

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

ANNUAL COMMITTEE EVALUATION REPORT

ACADEMIC YEAR: 2016-2017

REPORTING COMMITTEE: Curriculum Committee

PART I: EVALUATION OF ANNUAL GOALS AND COLLEGE ASSIGNMENTS AS APPLICABLE

Evaluation of annual goals from the preceding academic year

GOAL: #1: Ensure all overall course evaluations maintain a threshold of 3.5

- Goal Achieved: All courses met the specified threshold.

Course Evaluation Rating	Fall 2016	Spring 2017
N111	4.4	4.59
N112	4.1	4.5
N113	4.15	4.57
N113L	4.64	4.75
N121	4.23	4.07
N122	4.31	4.38
N123	4.21	3.99
N123L	4.59	4.74
N124	4.1	4.23
N124L	4.61	4.74
N231	4.09	4.14
N232	3.85	3.99
N233	4.13	4.08
N233L	4.35	4.54
N242	3.97	3.82
N243	4.12	4.18
N243L	4.41	4.14

GOAL #2: Ensure all courses maintain a course pass rate at or above the established threshold

- Goal Not Achieved: All courses for semesters one, two and three met the established thresholds. Semester four courses for fall 2016 met the 95%, but fell to 93.60 for the N243 course in spring 2017. The semester four committee recognized that their N243 course fell below threshold as a result of the high attrition of students during the first three weeks of the semester. The Curriculum Committee will continue to monitor the progress of the identified at risk students throughout the semester and evaluate the semester's action plan instituted for these students' success. Ensure semester coordinators utilize the tracking tool introduced by the Administration Committee so that students that are considered high risk for any reason can be identified early in the program and provided with appropriate support to ensure they met their learning objectives.

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GOAL #3: Ensure all class climate survey items meet established threshold

- Goal Not Achieved: All semesters' survey items met the 3.5 threshold for fall 2016. Semester one and two courses' survey items met threshold for spring 2016. Semester three's N232 and Semester four's N242 and N243 L fell below threshold on survey item 1.6. Discussion was generated during the 2017 faculty workshop regarding the N242 and N243L survey item of 1.6 that reads "Test questions were clearly worded" and "Written competencies were clearly worded and based on course objectives" respectively, During faculty workshop discussion, faculty commented that the students cannot accurately answer the questions as they themselves do not have the skills to evaluate the clarity of the test questions. Although the 1.6 survey item did not fall below threshold for semesters one and two, it was identified that students made negative comments about test questions for various courses in each of the semesters. Based on the discussion and a careful review of students comments on the surveys for each semester the Faculty Organization Committee unanimously voted to remove item 1.6 from the survey as it is the faculties' belief that the students are not able to effectively respond to this item. It is the recommendation of this committee that each semester, in lieu of the changes, continue to closely monitor test questions keeping in mind the recommendations from policy #'s 320 and 321.

Implementation of recommendation to and from Committees/other Programs including status (If applicable):

- **Quality and Safety Education for Nurses (QSEN)**
 - The committee completed the incorporation of the QSEN core competencies language in all of the course objectives for all semesters (revised course objectives). In spring 2017, semester one incorporated the revised course objectives in N113 and N133L and Clinical Performance Evaluation Summary. Semester one and two will incorporate the revised course objectives in all their courses in Fall 2017. This project has continued throughout the 2016-2017 academic year with the goal of having all semesters incorporate the revised course objectives by fall 2018.
 - Status: ongoing.
- DDCC Tracking
 - Below are the Dosage and Drug Calculation Competency (DDCC) results.

DDCC First attempt	Fall 2016	Spring 2017
Semester I	3 failures	3 failures
Semester II	1 failure	4 failures
N125 sum 2016 & 17	4 failures	5 failures
Semester III	8 failures	10 failures
Semester IV	13 failures	16 failures

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DDCC Second attempt	Fall 2016	Spring 2017
Semester I	0 failed	0 failed
Semester II	0 failed	0 failed
N125 sum 2016 & 2017	1 failure	1 failure
Semester III	0 failed	0 failed
Semester IV	2 failed	0 failed

PART II: STUDENT PERFORMANCE EVALUATION

Student related problems as applicable (include # of students):

Discuss any issues relating to Complaints, Petitions, Grievances, Withdrawals, Dismissals, Failures, and any others as applicable.

There were a total of ten petitions filed, between semesters one, two and three during this academic year. The petitions requested pertained to:

1. Waving the 10% make-up examination deduction
2. Request for a make-up exam after taking the regularly scheduled exam
3. Attendance policy waved
4. Re-take clinical competency

Neither of the nine petitions filed advanced to grievance. This committee encourages the continued use of policy with good faith and fair dealing when handling student related problems.

