

# California Associate Degree Nursing Program Director Resource Guide

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## Appendices

### [CLICK HERE TO DOWNLOAD COMPLETE APPENDICES](#)

#### Acronyms

ADN Nursing Director DACUM

CE Content Expert (Evergreen College)

Content Expert Review: Content Area (Sample)

Faculty End of Semester Report (Southwestern College)

Advisory on Use of "Model Prerequisites" for Enrollment in Associate Degree Nursing Programs  
(ADN), including Appendix A-E

CCCCO Memos Regarding Model for Implementation of Multi-criteria Screening Process

ADN Multi-Criteria Selection Model Update Recommendation

Example of Point Assignment for Demonstration only

Guidelines for Implementation of the Nursing Assessment/Readiness Test, Developed by 3CNAC, Revised April 2018

Associate Degree Nursing: Model Prerequisites Validation Study

Policy Guidelines for Military Personnel Nursing Admission

Program Evaluation Summary

BRN – Self Study Report Template

Program Evaluation Plan Considerations

CCCCO Legal Advisory Criminal Background Checks



## Introduction

This guide was developed as a project of California Organization of Associate Degree Nursing Program Directors (COADN), with funding provided from a grant through the California Community Colleges Chancellor's Office (CCCCO). It is intended as a guide for new deans and directors of pre-licensure nursing programs and primarily provides direction on resources to obtain more complete information. The focus will be primarily on Community College Associate Degree Nursing (ADN) registered nursing programs. However, the majority of the information is generalized and should be useful for any new director of a public or private pre-licensure nursing program.

There is no one way to do curriculum, staffing, evaluation, student admissions and transfers or any of the myriad of activities and policies associated with nursing education programs. The director must work within the framework of The California Nursing Practice Act, federal and state laws, external accrediting agencies, the college, the faculty, and the students. It is only after these collaborations have occurred that the best decisions for the program can be made.

The purpose of this guide is to provide quick and easy access to information for a new ADN director. Information contained in the guide is modeled on the DACUM for the ADN Nursing Program Directors, which was revised in February, 2018.

*NOTE: In order to avoid the awkward phrasing of "he or she" we will consistently use "she" as a gender neutral pronoun, while fully recognizing there are both male and female directors.*

### Pearls of wisdom from experienced nursing program directors:

- Listen more than you speak and keep a good sense of humor. Listening does not imply agreement. Don't feel that you must immediately respond to questions or requests; Give yourself time to think, reflect and PONDER. Be wise and open to learning everyday.  
- *Lisa Riggs, RN, PHN, MSN; Modesto Junior College*
- Err on the side of the students; don't try to get everything done before you go home; prioritize your workload -  
- *Sandy Comstock, RN, MSN, MPA, NP; Mira Costa Community College*
- Know that you cannot change another person – you can only change your reaction to them  
- *Cathy McJannet RN, MN, CEN, HTPC/I, Southwestern College*
- Early on - volunteer and pick the brains of other directors; sit with CCCCCO staff, BRN NECs, HWI, vendors at conferences, and pick their brains! You will learn so much from the networking  
- *Roz Hartman RN, MSN, College of Marin*
- The job has its challenges and rewards - it is never, ever boring and expect the unexpected  
- *Jane McAteer, RN, PHN, BSN, MN, College of San Mateo*

- Maintain a good attitude! CHOOSE JOY! (otherwise you will die!). Very, very critical! Use your support system (other directors) ALL the time! In order to keep up on the latest of what is happening, make sure that you attend all quarterly COADN meetings and conferences. This is an excellent opportunity to keep abreast of current issues, network, and seek support and answers to your problems from the people who understand the most! Also, whenever you have a question, call another director or use the list serve! You will get a ton of help!  
- **Sandra Melton PhD, RN, ACNS-BC, CNE, Ventura College**
- Research supports that in any given faculty composition, there are approximately 20% who will be resistant to any type of change, no matter how great or innovative that change may be. Understand that, and do not let the 20% minority limit your program's excellence! Lead the 80% who want to move forward!
- Support your program becoming or maintaining national accreditation in addition to BRN approval. Your program and faculty will be stronger as a result. Then demonstrate your leadership by becoming a site visitor yourself! - **Sandy Baker DNP, RN, CNE Riverside Community College**
- So often director get their positions and training "baptism by fire" which is very overwhelming. My message, "Remember to take care of yourself and exhale"  
- **Lurelean B. Gaines, East Los Angeles College**
- Know the process for grievances and discrimination complaints at their college. I recommend that new directors or Deans meet with the student conduct dean to get to know the steps and processes used for a grievance. I think knowing this helps new directors head off potential grievances, which take a LOT of time to manage - **Linda D. Thomas RNC, CWOCN, MSN, FNP-BC, Shasta College**
- Never feel you are alone. Just ask and we are there for you  
- **Dr. Stephanie R. Robinson, Fresno City College**

## Quick Reference

### COADN – California Organization of Associate Degree Nursing Program Directors

The new ADN Director is in good company. There are currently 91 ADN programs in California. Of these, most are community college programs. They all have deans and/or directors and these people are there to help. They are a very cohesive group and belong to the California Organization of ADN Program Directors [www.COADN.org](http://www.COADN.org). There are two groups: COADN North and COADN South. The new ADN Director needs to belong to this organization, attend the meetings, and find an experienced director in your region to be your unofficial mentor. COADN meets every fall and spring, and the north/south groups meet on a regular basis. These meetings provide a wealth of information/resources for new directors.

- The COADN Nursing Director Groups List Serve for your area.  
The address for the list serve in the north is [COADN\\_North@yahoogroups.com](mailto:COADN_North@yahoogroups.com)  
The address for the South is <http://coadn.org/south/home.cfm>

Contact the President of COADN in your north or south area to be added to the director list serve group.

