

# LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

## ANNUAL COMMITTEE EVALUATION REPORT

ACADEMIC YEAR: 2015-2016

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 met: All courses met the specified threshold.

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

- Goal met: All courses met the specified threshold.

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

- Goal not met: All courses met the established threshold with the exception of N242 survey item 1.6 "Test questions were clearly worded" received a 3.34 rating in spring 2016. Semester Four continues to review their entire exam question prior to examination. There was also a change in the distribution of lecture contents. The Curriculum Committee will continue to monitor their progress and student feedback. The Curriculum Committee also suggests that each instructor should collaborate with each other regarding test question writing.

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

- **Quality and Safety Education for Nurses (QSEN)**
  - This project continued throughout the year regarding incorporating the QSEN core competencies in Student Learning Outcomes, course objectives and into the Clinical Evaluation Performance. P. Major, member of the QSEN adhoc committee presented QSEN topics which included history of QSEN, goals, identification of six competencies and steps of integration to faculty during Faculty Development. The committee decided to start with creating a template for a skill that incorporates QSEN language. In order to accomplish this, the semester coordinators were requested to designate a representative to help design this template. There was much discussion regarding how to incorporate QSEN into the syllabus in the Fall Semester 2016. The proposed suggestions were as follows:
    - Include definitions of QSEN in the Student Handbook and in the syllabus

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- Semester One & Two to include master table grid of skill competencies for their respective clinical courses and Competence Rubrics will include coding of QSEN criteria
- Semester Three & Four will utilize discussion template and incorporate QSEN language in syllabus.

Tammy Vant Hul, PhD, RN, ACNP, CNE from Riverside City College was invited as a guest speaker to speak about how to incorporate QSEN in the school's curriculum.

- Status: ongoing.
- DDCC Tracking
  - Below are the Dosage and Drug Calculation Competency (DDCC) results.

DDCC First attempt	Fall 2015	Spring 2016
Semester I	5 failures	3 failures
Semester II	3 failures	6 failures
N125 sum 2015	4 failures	NA
Semester III	8 failures	10 failures
Semester IV	9 failures	10 failures

DDCC Second attempt	Fall 2015	Spring 2016
Semester I	2 failures	3 failures
Semester II	100% pass rate	100% pass rate
N125 sum 2015	1 failure	NA
Semester III	100% pass rate	3 failures
Semester IV	100% pass rate	100% pass rate

**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 eight petitions that were filed across the semesters. The petitions requested pertained to:

1. DDCC retesting after second failure
2. Retraction of clinical academic warning
3. Deferment of 10% make-up examination deduction
4. More clinical time to help improve clinical performance
5. Attendance policy waved

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One petition in Semester two advanced to grievance. This petition was related to a request wanting more time in clinical to improve clinical performance in Medical Surgical Nursing. The Grievance Committee denied this request so the petition did not go to grievance hearing.

Course attrition rate for Semester One was above the threshold, 21.7% for fall 2015 and 26.4% for spring 2016. The reasons for this high attrition rate were due to personal leave of absence and DDCC failure. One proposed reason for DDCC failure was that Intravenous fluid (IVF) was introduced for the first time and included in the DDCC.

Course attrition rate for Semester Two was above the threshold, 22 % for N123 in fall 2015, 21% for N123L in fall 2015 and 20% for N124 in fall 2015. The reasons for this high attrition rate were due to concurrency of courses and numerous number of students who are repeaters. Course attrition rate for Semester Three was below the 15% threshold. Course attrition rate for Semester Four was below 15 % threshold. N125 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, requires syntax to get responses, frustrating, and complex navigation. These comments were presented and addressed in 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.

### **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 (For EDCOS only: Include a summary of student categories).

- Each faculty member continued to provide student services such as tutoring, counseling and assisting students with their needs to achieve their educational goals. Instructors also identified poor performers early in the semester and assist them their learning needs.
- Collaboration between semester instructors and skills lab coordinator is ongoing for student remediation to assist the students to be successful in the program. Semester Two collaborates with skills lab coordinator to put together clinical scenarios for Simulation Clinical Experience (SCE); the students found this as a positive learning experience as indicated by the SCE survey.