Course attrition rates for Semesters one through three were below the 15% threshold. However, it is the recommendation of this committee that all semester coordinators utilize the tracking tool introduced by the Administration Committee so that students that are considered high risk for any reason can be identified early in the program and provided with support services. The N125 course attrition rate was also below the 15% threshold.

Shadow Health DCE assignments were implemented for the first time in fall 2015. For fall 2015 and spring 2016, the student comments for these assignments have both positive and negative feedback. Some of the positive comments included: Reinforcement of learning physical assessment, cardiovascular and respiratory concept labs. Negative comments included: Time-consuming, unrealistic, limited vocabulary, frustrating, and not user friendly. These comments were presented and addressed in the Faculty Workshop. Strategies that were proposed include provision of clearer information and expectations on DCE assignments during course orientation and modification of list assignments for fall 2016. However, this did not resolve the recurring negative feedback of students. Semester one instructors did not observe any significant improvement in the assessment skills of students for the past four semesters since the implementation of DCE. Faculty Organization approved to discontinue the DCE assignments and delete Shadow Health from Semester one booklist in spring 2017.

Semester two continued to utilize Shadow Health in the Pediatric rotation in place of a Nursing Care Plan. Students did not have specific comments made in Class Climate on the

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Spring 2017 evaluation regarding Shadow Health. Students' verbal feedback to the instructor included: Health History assignment not very helpful and it was frustrating to have to word the questions in a specific manner, otherwise the avatar will not respond. The respiratory assessment received more positive verbal feedback. Students stated it was a good refresher of past content. Semester two Pediatric Nursing Instructor have noticed an improvement in their clinical health histories. Students were more detailed and clear with their clinical health histories.

Faculty /staff intervention to improve student learning:

Include the following information: Faculty/ staff student contact logged hours, student referrals, student remediation. (Student services - use counseling, assistance, classes etc.), student success rate and resolution of problem/ services meeting student needs (For EDCOS only: Include a summary of student categories).

- Each faculty continuously provide students with services such as tutoring and counseling to assist the students in achieving their educational goals. Each semester committee has a method for identifying high risk students and provides them with alternative teaching methodologies to enhance their attainment of their educational goals.
- Collaboration between semester instructors and skills lab coordinator is ongoing for student remediation to assist the students to be successful and put together clinical scenarios that were utilized for Simulation Clinical Experience.
- Standardization of clinical worksheet and nursing care plan presentations was done in a classroom setting to mitigate discrepancy of students' understanding of the guidelines and rubric criteria of the written assignments
- Faculty worked with students with personal issues that impact their ability to be academically successful and referrals were made to the Dean of Student services for any additional help.

Student representatives on the Curriculum Committee brought forth concerns, challenges, and feedback from their class for discussion. The student representatives shared the committee's discussions with their respective peers. Any concerns or challenges that needed to be further discussed at the semester level was addressed using the Intercommittee Communication. The findings and/or solution was followed up and communicated back to the students during the monthly meetings. The following topics were brought forth by the students:

1. Semester two expressed that the lectures had heavy content and it was difficult for them to find balance between lectures and exams. They also felt like they were behind on their required reading. Faculty discussed time management strategies with the students.
2. Semester two reported that the last exams on Maternal/Child, and Medical/Surgical were difficult and not fully covered in lectured, but the test items were included in their chapter readings and handouts. It was also reported that the students did not have enough time to read the assigned chapters and haven't taken advantage of tutoring. Faculty suggested for the students to read all assigned chapters, review tests, and attend tutoring in order to be successful with their exams.

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3. Semester three felt like they were anxious about the writing and skills competency exams. Faculty discussed the students' concerns and suggestions were made to reduce their anxiety during the competency exams. Faculty also suggested for the students to come prepared during the writing competency review, and to make appointment with the skills lab coordinator or clinical instructor to help prepare them for the skills competency.
4. Semester three representative stated the medical-surgical clinical group in spring 2017 were stressed out trying to balance clinical care plans and study for their theory courses. They felt they were having difficulty managing time with no time for a break. Curriculum faculty member suggested for the students to discuss these concerns with their clinical instructors so their clinical instructors could help guide them and also to use organization plan within their clinical worksheets.
5. The Semester three verbalized concerns regarding the limited number of exams in N232 Professional Role Course (2 exams, no quizzes). They believe that only having two exams in the course increases their risk for failure. This concern was brought forth to the third semester faculty. However, they decided to keep the same grading criteria for now since historically, students have had 100% pass rate on N232. Furthermore, with the exams and quizzes from the other 2 theory courses that are taken concurrently with N232, it will be more challenging for the students to keep up with all the quizzes and exams that they have to study.
6. Semester four reported that the students were apprehensive and stressed about their Written Competency being scheduled a week prior to their Graduation in Spring 2017. Students were concerned about potential failure. Faculty members responded that all lectures had to be completed before the Written Competency since these information are included on the Written Competency Exam; and moving the Written Competency schedule earlier to week 16 could cause more stress to the students because it is the same week that the Professional Role final exam is scheduled.

