 86% Or Better On The Re-Take Exam

**DON: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EVALUATION OF THEORY AND CLINICAL FACULTY

### EVALUATION OF THEORY CONCERN/ACTION

Using the SWOT information that was reviewed by the Curriculum and Syllabus committee, it was determined, that the theory and the practicum needed to be more integrated. More consistency and flow of the theory was needed.

In order, to accomplish this integration, the VN program's entire syllabus was revised (not reconstructed) in order to have a flow of theory then practicum.

The deadline for this action was May 15<sup>th</sup>. The information and processes were shared with Ms. Pam Hinckley upon our visit to Sacramento. The outcome of this effort resulted in the consistency of the theory with the clinical skills lab and the clinical facilities. Faculty provided a great deal of information and contributed suggestions and contribution to the Evaluation Committee. These four areas consist of the following:

1. Evaluation of Theory Presentations by Faculty.
2. Evaluation of PowerPoint Presentations by Faculty that were given to the Students
3. Evaluation of Power Point Presentation by Students graded by Faculty
4. Evaluation of Clinical Rotations and their Correlation To the Theory

### EVALUATION OF CLINICAL FACULTY: CONCERN/ACTION

Theory and Clinical Evaluations were completed. However, the reviews by the DON were not signed by the faculty. This may have been an oversight. In the future all paperwork will be signed by the Faculty and the DON or Clinical Director. Providing feedback to the theory and clinical faculty is very important for future improvement.

The Clinical Director is also assigned to set up an appointment schedule to visit facilities once per month to discuss and issues that may be problematic. There are four different evaluations for faculty. First is the theory evaluation in class (by the students), the second is the evaluation of the faculty in the skills lab (9 weeks) and the third is the clinical evaluation of the faculty in the facilities. The fourth evaluation is completed by the DON and consists of an evaluation of the individual instructors.

**EVALUATION OF STUDENTS WITHIN CLINICAL FACILITIES BY CLINICAL FACULTY**



**Grading Allocations for Skills Lab and Clinicals**

INSTRUCTIONS: Students are to completing this process, need to sign off the skill in the student data and initial section, have the faculty review and provide a grade per demonstration. Students are to keep these forms, from Level One through Level Four. At the end of Level Four, students are to turn into the instructor. No forms will be accepted if the form does not have the instructor initials

**STUDENT NAME:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CLINICAL INSTRUCTOR :** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

Weeks	Student Date And Initial	Knowledge of Skill	Attitude and Attendance  Score: 0 to 5 Points	Student Ability To Demonstrate in Skills Lab  Score: 0 to 5 points	Student Ability To Demonstrate In Clinical  Score: 0 to 5 points	<u>Instructor Initials</u>
1-1		Perform A Two-Minute Hand Wash				
1-2		Bathing The Patient				
1-3		Administering A Back Rub				
1-4 a		Bed Making: Occupied				
1-4 b		Bed Making: Unoccupied				

1-5		Administering Oral Hygiene				
1-6		Care Of Hair, Nails, And Feet				
1-7 a		Perineal Care: Male				
1-7 b		Perineal Care: Female				
1-8		Positioning Patients				
1-9		Performing Routine Catheter Care				
1-1		Performing A Two-Minute Hand Washing				
1-2		Bathing The Patient				
1-3		Administering A Backrub				
1-4 a		Bed Making: Occupied				
1-4 b		Bed Making: Unoccupied				
1-5		Administering Oral Hygiene				
1-6		Care Of Hair, Nails, And Feet				
1-7 a		Perineal Care: Male				
1-7 b		Perineal Care: Female				
1-8		Positioning Patients				
1-9		Performing Routine Catheter Care				
2-1		Performing Range Of Motion Exercises				
2-2		Moving The Patient				