- The ADN Director should maintain open lines of communication with their BRN nursing education consultant (NEC). This will prevent problems later on! The NEC is committed to new ADN Director's success and is there to help as needed. School NEC assignments are located in the BRN Director's Handbook. Your NEC can provide you with this resource online and you will be provided with access to the updates every fall at the COADN meeting, BRN Programs Update session. The name of your consultant, phone number, and email address are located in the handbook under program assignments.
- The ADN Director uses the Nursing Practice Act as the "go to" guide for pre-licensure nursing education. The BRN provides a Director's Handbook to help explain information on schools of nursing in the Nursing Practice Act. The Director's Handbook is provided to you via a link to the BRN Cloud for downloading. It is updated every fall and presented at the fall Joint COADN and CACN meeting. <https://www.rn.ca.gov/practice/npa.shtml>
- The BRN holds a new directors forum at the COADN fall annual meeting and many experienced directors attend this forum annually as well. It is the new director's responsibility to attend and become knowledgeable about the BRN requirements for a pre-licensure program. Not knowing a regulation is not accepted as an excuse by the BRN. It is invaluable to have your questions answered in person plus hear the questions from others. <https://www.rn.ca.gov/>

## SECTION 1 - Professional Role and Responsibilities of Nursing Program Administrator

The Nursing Practice Act (NPA) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for RNs. The NPA is located in the California Business and Professions Code starting with Section 2700. Regulations that specify the implementation of the law appear in the California Code of Regulations.

California Business and Professions Code: Division 2. Healing Arts; Chapter 6. Nursing

California Code of Regulations: Title 16. Professional and Vocational Regulations; Division 14. Board of Registered Nursing

<http://www.rn.ca.gov/practice/npa.shtml>

To be an approved nursing program in California, the program must meet Article 3, Title 16, Division 14, California Code of Regulations and Article 4, Chapter 6, Business and Professions Code.

### **BRN Minimum Qualifications for a Director of a Nursing Program:**

According to the California Nursing Practice Act, the minimum qualifications for the director of a nursing program are found in California Code of Regulations, Article 3, Section 1425a:

- 1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
- (2) One (1) years' experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);
- (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and
- (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or
- (5) Equivalent experience and/or education, as determined by the board.

**1425:** Each faculty member, director, and assistant director shall hold a clear and active license.

### **Approval process for Director, Assistant Director and Faculty (CR, Section 1425):**

- All faculty, the director, and the assistant director shall be approved by the board. Submit the approval form to the program's NEC.
- A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, and termination of employment of a faculty member using approved forms.

## [§ 1425. Faculty - Qualifications and Changes.](#)

### § 1425.1. Faculty Responsibilities.

The following approval form is available in the **BRN Director's Handbook**:

#### [Director or Assistant Director Approval form \(EDP-P-03, Rev 09/2012\),](#)

**Helpful hint:** Be sure to get BRN approval and other accrediting body approvals prior to college approval and before the college hires the individual. Colleges have hired nurse administrators only to find out that it may take several years before that individual has the appropriate credentials to be approved as a nurse administrator by the BRN.

If there are questions about qualifications, work with your NEC, accrediting consultants, or other agency consultants. Be sure that the candidate's resume documents experience with areas of responsibility listed in (BRN) CCR, section 1420 h. The ideal candidate has had responsibility implementing and managing a nursing program including managing and evaluating faculty, curriculum development, compliance with the BRN rules and regulations, advocating for and dealing with students and fiscal planning.

It is the nurse administrator's responsibility to demonstrate that a non-nursing degree and/or non-academic administrative experience meet the requirements of 1425a.

#### **Additional Minimum Qualification**

A director must meet the minimum qualifications set out by the college that is hiring the individual and must be approved by the Board of Trustees. This will include meeting the minimum qualifications set by the Education Code in California. If the director also supervises other programs, there may be additional requirements to meet to gain approval to supervise those programs. For example, Accreditation Commission for Education in Nursing (ACEN) 2017 standards for a director require that the program administrator is a nurse with a graduate degree with a major in nursing.

**Per the Chancellor's Office, Title V, and the Education Code,** "no one may be hired to serve as a community college faculty member or educational administrator under the authority granted by the regulations unless the governing board determines that she possesses qualifications that are at least equivalent to the minimum qualifications specified in regulations of the board of governors adopted pursuant to Section 87356. The criteria used by the governing board in making the determination shall be reflected in the governing board's action employing the individual".

<http://www.ccccurriculum.net/minimum-qualifications/>

#### **California Community College Minimum Qualifications**

California Community College Minimum Qualifications for Nursing are as follows:

Master's degree in nursing OR bachelor's degree in nursing AND master's degree in health education or health science OR the equivalent OR the minimum qualifications as set by the Board of Registered Nursing, whichever is higher.

## Qualities and Characteristics of an Effective ADN Director

The role of the nurse administrator is challenging and requires a nurse with prior administration and faculty experience. A DACUM job analysis describes the process involved in identifying the varied aspects of the role.

**The DACUM Competency Profile for the Associate Degree Nursing Program Directors** was developed by a task force of program directors in June 2010 and revised in 2018. The effort was coordinated and sponsored by the California Community College Economic and Workforce Development Program otherwise known as the Healthcare Workforce Initiative (H WI). The task force generated a list of “General Knowledge, Skills, Duties and Tasks” needed by nursing program directors. It is a daunting list and in truth, no single ADN Director possesses all of the listed skills of the experienced ADN Director when she first takes on the position. But, if a new director has some of them, she has a better chance for success.

A copy of the 2018 DACUM for the nursing director role is in the Appendices of this book.

## Developing Your Own Leadership Knowledge, Skills and Abilities

In order to effectively lead a nursing program, a director/dean needs a wide array of knowledge and skills. Clearly, a leader in a nursing program must be both a leader and an effective manager of that program, mindful of when to lead and when to manage. The entire “California Associate Degree Nursing Program Director Resource Book” is designed to help with accessing important background knowledge.

Becoming an excellent director is an ongoing process. Self-assessment to determine needed areas of growth is the first step in leadership development. Assess your own:

- Current level of knowledge and skills in leading a nursing educational program.
- Leadership skills learned in another setting such as a clinical environment.
- Interpersonal skills and abilities and your own interpersonal deficits.

