

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

ANNUAL COMMITTEE EVALUATION REPORT

ACADEMIC YEAR: 2016-2017

REPORTING COMMITTEE: Admissions and Promotions

PART 1: EVALUATION OF ANNUAL GOALS AND COLLEGE ASSIGNMENTS

Evaluations of the Academic Year 2015-2016 goals

1. The committee in collaboration with the Dean, Administrative and Student Services will conduct a study to determine the necessity of changing the current cut score of the TEAS exam.

Goal Not Met:

- As reported in Admissions and Promotions (A & P) Annual Committee Evaluation Report (ACER) 2015-2016 academic year, the conduction of a study was cancelled due to changes within the company which provides the TEAS test. A cut score was determined based on community standards and voted on in the Faculty Organization Committee meeting. The Admissions and Promotions Committee performed no conduction of study, but plans a collaboration with the Dean, Administrative and Student Services, for the next academic year.

2. Form an ad hoc committee to research community standards of the expectations and limitations of nursing students in the clinical setting.

Goal Met:

- This goal was met in 2014-2015 academic year with committee members each researching two year ADN nursing programs to gather information regarding affiliated site allowances for students in the clinical setting. The findings reflect positively for CONAH as the program provides the students live patient care experiences in a variety of Los Angeles County Department of Health Services clinical environments. As previously reported, clinical limitations by affiliated sites prevents nursing students from optimizing their clinical experience. The Admissions & Promotions Committee performed no further research or action this academic year.

3. Revise policies and procedures related to admission, promotion and graduation of students to meet the current community standards.

Goal Partially Met:

- The committee reviews and proposes suggested recommendations for policies and procedures triennially, as per administration request and as needed. Five policies came due for triennial review this academic year. The committee reviewed and recommended revisions for two policies. The group requested more information before making a final recommendation, with that

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information still pending at time of report and to be carried over to the upcoming academic year. The committee tabled two policies to review in the upcoming academic year.

4. Review criteria, process, and policy for the return of students who attrited out of the program and wish to return under the LVN-RN option.

Goal Met:

- This goal was met in 2015-2016 academic year. BRN guidelines regulate the criteria and process for students who attrited out of the program and wish to return under the LVN-RN option. The Dean, Administrative and Student Services reviews this opportunity with each attrited student on an individual basis. Currently, no standing policy exists and no issues have arisen regarding this issue. The committee may review if an existing policy needs revision to include this option for attrited students should this matter occur in the future.

5. Review process of retesting students for the TEAS exam.

Goal Met:

- This goal was met in 2014-2015 academic year with no suggested changes recommended at the time of Admissions & Promotions Annual Committee Evaluation Report. The Admissions & Promotions Committee performed no review or action this academic year.
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6. Review Program Evaluation Survey for areas pertaining to admissions, promotions, and graduation of students.

Goal Met:

- Review of the Program Evaluation Survey for this evaluation period has been completed. All items pertaining to admissions, promotions, and graduation of students above threshold with no action required. The surveys are evaluated annually for each period.

7. Utilize attrition and promotion data to review trends regarding Nursing Courses Pass Rate, NCLEX-RN Pass Rate and On-time Completion Rate and make recommendations to improve outcome.

Goal Partially Met:

- Review of trends regarding Nursing Courses Pass Rate, NCLEX-RN Pass Rate and On-time Completion Rate occurs annually for both fall and spring semesters. Pass rate of Nursing Courses have various reasons for students not being successful in the course, such as language barriers and personal reasons.