Student representatives in Curriculum Committee brought forth concerns, challenges, and feedback from their class at each Curriculum meeting for discussion. The student representatives will then share the discussions in the committee with their respective peers. Any concerns or challenges that needed to be further discussed in the semester level will be 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 topic was brought forth by the students:

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1. Semester Two requested for Clinical Reasoning workshop to be offered to second semester. The person in charge suggested to offer a second session if twenty five students from Semester Two sign up for the workshop.
2. Semester Four had concerns about the restrictions in Olive View that has potential negative impact on student learning. The students felt like they weren't getting enough experiences. The administration was aware of this situation. The Dean of the School of Nursing met with the Curriculum Committee to discuss these concerns expressed by the students. The Committee will continue to monitor the students' comments regarding the situation.
3. Semester Two reported the N124 second exam had too much content to study for one exam while the third exam had less content. Semester Two reviewed the content and no change was proposed. The committee members also provided multiple study tips.
4. The Semester Two requested to that Semester Two faculty to consider rearranging the schedule of multiple exams in different weeks. Semester Two faculty shortened the courses, Pharmacology course in 7 weeks followed by Professional Role course in 7 weeks. Both courses end before the semester is over. The Medical Surgical course is 2 hours a week over 18 weeks, and the Maternal Child course is 3 hours a week over 12 weeks. This intervention helped spread out the workload for the students, and it prevented them from having three finals in the last week.

The Student Success Workshop Committee continued to offer several workshops to supplement the curriculum and assist students in successfully meeting learning outcomes. Anonymous surveys were given just following each workshop. The following workshops were offered: Clinical Spanish, Clinical Reasoning, One-minute Simulation, and Joint Commission Simulation: Inspector in the House (cancelled due to just one student signing up). Study and Test Taking Strategies and Stress Management were offered to incoming students. All feedback received via Class Climate surveys far exceeded a threshold of 3.5.

**PART III: PROGRAM / COMMITTEE PERFORMANCE EVALUATION**

**Effectiveness of curriculum/services rendered:**

The fall 2015 and spring 2016 Program Evaluation surveys scored high above threshold across the program objectives. Financial Aid Staff were well appreciated. Some of the recurrent theme includes receiving grades on line and consistencies with assignments amongst instructors.

In regards to the environmental settings, similar feedback to previous years was again reiterated. Numerous students identified that classrooms are not conducive to learning. Comments were focused at the cold temperature and the foul odor of the rooms. The Assistant Nursing Director, Education, who is in charge of College operations will be notified again of these student comments.

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Lastly, overall student feedback was enthusiastic and favorable regarding their clinical experiences as providing diverse clinical cases with great direction from instructors throughout the curriculum.

**The policies and forms that were updated are as follows:**

- DDCC Remediation Form
- Policy #321: Test Item Analysis

**PART IV: Accomplishments of the Committee:**

- Reviewed and updated Policy #321: Test Item Analysis and Dosage and Drug Calculation Remediation Form were approved by Faculty Organization Committee.
- Successful planning on how to implement QSEN in the Curriculum.

**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

**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)

**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, MSN, RN  
P. Major, MSN, RN  
M. Fernandez-Najera, MSN, RN  
L. Myers, MSN, FNP, CCRN, RN (Ex-officio)  
L. Martinez, MSN, RN  
L. Patricio, MSN, ANP, RN (Chairperson)  
J. Teal, MSN, RN  
T. Trongone, MSN, RN

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**Student Representatives:**

Fall 2015

C. Bobadilla; Semester 1

S. Yoon & J. Serrano; Semester 2

C. Harrington; Semester 3

C. Velasquez; Semester 4

Spring 2016

D. Kwag; Semester 1

C. Bobadilla; Semester 2

S. Boghosian; Semester 3

C. Harrington; Semester 4

**PART VII: DATA SOURCES**

2015-2016 Petition-Grievance Stats

Annual Committee Evaluation Reports: (AY 2015-2016, Semesters I, II, III, IV)

Curriculum Committee Minutes 2015-2016

Grievance Statistics 2015-2016

Program Evaluation Survey 2015 Fall-Spring 2016

SON Program Review Workshop Minutes 2015

SON Policies and Procedures

Student Learning Outcomes Assessment Reports 2015-2016

Theory Course Evaluation Reports Fall 2015-Spring 2016