Identifying these will be an important component of developing your leadership skills. Leadership development includes seeking mentoring, continuing professional education, and a willingness to listen to feedback from students, faculty, peers at the college, your accrediting bodies, clinical partners, and others. The director must maintain current professional licensure requirements; and keep up to date with knowledge of current clinical trends, while administering the nursing program. Many new directors will need assistance with development of new skills such as developing and maintaining a budget, grant writing, scheduling, handling faculty and student issues, curriculum development, hiring, developing and evaluating faculty, dealing with admission and selection and many other areas. Developing a culture of self-care as well as seeking support from other directors will be paramount to success in this role.

**The following is by Leadership/Coaching and Training Professional Anush Kostanyan.**

<https://www.huffingtonpost.com/author/anush-kostanyan>

There is a great amount of definitions and theories about effective leadership. Each leader chooses their unique formula of success, but still there are keys to authentic leadership that can't be ignored. Below are 10 important principles each leader should know.

### **1. Leadership Is Behavior, Not Position**

Leaders are the ones who take responsibility for making decisions and bringing change. Leaders are the ones who empower people to discover and use their greatest potential. The executive position on someone's visit card won't do all of these. People are the ones to choose their leader. And how will they do that? They will judge by behavior, attitude and actions. If you want to be a leader, then act like a leader and shape a better reality.

### **2. The Best Way of Influence Is Setting an Example**

Each leader wants to get the best out of their team. Excellent orientation is great, as there is always need for development. But here is the simple truth. Instead of telling your team members what to do, show it to them by your own example. They are following you each and every moment. Practice what you preach, and the results will astonish you. Especially during hard times, when chances to give up are very big, you should be the one who faces obstacles with confidence and determination towards success. Be sure, that they will do the same and stand by your side.

### **3. Leading Means Making an Impact**

Think about the greatest leaders in history. What was the one thing they had in common? Yes, they all made an impact. Leadership is not just setting goals and effectively achieving them with your team. Leadership is not just brilliant public speaking and great communication skills. If you want to be an authentic leader, you should have your unique contribution to the welfare of the society. You should make a positive change.

### **4. Leadership is Chasing Vision, Not Money**

Without a vision, your activities are meaningless. Each person can be very busy implementing various tasks, but the key is devoting your efforts and time to the realization of your vision. Vision is what inspires people to take action and go forward. Discover your unique vision and coordinate all your activities towards it. Inspire each and every member of your team with that vision.

### **5. Actions Speak Louder Than Words**

It's not a secret that too much talking and less action has nothing to do with effectiveness. What people see affects them many times greater than what they hear. So, choose actions. Don't waste time on endless conversations about your plans. Make sure the plans are open and transparent.

### **6. Flexibility May Refer to Behavior, Not Values**

Depending on circumstances you may choose a different style of leadership or communication. Flexibility is a truly effective trait, if it doesn't affect your values. Each and every decision of yours, no matter the situation, must be based on your value system. As long as your actions are value-driven, you will have the trust and respect of people around you.

## 7. Leadership is All About People

Could you be a leader in an empty room by having profound goals and skills? Of course, not. Leading means communicating, influencing and engaging. Communication skills are the foundation of effective leadership. Constantly improve your relationships with people, and the amazing results won't make you wait.

## 8. It Is Fine to Admit Mistakes

If everything has always been done perfectly, we would have somehow lost the ability to analyze and improve. Mistakes are proof that you are doing something. You won't become a worse leader if you admit your mistakes. By doing that, you will show that you are wise enough to learn from your each and every experience.

## 9. Unity Is Strength

Team is somehow the most important resource for each leader. Embrace your team and devote your energy to care about its unity each and every day. As long as your team is splendid, nothing can stay on your way to success. Make sure that all people in your team consider themselves as members of a strong, unified family.

## 10. There Is Always Room for Growth

Remember, satisfaction should be a short-term feeling. Life would become useless without ongoing improvement. This doesn't mean that you shouldn't appreciate what you have. This means that you should be thankful for everything you have achieved, but still try to do a little more for this world.

## Leadership programs

- **National League of Nursing (NLN) LEAD Program**- a program designed for nurses in both education and practice who have experienced a rapid transition into leadership positions or aspire to LEAD. [www.nln.org](http://www.nln.org)
- **Executive Leadership** in Nursing Education and Practice- program designed for executive leaders who have had positions greater than 5 years and want to be reenergized. [www.NLN.org](http://www.NLN.org)
- **Asilomar Leadership Skills Seminar** (competitive application process) This is an excellent workshop created by the American Association of Women in Community Colleges and Yosemite CC District. It focuses on administrative leadership, emotional intelligence, budgeting, finance, cultural proficiency, leading change, leadership and ethics, campus politics, career choices, finding balance, and governance. [www.CCLeague.org](http://www.CCLeague.org)
- **Grant workshops** Often a local university will offer a grant workshop which will teach you skills in finding grants as well as tips on developing a grant that will be funded.
- **Staff development**- continue to attend staff development workshops that your college offers on new educational technologies, legal topics for managers which will give you good advice in your new role as a manager.
- **Association of California Nurse Leaders (ACNL)** – this organization is excellent for all directors to attend as you will be with nurse leaders from your region and this includes, nurse executives, educators and clinical nurses. A great networking opportunity for your program! A goal of ACNL is "Positioning nurse leaders to create and influence the future of health care." <http://www.acnl.org>
- **Organization for Associate Degree Nursing** – Provides works on Leadership Excellence for Academic Development (L.E.A.D.) <https://www.oadn.org/>

**A list of current resources is found in Section 12.**

## Sources of Professional Development

**COADN Director Mentor** - Both northern and southern directors provide directors who volunteer to mentor new directors. Utilize the experienced director as a support person and someone to pose questions to, where to find information and/or how they would handle a situation!

**College Mentor** - find someone in your organization who can help you navigate the system and is willing to support your leadership and management development in the organization.