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

A & P Committee received five Intercommittee Communications (ICC) from within the SON as follows:

- ❖ ICC from ASB Advisors to please review National Student Nurse Association Code of Academic and Clinical Conduct located within the Fundamentals of Nursing textbook utilized by the SON and the SON Policy # 201 Academic Honesty and Professional Conduct to determine most suitable placement of this information in the curriculum and/or Student Handbook.
Committee response: The members of the committee mentioned that it seemed, in a general overview of the code, that much of its contents was reflected throughout the curriculum, in the Professional Standards of the Laboratory (clinical) courses, and found it to be included as a reference.
- ❖ ICC from A & P Committee to Semester Coordinators to discuss with semester the group's feedback regarding permitting students to audit a nursing course that the student has successfully challenged for credit. Semester responses varied with two semesters in favor of auditing as it enhances and supports student learning and outcomes, and two semesters against auditing. This issue was presented at Faculty Organization Committee meeting with a vote against allowing auditing at SON.
- ❖ ICC from M. Caballero, Dean, Administrative and Student Services requesting committee review of the point system and minimum admission requirements and consider raising the grade point average (GPA) requirement of both the overall and science pre-requisite courses to decrease the applicant pool.
Committee response: A & P Committee agreed with the suggestion and recommended to raise the science pre-requisite GPA from 2.5 to 3.0 and overall GPA from 2.0 to 2.5. This was presented to Faculty Organization Committee meeting for faculty vote with faculty approval of implementation of the recommendations. Policy # 800: Admissions, Policy #710: Nursing Course Exemptions and Challenges, student handbook, college catalog, and all other areas reflective of this recommendation were revised as a result of these recommendations.
- ❖ ICC from Semester One Coordinator requesting A & P Committee review and clarify course concurrency.
Committee response: A & P Committee sent ICC's to semester coordinators for faculty to discuss this issue in their semester meetings. Responses returned to A & P Committee included previous discussed understandings that concurrency, for the sake of BRN, refers to the medical/surgical theory and clinical courses only.
- ❖ ICC from Semester One Coordinator requesting A & P Committee to clarify the drop out period per semester, courses (18 weeks versus 9 week), or academic calendar to ensure accurate documentation of enrollment and

attrition. The ICC also requested and recommended to have this timeline included in the academic calendar.

Committee response: After research and review, the Committee clarifies that the final official roster is generated at the end of the third week of the semester for all courses (18 and 9 weeks) in that semester, students register for all courses (18 and 9 week) courses of a semester at one time at the beginning of the semester, and students register for all courses within that semester at the beginning of the semester. Therefore, the dropout period per semester is identified as the end of the third week of the beginning of a semester. The implementation and utilization of CAMS may address the issue of the timeline and the academic calendar.

PART II: STUDENT PERFORMANCE EVALUATION

Student issues related to admissions, promotions and graduation. Please see chart below. Discuss any issues relating to Complaints, Petitions, Grievances, Withdrawals, Dismissals, Failures, and any others as applicable.

Complaints
Withdrawals, Dismissals, and Failures

Overall Course Attrition Rate	Fall 2016	Spring 2017
Semester 1	12.96%	7.84%
Semester 2	9.76%	13.5%
Semester 3	9.62%	6.98%
Semester 4	13.21%	16.98%*

Semester 1 had a decrease in attrition by 5.09% percent from fall 2016 to spring 2017. Semester 2 had an increase in attrition by 3.74% percent from fall 2016 to spring 2017. Semester 3 had a decrease in attrition by 2.64% percent from fall 2016 to spring 2017. Semester 4 had an increase in attrition by 3.77% percent from fall 2016 to spring 2017.

* In accordance with the A & P Committee recommendations, the semester faculty plan for action includes to continue:

- Current practice of early identification of those students who are at a higher risk for attrition and implement a plan for success
- Identification of high-risk students
- Provision of an early intervention plan for student success.
- Review of critical skills with semester four students in the first clinical week to support student performance in those skills.

Semester 3 decreased overall course attrition rate again this academic year. All semesters have done a great job guiding the students.

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Students have the right to due process in cases where disputes arise which are not able to be resolved in an informal manner. In such cases, the student may opt to file a formal petition. In the academic year 2016-2017, all petitions were resolved in the informal stage with zero petitions moving to grievance.

Petition Requests by Students. See chart below.

2015-2016	Semester I	Semester II	Semester III	Semester IV	N125
Petition	5	3	2	0	0
Preliminary hearings	0	0	0	0	0
Grievances	0	0	0	0	0

❖ No petitions advanced to grievance for the Academic Year 2016-2017.