2-3		Using Lifts To Move The Patient				
2-4		Positioning The Patient On A Bedpan				
2-5		Assisting The Patient With Eating				
2-6		Serving And Removing Trays				
2-1		Oxygen Administration				
2-2		Clearing The Airway				
2-3		Tracheotomy Care And Suctioning				
2-4		Care Of Patient With A Cuffed Tracheotomy				
2-5		Maintaining An Intravenous Site				
2-6		Care Of A Patient In A Cast				
2-7		Applying A Tourniquet				
2-8		Applying An Arm Splint Using A Triangular Bandage				
2-9		Moving A Patient With A Suspected Spinal Cord Injury				
3-1		Preparing Patient For Diagnostic Examination				
3-2		Performing An Electrocardiogram				
3-3		Measuring Intake And Output				
3-4		Applying Teds Or Scds				
3-1		Preparing Patient For Diagnostic Examination				

3-2		Performing An Electrocardiogram				
3-3		Measuring Intake And Output				
3-4		Applying Teds Or Scds				
4-1		Measuring Body Temperature				
4-2		Obtaining A Radial Pulse				
4-3		Obtaining An Apical Pulse				
4-4		Obtaining A Respiratory Rate				
4-5		Obtaining A Blood Pressure Reading				
4-6		Measuring Height And Weight				
4-1		Head-To-Toe Assessment				
4-2		Neurological Assessment				
5-1		Admitting A Patient				
5-2		Transferring A Patient				
5-3		Discharging A Patient				
5-4		Applying A Safety Reminder Device				
5-1		Admitting A Patient				
5-2		Transferring A Patient				
5-3		Discharging A Patient				

5-4		Applying A Safety Reminder Device				
6-1		Applying A Bandage				
6-2		Applying An Abdominal Binder				
6-3		Applying An Arm Sling				
6-4		Performing An Eye Irrigation				
6-5		Applying Warm, Moist Eye Compress				
6-6		Performing An Ear Irrigation				
6-7		Incentive Spirometer/Positive Expiratory Breathing				
6-8		Teaching Controlled Coughing				
6-9		Teaching Post-Operative Breathing Techniques				
6-1		Applying A Bandage				
6-2		Applying An Abdominal Binder				
6-3		Applying An Arm Sling				
6-4		Performing An Eye Irrigation				
6-5		Applying Warm, Moist Eye Compress				
6-6		Performing An Ear Irrigation				
6-7		Incentive Spirometer/Positive Expiratory Breathing				
6-8		Teaching Controlled Coughing				

6-9		Teaching Post-Operative Breathing Techniques				
7-1		Gowning For Isolation				
7-2		Donning Gloves				
7-3		Donning A Mask				
7-4		Double Bagging				
7-5		Isolation Technique				
7-6		Surgical Hand Wash				
7-7		Collecting A Mid-Stream Urine Specimen				
7-8		Collecting A 24-Hour Urine Specimen				
7-9		Collecting A Stool Specimen				
7-10		Testing For Occult Blood				
7-11		Collecting Gastric Emesis				
7-12		Obtaining A Throat Culture				
7-13		Obtaining A Nose Culture				
7-14		Performing A Vaginal Douche				
7-15		Administering An Enema				
7-16		Digital Examination With Fecal Disimpaction				
7-17		Performing Nasal Irrigation				

7-1		Preparing A Sterile Field				
7-2		Performing Open Sterile Gloving				
7-3		Preparing For Disinfection And Sterilization				
7-4		Performing Surgical Skin Preparation				
7-5		Measuring Blood Glucose Levels				
7-6		Collecting A Sputum Specimen By Suction				
7-7		Collecting A Sputum Specimen By Expectoration				
7-8 a		Catheterization: Male				
7-8 b		Catheterization: Female				
7-9 a		Catheter Irrigation: Open				
7-9 b		Catheter Irrigation: Intermittent				
7-9 c		Catheter Irrigation: Continuous				
7-9 d		Catheter Irrigation: Bladder Installation				
7-10		Removing An Indwelling Catheter				
7-11		Inserting A Nasogastric Tube				
7-12		Nasogastric Tube Irrigation				
7-13		Gastrointestinal Suctioning				
7-14		Nasogastric Removal				