**COADN.org website** - you will gain general information about the California Organization of Associate Degree Program Directors. A list of all the schools with the director email is provided. Bylaws, conference information, and survey results are some of the features.

**COADN Director List Serve- The North and the South have separate listservs.**

- COADN- North: [COADN\\_North-subscribe@yahoogroups.com](mailto:COADN_North-subscribe@yahoogroups.com): enter your name, your title, email from your organization (not a personal email), your College or Organizational address and your Organization's phone number and fax number or contact your president to have your name added to the list-serve.
- COADN-South - [Subscribe at http://coadn.org/south/home.cfm](http://coadn.org/south/home.cfm)

You can pose questions on the list serve to all directors in your area, respond to questions, or view ongoing answers from director's questions.

The BRN Director's Handbook- this handbook contains the information that you must follow to be in compliance with the BRN rules and regulations. One director suggested reading through it twice! Your NEC can help you better interpret the rules and regulations.

The BRN New Director's orientation- Attend the meeting that is held in the fall of each year at the joint COADN, CACN conference to review the manual.

## The Transition from Faculty to Administration

Community colleges in California all have somewhat different management structures. Often the nursing program director reports to a Dean of Health Occupations or Health Science and Technology. In some cases, the program director is an associate dean and may have the department of nursing and one or more (or many) other related programs to oversee. Every college, it seems, has a different leadership structure. Those who direct the nursing program may be directors, associate deans, coordinators, deans. Regardless of the structure, the role of nursing program director is a full-time job. However, many nursing program directors are also directing the LVN, CNA, EMT, Surgical Technology, and other allied health programs that the campus offers. Some directors continue to be considered faculty, while others have 100% administrative roles. Some continue to have teaching responsibilities and are “released” for various percentages of their time to direct the program. The problems and challenges that all directors deal with are similar, but the “authority” varies. The type and amount of support from administration for someone in this position varies widely from campus to campus as well. Networking with other nursing directors in your region will be helpful as you navigate your new role and responsibilities.

## The Director’s role within the Division, Administration, and College District

“Effective administrators combine their dedication to collegiality and professionalism with an ability to inspire those whom they serve. Through collegiality and their willingness to build consensus, administrators model for students the highest form of leadership while simultaneously using, to the fullest advantage the creativity, talent, and insights of every community member. Through professionalism, administrators set an essential institution-wide standard that tasks must be accomplished on time and at a high level of quality, that confidences must be kept, and that even the smallest details of a plan must be addressed. Through the ability to inspire others, administrators both build a community and help that community fulfill its shared vision.”

*From “Developing a Philosophy of Administration, Jeffery L. Butler in the Department Chair”, winter 2008, p. 8-9.*

To illustrate the point that there is so much variation in the role and position descriptions of nursing directors in all states, when the COADN task force prepared the DACUM (Developing a Curriculum) Competency Profile in 2003, eight task force members were directors of nursing programs and had the following titles:

- Dean, Allied Health
- Dean, Health Sciences/ELE
- Director, Nursing Education and Allied Health
- Instructional Dean of Health Occupations
- Associate Dean, Nursing
- Chairperson, Health Sciences Division
- Director of Nursing
- Associate Dean

This represents only some of the titles held by the 100 or so directors of nursing programs in California. In those cases where two or more colleges have directors who hold a similar title, this does not mean that their range of duties and responsibilities are the same. The reasons for this wide variation have to do with the relatively autonomous governance on the California Community College campuses. Other factors include the history of nursing and other health occupations programs at the different colleges, various economic forces, and the organizational structure of the campuses or districts. In fact, not all CSU directors of nursing programs are deans, and they too have a wide range of titles and report to various deans. The bottom line, regardless of the title, is that if you are the nurse administrator for a pre-licensure nursing program, you must follow the regulations of the California Board of Registered Nursing as well as all accrediting agencies related to the nursing program.

### **Points to remember in communicating with administration**

A common comment among college personnel is that nursing is a “high cost program.” They are correct but this is a common excuse for keeping the costs of administration low or cutting corners with administrative assistants and faculty. Nursing programs are generally the ‘feeder’ programs for departments such as English, math and sciences and therefore are needed to maintain student numbers at a college.

So how do colleges benefit from offering nursing programs? For one thing applicants and pre-nursing students all have to take the various pre-requisites such as college-level English, anatomy, physiology, and microbiology. Many biology and science departments have loaded “pre-reqs to the pre-reqs” for science courses such as chemistry, biology and so forth. Most of the enrollments, FTES, in those courses are pre-nursing students or soon-to-be transfer students who want to enter nursing programs at the CSUs or at private colleges. Given the offerings of community colleges, some future nurses start with ESL or developmental courses and work their way along until they qualify to take the pre-requisite courses.

It’s a well-known fact that those who speak many other languages, and are familiar with many other cultures, greatly enhance our profession. Many such students face the uphill task of building the foundation that helps them succeed in the nursing program.

Then there are the GE requirements. Applicants are strongly encouraged to complete all GE requirements before they start the nursing courses. The FTES that they generate while doing this are significant. So, yes, it is expensive to provide an instructor for ten or less students in each clinical group, but most lecture classes are often filled with 50 or more students, and nursing students have already generated many, many FTES for the college. This is a good “argument” to keep in mind when drilled by administration about the “high cost” of the nursing program. Not to mention, there are regulations that MUST be followed from the BRN and accrediting agencies.

Some of the smaller programs require their directors to teach. Many directors are willing to do this because it’s what they love to do and/or because it helps them keep current should they ever wish to return to teaching and/or they can’t find anyone else qualified to do it. Some campuses require all administrators to teach one or more courses per year. There are some interesting rationales for this, but it is very problematic to attend to all of the duties of administrative positions (not the least of which is attending regional and national meetings) and being fair to the classes, which must be taught that week.