The changes are not significant when compared to the last four academic years. The numbers remain consistently below threshold of 5%.

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/resolution of problem/ services meeting student needs

Each instructor has posted office hours to accommodate students with concerns such as: academic assistance, test review, counseling, referrals and student remediation. Many instructors provide students their personal cell phone number as an alternative method of contact, in addition to their work email, for use in case a student may need to reach an instructor during nonscheduled office hours.

Faculty provided remedial instruction to students identified as “at-risk” due to circumstances such as: previous course failure, previous withdrawal due to below average academic performance, and missing periods of course work/clinical amounting to a semester or greater amount of time. The remediation included clinical experience on the ward providing total patient care, practice of skills in the skills lab, as well as practice with the simulation manikin. The remediation/readmission also included individual student assessments by faculty regarding possible social or personal factors that may impede a student’s success in the nursing program. Semesters three and four provide a mandatory remediation/readmission plan for students who are returning to their perspective semesters after being out of school for a semester or greater. The remediation/readmission plan is implemented in order to help refresh the student’s skills and to assist the student in regaining/building their confidence in the clinical setting. Results of student’s evaluation of the remediation/readmission plan were positive and students voiced gratitude for the opportunity to have been able to participate in the remediation/readmission.

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Each semester provides tutoring sessions to assist students with comprehension and questions about lecture material. Faculty is also available to students via email to clarify and answer questions about lecture content. Instructors are also available during posted office hours or a student may make an appointment for a specific time. Semester coordinators are available to students who may be unable to find a resolution to a problem with individual instructors. The Dean of Student Services and the Dean of the School of Nursing are also available by appointment to assist students with a variety of services including special needs requests, mental health counseling and other referrals based on an individual basis.

Each faculty member is required to keep a contact log listing the student's name, time spent with them and the reason for the encounter.

At the beginning of each semester, Student Success Workshops are offered to all students on a sign up basis. The purpose of the Student Workshops is to promote student success in the nursing program and in turn decrease attrition rates. The minimum required attendance for each workshop is ten students with a maximum of 65 students. Those workshops high in demand may be offered again at a later date to accommodate students who were unable to attend due to high class attendance. See list of workshops below offered during 2016-2017:

- Clinical Reasoning
- Jigsaw Tubes
- Post-Partum Hemorrhage
- One Minute Safety Simulation

Workshop participants had the opportunity to provide feedback thorough the process of course evaluations. The overall feedback students provided was positive with suggestions of additional topics for future consideration.

PART III: COMMITTEE PERFORMANCE EVALUATION

Admissions and Promotions Committee reviewed forms, policies and procedures and proposed the suggested recommendations for improvement. See chart below.

Academic Year	Policy/ Procedure/ Documents	Policy Number	Forms
2016-2017	Student Grievance	830	Student Grievance policy associated forms
	Nursing Course Exemption/Challenge	710	
	Academic Honesty and Professional Conduct	201	
	A & P Bylaws		
	Reviewed College Strategic Plan		

	Academic Failure, Withdrawal, and Dismissal	820	
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PART IV: PROGRAM STATUS AND RECOMMENDATION

COMMITTEE ACCOMPLISHMENTS

The Admissions and Promotions Committee conducted many quality improvement strategies, maintained ongoing communication with other committees, and followed through with requests to facilitate program improvement.