7-15		Inserting A Rectal Tube				
7-16 a		Performing Ostomy Care: Colostomy				
7-16 b		Performing Ostomy Care: Ileostomy				
7-16 c		Performing Ostomy Care: Urostomy				
7-17		Performing A Colostomy Irrigation				
7-18 a		Administering Tube Feedings: Nasogastric				
7-18 b		Administering Tube Feelings: Gastrostomy				
7-18		Administering Tube Feedings: Jejunostomy				
8-1		Administering Tablets, Pills, And Capsules				
8-2		Administering Liquid Medications				
8-3		Administering Medications Via Nasogastric Tube				
8-4		Administering Rectal Suppositories				
8-5		Applying Topical Agents				
8-6		Administering Eye Drops And Ointments				
8-7		Administering Ear Drops				
8-8		Administering Nose Drops				
8-9		Administering Nasal Sprays				
8-10		Administering Inhalants				

8-11		Administering Sublingual Medications				
8-12		Administering Buccal Medications				
8-13		Preparing Parenteral Medications				
8-1		Giving An Intramuscular Injection				
8-2		Giving A Z-Track Injection				
8-3		Giving An Intradermal Injection				
8-4		Giving A Subcutaneous Injection				
8-5		Insulin Administration				
8-6		Changing A Sterile Dressing				
8-7		Applying A Wet-To-Dry Dressing				
8-8		Applying A Transparent Dressing				
8-9		Removing Staples Or Sutures				
8-10		Applying Steri-Strips				
8-11		Maintaining Hemovac/Davol Suction & T-Tube				
8-12		Wound VAC				
Weeks 9-15 in clinical facility		Provide For The Patient's Environment To Ensure Safety, Health, And Hygiene				
		Bathing				
		Bed Making: Occupied				

		Bed Making: Unoccupied				
		Prevention Of Injury				
		Infection Control Practices				
		Provide Skin Care To Assigned Patient				
		Write A Care Plan To Prevent Skin Breakdown				
		Measure Blood Glucose				
		Accurately Measure Vital Signs: Temperature				
		Accurately Measure Vital Signs: Pulse				
		Accurately Measure Vital Signs: Respirations				
		Accurately Measure Vital Signs: Blood Pressure				
		Measure Urine				
		Measure Liquids				
		Document Intake And Output				
		Apply Anti-Embolism Stockings				
		Assist Patient With: Bedpan				
		Assist Patient With: Bedside Commode				
		Assist Patient With: Condom Catheter				
		Assist Patient With: Drainage Bag				

		Position Assigned Patient Accordingly: Supine				
		Position Assigned Patient Accordingly: Prone				
		Position Assigned Patient Accordingly: Semi-Fowler's				
		Position Assigned Patient Accordingly: High Fowler's				
		Position Assigned Patient Accordingly: Side Lying				
		Position Assigned Patient Accordingly: Lithotomy				
		Position Assigned Patient Accordingly: Orthopneic				
		Position Assigned Patient Accordingly: Trendelenberg				
		Position Assigned Patient Accordingly: Reverse Trendelenberg				
		Pressure-Relieving Alignment				
		Apply Heat & Cold Therapy				
		Perform Eye Irrigations				
		Perform Ear Irrigations				
		Apply Warm Eye Compresses				
		Oxygen Administration				
		Tracheostomy Care & Suctioning				
		Urinary Catheterization: Male				
		Urinary Catheterization: Female				

		Catheter Care				
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Each Student Is To Demonstrate Each Of The Above Requirements.

The Passing Grade Is To Be 3 or Better All the Clinical Skills  
 If Students Do Not Achieve A 90%, Students Will Be Required To Repeat The Skills.  
 5 points indicate Ability To Demonstrate  
 5 points indicate student has provided an good attitude with the patients and facility nurses as well as his/her team members

**Total Grading Allocation Is 270 Points.**

**STUDENT ACHIEVEMENT CONCERN/ACTION:**

In the first month of the SWOT analysis all files were reviewed step by step. The first concern was the low pass rates of the students in all levels of the program.