It is important to continually evaluate the director position title and role, along with salary, staff support, and holidays and benefits. When searches are not successful and there is an extended amount of time without a director, the campus administration may look again at the position announcement and make some changes. The DACUM Competency Profile will assist college administrators in understanding the role of the nursing program director. (see appendix)

A nursing program director should recognize that the position of ADN Director needs to be a “bridge” between the nursing faculty and administration. As a bridge between these two great forces, it will be challenging to please both sides at all times. If nursing is part of another division (anything ranging from Health Occupations to Science/Math Engineering, and Nursing to Career and Technical Education and so on), the immediate supervisor will probably be on the search committee and perhaps involved in the recruitment process. If the position description places this position directly under the Vice President (VP) for Instruction, that VP would probably be heavily involved in the search, along with Human Resources.

Some of the position descriptions may not meet the minimal requirements of the BRN because they do not give authority to the program director which is necessary to achieve the many goals associated with a successful nursing program and be in compliance with the BRN regulations. If the position is short on granting authority it will be necessary to investigate how the college sees it is meeting the BRN minimum duties of the director. Does the college provide adequate time for the director to administer the program? Use the BRN requirements as your guide. If you are considering transition into management at your college, it will be important to consider many factors such as whether you will be expected to teach or have opportunities to teach, how the salary equates with the teaching salary, your tenure status, the climate between teachers and administrator, how faculty perceive the move, health and retirement benefits, and your retreat rights.

Since the BRN is restrictive on who can progress to director positions, nursing program issues may not be as pressing as some other constituencies within the California Community College system, but they can certainly become pressing if no one steps up to take on this role.

### **The Work Balance Beam**

Being the director of a nursing program requires great skill in balancing your work role. A successful director manages to have support from faculty, students, and the college administration, all while following local, state and national regulations.

Frequently, when a new director or dean is hired and approved by the BRN, the administration may seize this opportunity to align the nursing program to the college strategic plan. This may result in budget reductions, staffing changes, program review, and other areas outlined by administration.

The new nursing program director will need to try to advocate and educate the administrators about the unique nature of nursing education within an academic institution. It is extremely helpful when college presidents and/or vice presidents held former posts with strong nursing programs. They become strong advocates. As a program director it is important to work with your college administration to advocate for nursing faculty and load criteria.

It is important for the nursing program director to maintain the support of faculty and students as well as administration to be successful. It is a fine balance to maintain these relationships as well as align the program and college strategic plans.

As mentioned before, we are at an important historical time in the community college movement in the U.S. The history of “two year” schools goes back to the first generation, between 1900 and 1930, when some colleges were established as extensions of secondary schools. The junior college generation between 1930 and 1950 saw the establishment of some locally-based colleges, many of which became community colleges between 1950 and 1970. The community college movement saw dramatic growth in the size and numbers of colleges throughout the country. It was during this time that most states developed either community college systems or some sort of support for local and new community colleges with the goal of making at least the first two years of college affordable and accessible to as much of the population as possible. One of the major driving forces for the community college movement was the need to educate returning veterans from the Korean and Vietnam conflicts.

California has the largest community college system in the nation, which is now comprised of 72 Districts, 115 Colleges, and more than 2.3 million students (2016-2017 data). In the early 1970’s, California was famous for offering tuition-free community college education, which resulted in much in-migration to California during those “growth years.” California continues to provide significant support to community colleges which allows the tuition to stay low, however, the fiscal support per student is significantly less than it is for the CSU or UC systems.

Many of the people who established the over 1,200 US community colleges in the growth years of the 1960’s and 1970’s are retiring during this decade. Those who are filling the positions are not always fully qualified to assume the roles that they are filling. Of course, on campuses where succession planning has been in place and where there are qualified people who have had release time to be assistant directors, there are no major problems. But administrators at many colleges have been unwilling or unable to “think ahead” and forecast this need and find themselves scrambling when a director retires or resigns.

How is a new director to make the right judgments as to who to trust in the administration and the faculty without showing any sign of special preference for any of them? This is very tricky. As mentioned earlier, whether a new director is coming to the position from within or without, the new director needs to recognize that she is quite often alone in making these decisions.

This fine balance is possible to accomplish in this era because nursing and allied health programs are seen as a growth industry. Such programs enjoy significant financial support from the California Community Colleges Chancellor’s Office (CCCCO). Most colleges are able to attract many students to the nursing programs and to the many departments that provide the required prerequisites and co-requisites of the nursing program. As a general rule, administration fails to take this important contribution to the FTE count into account.

Expanding nursing program enrollments is usually viewed positively by administration, but problems can emerge when the college enrollment capacity is already “capped.” “Capped” refers to the situation where a campus gets a certain amount of reimbursement per enrollee from the state BUT, if the college expands beyond a certain point, the college does not get additional reimbursement. This is a historical perspective but may resurface.

Many, if not most, programs in California have expanded in response to the significant need for growth through grants from the CCCCCO. This rapid growth and demand to expand (starting in 2005), and the change in the patterns of the past, have affected many faculty groups differently in terms of load and clinical placements.

A director recognizes that nursing faculty are facing major challenges and that they need to support change and adapt to the new demands. Demands come in many different forms and from many different directions. Faculty challenges include:

- Incorporating part-time clinical faculty into the programs. This can result in major demands upon existing full-time faculty. Many programs did not employ a single part time adjunct faculty before this growth period. Remember that the BRN requires a majority of nursing faculty be full time.
- College has right of assignment.
- Facing challenges in finding clinical placements for the additional student cohorts at a time when so many new programs are emerging, and nearby programs are expanding.
- Needing to accept long-term care assignments as the demand for acute care facilities grows (this may not be all bad, but it is very stressful for faculty who have enjoyed the stability of the same clinical sites and collegueship for years).
- Needing to attend more search committees, evaluation committees, and faculty meetings to help bring new people on board.
- Having to share limited faculty development resources with new people.
- Having to remain involved in curriculum review and redesign as well as program evaluation and all other aspects that contribute to their role as program faculty.