The Committee

- Proposed revisions to policies and forms involving the admission, progression, and graduation of students.
- In collaboration with the semesters, reviewed and monitored suggested techniques implemented as policy changes to help decrease student attrition rates.
- Maintained an active role, working closely with the Dean, Administrative & Student Services regarding the admission of candidates who meet the criteria to pursue the course of study.
- Collaborated with the Dean, Administrative & Student Services in the evaluation of admission candidates.
- Reviewed and provided decisions on multiple exceptional waivers.
- Welcomed new faculty members and student representatives to the committee
- Reviewed ICC:
 - From ASB: The members of the committee felt the content was currently reflected throughout the School’s curriculum and in the Professional Standards of the Laboratory courses.
 - From Dean, Administrative and Student Services re: increasing the science GPA for applicants to decrease the number of those able to apply. Agreed to increase the GPA for the science prerequisite course from 2.0 to 3.0 and increase overall GPA admission selection criteria from 2.5 to 3.0 and to change the admission application and correlating college documentation to reflect the changes.
 - From Semester I: reviewed and clarified course concurrency; clarified the drop out period per semester identified as the end of the third week into the semester, clarified academic calendar ensures accurate documentation of enrollment and attrition; discussed this timeline inclusion in the academic calendar with CAMS utilization to mitigate this issue.

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- To Semester Coordinators: for faculty discussion as a semester regarding student auditing classes with a returned majority of faculty against auditing. A & P Committee recommends to Faculty Organization Committee to keep the current practice of no auditing. Faculty voted against student auditing.
- Discussed students auditing courses: gathered faculty opinion and feedback; presented recommendation to Faculty Organization Committee; faculty voted against allowing students to audit.
- Incorporated SB 488 Advanced Placement Military Experience into Policy 710 Nursing Course Exemption/Challenge
- Monitored the overall attrition rate of all semesters for fall 2016 and spring 2017. All semesters remained below the College's threshold except semester four in spring 2017. The semester committee evaluated the result findings. The faculty intends to continue identification of high-risk students and provide an early intervention plan for student success. With the N243L course above threshold in spring 2017, the semester intends to review critical skills with semester four students in the first clinical week to support student performance in those skills. The A & P Committee suggests the semester faculty continue to practice early identification of those students who are at a higher risk for attrition and implement a plan for success.
- In fall 2016, in collaboration with the OES staff, continued to systematically review candidate applications each semester for possible admission into the SON. In February 2017, the recently appointed College Provost announced changes regarding the Admission Process and student selection. The OES staff would review the SON candidate applications, compile a list of qualified applicants, and provide the list to Admissions and Promotions Committee for student selection.
- Reviewed the six exceptional waivers/petitions brought to the committee and provided its recommendations to the Dean, Administrative and Student Services.
- Developed an ad-hoc committee to review the Student Handbook and College Catalog to ensure all material is current and content is cohesive between the two documents. All content is current and corresponds between the Student Handbook and College Catalog. All students receive a hardcopy Student Handbook at new student orientation containing detailed information about the school's philosophy, conceptual framework, program objectives, SLO's, policies and procedures. All students also have access to the College Catalog via the College's website or if a hard

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copy is requested, it is available to them via the Office of Educational Services.
SLO's can be accessed on each semester's syllabi.

GOALS FOR NEXT ACADEMIC YEAR

1. Revise policies and procedures related to admission, promotion and graduation of students to meet the current community standards.
2. Review Program Evaluation Survey for areas pertaining to admissions, progression, and graduation of students.
3. Utilize attrition and promotion data to review trends regarding Nursing Courses Pass Rate, NCLEX-RN Pass Rate and On-time Completion Rate and make recommendations to improve outcome.

PART V: ACCOMPLISHMENTS TO THE STRATEGIC PLAN

Strategic Plan Goals identified in Committee Accomplishments

1. Goal II.B.3: Evaluate the effectiveness of the high risk student identification process.
2. Goal II.B.4: Evaluate and continue methods to improve student on time program completion.
3. Goal II.B.5: Evaluate SON Admission criteria
4. Goal II.F: Improve the educational process and student success through SLO assessments.
5. Goal V.D.3: Track, trend, and evaluate student data for comparative studies.
6. Goal V.F: Maintain accreditation readiness

PART VI: CONTRIBUTORS TO REPORT

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PART VII: DATA SOURCES

Curriculum ACER

Program Evaluation Surveys for Class of 2016-II and 2017-I

Semester's 1-4 ACER

- Institutional Effectiveness Tracking Log
- Intercommittee Communication Memo Log
- Skills Laboratory logs

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