Second was the number of times that the students were tested for comprehension and application into the practicum environment of the clinical facilities. Many of the exams were very well done by the faculty; however there was a lack of consistency in the types of testing tools. Some exams were developed by the DON, others were developed by the faculty and others were provided by exam guidebooks.

**Action:** In order to have high student achievement it is important to frequently test the students. In the current syllabus, Monday and Tuesday are theory days and two short quizzes are provided to the students each day of the theory.

Wednesday is specifically allocated to the process of the ATI. This allows students to progress from Level One to Level Four with an excellent foundation in the concept mapping and the remediation of all the information provided by ATI. The ATI offers daily quiz and assessment reviews for all of the disciplines. This is an excellent tool for increasing grades and allowing increased study time for each of the students.

Thursday and Friday are skills labs for the first eight weeks of class. On the ninth week the students are randomly selected to be placed for their clinical rotation. The Clinical Director is responsible for this process. The Clinical Director submits monthly reports on the progress of the students. The outcome has changed a great deal. The grades have increased 30% to 40% not only in the theory and clinical classes, but in the NCLEX and the ATI.

Standardized Achievement Testing has been put into place for all student levels. The DON at this time is developing the Midterms and the Final Examinations for all Levels. The DON has been certified in Standardized Testing by Pepperdine University. These standardized tests are developed from the information from the Lectures, the PowerPoint presentations, the chapters assigned for the reading and the homework books associated for the text books.

Faculty surveys are completed on what has actually been taught in the classroom. The areas included in this survey format are the theory, the skills lab, and the clinical. They help to determine for each student their achievement in the testing tools.

Grade Reports measure academic achievement and proficiency. In order to be consistent with the short term learning and the long term learning remediation is a constant part of each of the students learning.

**VALLEY COLLEGE OF MEDICAL CAREERS  
VOCATIONAL NURSING PROGRAM**

**STUDENT EVALUATION OF INSTRUCTOR IN SKILLS LAB Sample**

SKILLS LAB- LEVEL ONE: \_\_\_\_\_

LEVEL \_\_\_\_\_ DATE: \_\_\_\_\_

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Please answer the following questions regarding this clinical facility. This is an evaluation of how the SKILLS LAB and Instruction is meeting student needs.

Did the students & faculty receive adequate orientation to function within this facility?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, PLEASE EXPLAIN

\_\_\_\_\_

2. How would you rate the learning experiences available in this facility?

EXCELLENT \_\_\_ GOOD \_\_\_ FAIR \_\_\_ POOR \_\_\_

3. What did you find most helpful at this skills lab?

4. What did you find least helpful at this skills lab?

6. Were students able to meet the objectives of this level? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Did the facility provide an adequate classroom/meeting place for pre and post conferences?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, PLEASE EXPLAIN

\_\_\_\_\_

8. Were students & faculty well received by facility staff? YES \_\_\_\_\_ NO \_\_\_\_\_

9. What suggestions would you offer to improve student experiences at this facility?

**Students May Put Their Names On The Survey, But Is Not Required.**

**Current Enrollment:**

**START DATES:**

Requesting a Start in November, 2012 for a Day Class. Requesting a Start for the Evening Class for 20 students.

**OVERVIEW:**

The Valley College of Medical Careers- Vocational Nursing program provides students with a conceptual framework of knowledge, skills values, meaning and experience and its integration into the provision of nursing care within the scope of the Vocational Nursing Practice Act. The course of study is designed to utilize a curriculum that progresses from simple to complex concepts in theory and clinical skills. Each of the concerns that resulted from the SWOT analysis have been addressed and put into place. These concepts will continue to strengthen as the theory, the clinical practicum and the success of our students.