Nursing education is enjoying an amazing positive role in the California Community Colleges and across the country. All nursing program directors can make significant contributions to the nursing shortage if the critical balance of support of faculty and students and administration is maintained. Of course, most nursing educators and nurse leaders are aware of the sudden reversal in the “high demand” for new graduates that has resulted from the sudden downturns in the economy in 2008-2009. It is challenging to predict the supply/demand for nurses but the aging nursing workforce is of great concern to those that employ registered nurses. Forecasts of the Registered Nurse Workforce in California (2017) prepared for the California Board of Registered Nursing by Joanne Spetz, Ph.D. provides an excellent overview for the California nurse workforce. The BRN is an excellent resource for current workforce information. <https://rnworkforce.ucsf.edu/>

It is a given that not all faculty/staff are ever going to rate their leader/managers with all positives all of the time. However, when the balance tips to the negative with the preponderance of evaluators, then the leadership role is in trouble. Of course, as the director is evaluated by those who report or relate to him or her, they are also evaluated by members of administration as their performance impacts campus wide priorities. Some directors do anonymous evaluations annually from staff and faculty. Typically, many colleges require management evaluations once every few years but it is good practice for the director to hear back from those that work for her annually to allow correction of an issue before it becomes a problem.

Perhaps it is easiest to look at the way the role of director of nursing has changed in hospitals over the past thirty years. Their titles have changed from Director of Nursing to VP for Patient Care, or Chief Nurse Executive and their role has frequently been driven more by other priorities than it has by a desire to advocate for nursing and the patient care they oversee. Their roles have also broadened to include oversight of pharmacy, sterile supply, and in some cases, even environmental services.

Like our nursing service colleagues, nursing program directors walk a balance beam to serve the interests of those who hire, appoint, and “supervise” (their leadership) and those whom they supervise and employ. Usually this balancing act is hardest to maintain during hard economic times.

Fairness is a critical factor when it comes to relationships with faculty and staff. It may seem simplistic, but it is very much like raising a family with several or many children. The parent has to be seen as fair and able to treat each of the individuals equally. This could be one of the hardest parts of the job, because a new director did not birth his or her unique “cast of characters.” They were inherited. Gaining their support and contributions is critical if the program is going to meet its goals. The one major convincing tool that the director has in the toolbox is that the majority of California ADN Nursing Directors have ‘right of assignment’ for faculty – even for those colleges that are unionized. Occasionally, this tool can be an asset in gaining faculty cooperation.

## Mentoring

As stated throughout this section, mentoring is crucial to your success! There is no course for this role, it is all ‘on the job training’. You are responsible for students, faculty, staff and a large budget to manage in your role. You are expected to be “all things to all people”. You need help!

- Find an experienced administrator at your college whose management style you admire and work with them to enhance your growth as an emerging nursing leader.
- Find an experienced nursing director in your region that is well respected in the nursing community and work with them. It does not have to be a formal mentorship, it could just be your ‘speed-dial’ buddy for those tough questions and situations.
- Encourage nursing directors in your local radius to form a local work group and meet once or twice a year to learn from each other. They also make good ‘speed dial’ buddies when an issue pops up that you are unsure of.
- Your NEC is a mandatory ‘speed dial’ buddy! They are there to help you run the best program possible and want you to be in compliance. Call them BEFORE it becomes an issue.
- Be careful not to share sensitive topics with faculty. Nursing directors do share many things as well as collaborate with faculty but ensure faculty privacy and confidentiality is adhered to.

## Networking

Nursing directors need to promote their program and students in the community as well as at the college. To do that, you cannot remain at your desk! You have to be the spokesperson for your program(s)...to everyone! Do not expect people from your campus or off campus to understand your programs – they don't, thus your role is to educate them.

- Volunteer to serve on college committees – let other academics know who you are, what your programs offer, and they will be more likely to support nursing.
- Work with nursing pre-requisite faculty to serve on nursing tenure committees (and vice versa) – this creates a greater understanding and appreciation of the varied academic programs. Crucial to have this support
- Network with science faculty – bring nursing students to chat with science students about the reality of utilization of science in the nursing programs.
- If your vice-president or dean does a class visit to a final tenure year of a nursing faculty – make sure they go to the clinical site. Massive leap in understanding (and support) of nursing when senior management actually sees a faculty running in 10 different directions to be with students while maintaining patient safety.
- Join local organizations such as ACNL, Hispanic or Black or Filipino Nursing Associations. The nurses that attend these organizations love mentoring the students and offer are the decision makers in whose clinical group they will accept. Show these nurse leaders that your program is cutting edge with great students.
- Volunteer to bring students to health fairs, flu clinics; attend nursing educational sessions representing your college.
- Most importantly... you reap what you sow. You cannot sow the seeds of knowledge about your great program sitting at your desk.

## SECTION 2 - Management of the Nursing Program

### Director Role

The Nursing Practice Act, CCR Section 1420 (h) describes the duties of the Director of the Program. Regulation states that the Director and Assistant Director have sufficient time, responsibility and authority to develop the program budget; plan, manage and evaluate all aspects of the program including but not limited to a) faculty and staff; curriculum development and implementation, compliance with Board rules and regulations, acts as a student advocate. Your program is free to design how to carry out these responsibilities.

The BRN does require an organization flow chart of your college demonstrating how the nursing program falls under the college leadership and direct/indirect lines of communication. There is also a requirement for a nursing program organizational flow chart related to direct and indirect lines of communication/responsibility within the program. Note that external sources (such as your Advisory Committee) must be depicted on your program's org chart as well as others who may have input into your program (such as the clinical facilities).

The program needs to maintain a hard copy of the College Policy/Procedure Manual that includes college regulations that the nursing program must follow. Examples of college policies that impact the program could include the student grievance process or the faculty tenure/evaluation policies. College policies and procedures may be found in the college catalog or the faculty portal.

The majority of programs have a Nursing Program Policy Handbook that contains all of the policies that pertain to the program such as admission policy, dismissal policy, grading policy, clinical requirements, and social media policy. All program policies and procedures must be reviewed and updated on a regular basis. Typically, the plan for updating the program handbook would be listed in the program's Total Evaluation Plan. Some programs update policies annually, and some programs have a plan to update every 2-3 years. Any policy that is changed must be updated in a timely manner and all stakeholders informed of the change. The BRN requires that a program have program policies whether the policies are in a Student Handbook or if there is an additional source such as a Nursing Program Policy Handbook.