The Student Success Workshop Committee continued to offer several workshops to supplement the curriculum and assist students in successfully meeting the learning outcomes. The following workshops were offered: One-minute Simulation, Post partum Hemorrhage, Health Literacy, Jigsaw Puzzle, and IV Race. The Study & Test-taking Strategies and the Stress Management workshops were offered to incoming students. All feedback received via Class Climate surveys far exceeded the threshold of 3.5. The goal for fall 2017 is to reinstate the Clinical Spanish, Clinical Reasoning and add APA workshop along with the above mentioned workshops.

PART III: PROGRAM / COMMITTEE PERFORMANCE EVALUATION

Effectiveness of curriculum/services rendered:

The fall 2016 and spring 2017 Program Evaluation surveys scored high above threshold across the program objectives except for Administrative Services, participation in governance and financial aid services did not meet threshold. Positive comments were noted as well as recurring issue. Positive comments included clinical experiences that provided diverse clinical cases and had some great instructors to guide and teach them. Recurring issues also include lack of supportive learning environment from instructors, need

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for physical improvement of the campus, repetition of information in Role courses, allow recording of lectures across the semesters and demands of writing clinical worksheets

The policies and forms that were updated are as follows:

- SON Conceptual Framework
- SON Philosophy
- SON Philosophy Diagram
- Academic Honesty & Professional Conduct-Student Agreement Form
- Clinical Evaluation Tool
- School of Nursing Bylaws
- Academic Dishonesty/Professional Misconduct Report
- Policy #201: Academic Honesty and Professional Conduct
- Policy #561: Impaired Student
- Policy #630: Testing Procedure
- Policy #810: Make Up Exam
- Policy #700: Curriculum Changes

PART IV: Accomplishments of the Committee:

- Collaboration, great teamwork and input from faculty committee members on the revision of all course objectives and Clinical Performance Evaluation Summary incorporating QSEN core competencies.
- Collaborated with other faculty member in completing the BRN report.
- Completed Content Mapping and endorsed to Content Experts for review

Quality improvement plans:

N/A

Goals for upcoming academic year:

GOAL #1: Ensure all overall course evaluations maintain a threshold of 3.5

GOAL # 2: Ensure all courses maintain a course pass rate at or above the established threshold

GOAL #3: Ensure all class climate survey items meet established threshold

GOAL #4: Ensure that all course syllabi have incorporated the QSEN core competencies in All semester syllabi.

PART V: ACCOMPLISHMENTS TO THE STRATEGIC PLAN (Programs and Semester Committees only. Please use the new strategic plan (SP) for 2010-2015 now in effect. Identify which goal, objective and strategies. SP is posted on Team Services)

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PART VI: CONTRIBUTORS TO REPORT

Faculty:

J. Arrias, MSN, RN
B. Davis, MSN, RN
G. Escudero, MSN, RN
M. Gonzales, PhD, RN, OCN
R. Griggs-Gabbedon, DNP, RN, CNML
P. Major, MSN, RN
M. Fernandez-Najera, MSN, RN
L. Myers, DNP, FNP, CCRN, RN (Ex-officio)
L. Martinez, MSN, RN
L. Patricio, MSN, ANP, RN (Chairperson)
J. Teal, DNP, RN
T. Trongone, MSN, RN

Student Representatives:

Fall 2016

	Semester 1
D.Kwag	Semester 2
K. Meighan	Semester 3
C. Harrington	Semester 4

Spring 2017

J. Flores	Semester 1
D. Anderson	Semester 2
D. Kwag	Semester 3
K. Meighan	Semester 4

PART VII: DATA SOURCES

2016-2017 Petition-Grievance Stats
Annual Committee Evaluation Reports: (AY 2016-2017, Semesters I, II, III, IV)
Curriculum Committee Minutes 2016-2017
Grievance Statistics 2016-2017
Program Evaluation Survey 2016 Fall-Spring 2017
SON Program Review Workshop Minutes 2017
SON Policies and Procedures
Student Learning Outcomes Assessment Reports 2016-2017
Theory Course Evaluation Reports Fall 2016-Spring 2017