[§ 1420. Definitions.](#)

[§ 1424. Administration and Organization of the Nursing Program.](#)

### Sufficient Time and Resources

The director must have sufficient time to perform the functions described in CCR section 1420(h). The BRN-NEC will ask you to estimate the amount of time you have for the position in the annual survey and to list the amount of time that you use to supervise other programs. You will need to describe how the director carries out the duties in the BRN Self Study and answer questions during the approval visit. How is the program organized to carry out the duties? Do you have the necessary resources to carry out the responsibilities above? Do you have administrative support?

## Tips on managing your time

Know that your job will never be done! There is always more work – acknowledge that and develop and maintain a priority system of tasks. Schedule time in your calendar for reflection and planning – you are supposed to be a visionary leader therefore need time to reflect on the ‘what’s next’ in leading the nursing program towards success. Be prepared for the day you have organized perfectly that will be sabotaged by emergent faculty or student issues and be prepared to re-assess your priority list. Nursing directors must be able to flow with the ever-changing demands of the day, and ‘put out the fires’ as they occur.

There are many time management systems. Find one that works for you and use it! Steven Covey, a renowned author of leadership books, says to begin with the end in mind. What do you want to accomplish by the end of the year, semester, month, week, and day? Look at the big picture and where you are in your learning curve. Julie Morgenstern, *Time Management from the Inside Out* (2004), describes the many things get in the way of time management.

Road Blocks to Success	
You have not assigned a time to a project or you set a time when you typically will be interrupted or are low on concentration	You miscalculate the time it will take to do a project
You are the wrong person to do the project	The project is too complex so you don't tackle it
Your working space is disorganized	You did not incorporate planning time
You have an unrealistic workload or unrealistic expectations	Your health interferes
There are too many interruptions or others you work with are disorganized	Your goals and priorities are unclear
Fear of failure or success, or fear of downtime causes anxiety	You need to be a caretaker
You fear completion	Your need for perfection prevents you from tackling or finishing a task
You fear structure will stifle creativity	You forget to do it!

Morgenstern's program includes these tips.

- Write it down.
- Record everything that you need to accomplish in one list either in your planner or on a TO DO list.
- Add it up.
- Estimate how long it will take to finish the task.
- Large tasks will need to be broken down into smaller tasks for easier assessment.
- Decide who will do it or delete, delay or delegate it!
- Execute the plan without striving for an 'A' on every project.

One recommendation to assist in time management is at the beginning of each academic year write down the tasks for the year on a to-do list. This can serve as a master to do list for subsequent years to plan. Some projects are annual like admissions every January- March, and some come up once every 5 years as in the BRN Self Study report. Break down the projects into tasks and plot these out on a calendar by month, week, and day. Set up a time line for all large projects beginning with the date it is due and then back-track with a date for each aspect of the work, providing time for even the smallest piece like editing, duplicating, proofing.

Each large project has its own timeline with tasks to be accomplished. In the to-do list, add in time for interruptions, meetings, handling phone calls and emails, future planning and reprioritizing work. New items inevitably get added each week. One student issue can upend even the best plans. When feeling overwhelmed, initiate a meeting with appropriate parties to discuss setting realistic goals and priorities. Delegate what is acceptable to the administrative assistant, assistant director, and/or other coordinators. Try to set limits on perfectionism, nothing is perfect.

## Resources

Recognize when you need additional resources. Request a job analysis or workload assessment from your supervisor or Human Resources department. Discuss with other directors about how they manage large projects such as grants, the admissions process, and report writing. One recommendation is to utilize a grant coordinator to manage the program's grants - a grant manager position can be built into the grant proposal.

## **Duties of the nursing program director include the following:**

- Plans, manages and evaluates all aspects of the program.
- Complies with all rule, regulations, policies and procedures of the Board of Registered Nursing
- Serves as the point of communication with the BRN. Only if the director of the program is unavailable does the assistant director contact the BRN.
- Hires and evaluates faculty and staff for the nursing program. The hiring and evaluation processes are set by the college/university.
- Participates with faculty in the development and implementation of curriculum. The BRN will not accept any curriculum or curriculum changes without the signature of the director of the nursing program. This is a major core responsibility.
- Serves as the ultimate overseer of the curriculum plan including pre-requisite and co-requisite course work. The director must sign the graduate completion form stating that the student has completed the requirements for the programs so it is important to have clear guidelines.
- Controls the program budget. The director must have faculty input into the use of the monies but the director is ultimately responsible to maintain adequate funding for the program. For accreditation, there needs to be evidence of line items for faculty development, supplies, faculty, and non-capital equipment.
- Develops grant proposals and obtains grants to supplement the nursing program budget. The director must work with the financial officer and faculty at their college to determine what grants they should apply for and any limitations that may be determined by the college.
- Handle student issues within policies/guidelines outlined by the college and the program. It is crucial that the guidelines are clear, and that the students and faculty have access to them. It is good practice to have the students sign a document indicating that they have been informed of the programs policies. This is typically done at the beginning of the school year upon completion of review of the Student Handbook
- Manage all aspects of the clinical off-campus laboratories including students and faculty preparation related to meeting the clinical sites requirements, immunizations, orientation, background, and drug screening
- Promote the nursing program on the campus and in the community

### **Plan, Manage, and Evaluate all Aspects of the Program**

The new director must become familiar with the nursing program philosophy, mission statement, goals, outcomes and objectives as well as the college's philosophy, mission statement, goals, outcomes and objectives. The nursing program must demonstrate alignment of these core values with those of the college.

Each year it is helpful to develop goals for the year with faculty and staff that align with the college goals and objectives. Colleges often have a Master Plan with specific goals targeted for certain years and the department will be asked to develop goals that fit those. A program evaluation plan will help guide the implementation of the goals and outcomes. This will be discussed in the Systematic Evaluation section. The director is responsible to keep the faculty focus on the development, implementation and evaluation of the plan and this is a core component of assessment by the BRN (Total Program Evaluation, Section Six.).

## Regulations

### Maintaining Compliance with Regulatory and Accrediting Agencies

Understanding the legal requirements and maintaining compliance with rules and regulations for a nursing program is the responsibility of the nursing program director. Difficulties can often be avoided by reviewing the regulations prior to actions that would change the program, its administrative procedures or faculty. It is impossible to remember all of the information contained in the rules and regulations but having ready access to the material online and in printed form will be invaluable.

The Nursing Practice Act (NPA) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for RNs. The NPA is located in the California Business and Professions Code starting with Section 2700. Regulations, which specify the implementation of the law, appear in the California Code of Regulations. The NPA is updated annually and is published by LexisNexis in conjunction with the Board. To purchase the latest hardcopy edition of the NPA, refer to the [LexisNexis Store](https://www.lexisnexis.com/ca/corpus/npa/).

- [California Business and Professions Code: https://www.rn.ca.gov/practice/npa.shtml#bpc](https://www.rn.ca.gov/practice/npa.shtml#bpc)
- [California Code of Regulations: https://www.rn.ca.gov/practice/npa.shtml#ccr](https://www.rn.ca.gov/practice/npa.shtml#ccr)

The California Board of Registered Nursing (BRN) is a state governmental agency established by law to protect the public by regulating the practice of registered nurses. The BRN is responsible for implementation and enforcement of the Nursing Practice Act: the laws related to nursing education, licensure, practice, and discipline. The Nursing Practice Act created a nine-member Board, which serves as the BRN decision-making body. The Nursing Education Consultants (NECs) are very important resources (and regulators) for the nursing director. Keep them informed, ask them questions, hide nothing – they will help you and guide you in your path as program director as well as ensure you are meeting the regulations as set by the California BRN.

### Program Approval

The BRN must approve each registered nursing program in the state. The BRN has established an approval process for initial and continuing approval of each program. The Board is mandated in B&P Code 2788 to make approval visits to pre-licensure nursing programs to ensure that programs are in compliance with all rules and regulations. Approval visits by the NEC are conducted on a 5-year cycle and as well as when deemed necessary, and the Board may conduct interim visits. Notification letters are sent out one year in advance of the regular program review visit. Preparing the Self-Study report takes many months to write (average is 6-7 months) but requires that the program have extensive data collection and evidence to demonstration to the BRN visitors that the program is in compliance with the BRN regulations. Upon completion of the BRN visit, the program director will be required to attend the BRN Education Licensing Committee meeting during which their program approval is presented and voted upon by the committee. Subsequently it is presented to the full BRN Board for a vote.

Documents available for the preparation of approval visit reports (Initial or continuing approval) are available in the Director's Handbook and will be discussed in Section Five Curriculum.

## What is an approved program in California?

- Approved by the Board of Registered Nursing.
- Gives the course of instruction approved by the BRN, covering not less than two academic years.
- Is affiliated or conducted in connection with one or more hospitals.
- Is an institution of higher education which includes, but not limited to, community colleges offering an associate of arts or associate of science degree and private postsecondary institutions offering an associate of arts, associate of science, or baccalaureate degree or an entry-level master's degree, and is an institution that is not subject to the California Private Postsecondary Education Act of 2009 (Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code).
- The Board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse.
- The Board's regulations shall be designed to require all schools to provide clinical instruction in all phases of the educational process, except as necessary to accommodate military education and experience as specified in Section 2786.1.

[§ 1421. Application for Approval](#)

[§ 1422. Certificate of Approval](#)

[§ 1423. Approval Requirements](#)

[§ 1423.1. Grounds for Denial or Removal of Board Approval](#)

[§ 1423.2. Denial or Revocation of Approval of a Nursing Program](#)

### Program Changes

Changes to report to the BRN include the following: legal name and mailing address, fiscal condition, substantive changes in organizational structure, administrative responsibility, or accountability in the nursing program, or college; location, ownership, and addition of a new campus or location.

In addition, the BRN must approve changes in director, assistant director, faculty, curriculum-major and minor changes, and clinical agencies. Remember to contact your NEC if you are unsure of whether a program change needs approval.

[§ 1432. Changes to an Approved Program](#)

### Accreditation

Accreditation is the process by which accreditors provide students, the public, and each other with assurances of institutional integrity, effectiveness, and educational quality.

There are three organizations that accredit post-secondary educational institutions:

1. Accrediting Commission for Community & Junior Colleges (ACCJC), <https://accjc.org/>
2. WASC Senior College and University Commission (WASC), <https://www.wscuc.org/>
3. Accrediting Commission for Schools, Western Association of Schools & Colleges (ACS WASC), <https://www.acswasc.org/>

The Western Association of Schools and Colleges, (WASC), was formed in 1962 to promote the development of higher education in the Western region when it took over and further formalized the work of its predecessor organization, the Western College Association. WASC was previously incorporated as a single 501c3 entity that encompassed the three commissions (WASC Senior College and University Commission, Accrediting Commission for Community and Junior Colleges, and the Accrediting Commission for Schools, Western Association of Schools and Colleges). In 2012-2013 the three commissions re-incorporated as separate organizations with independent scopes and governance structures.

California Community Colleges are accredited by the Accrediting Commission for Community & Junior Colleges (ACCJC), an institutional accrediting body recognized by the US Department of Education (USDE).

WASC Senior College and University Commission accredits educational institutions such as the CSU's and the UC's.

ACS WASC accredits K-12 schools and not-for-profit, non-degree granting postsecondary institutions.

Nursing programs, their deans/directors, and faculty are expected to participate in the processes required by regional accreditation and the nursing program will be reviewed by ACCJC as part of the college's accreditation process. This involves a campus-wide self-study, the use of the evaluation results for quality improvement, submission of a report, a campus site visit by an ACCJC team, and subsequent follow-up as recommended. This accreditation is essential for student academic credits to be transferred to other accredited academic institutions across the country. A new dean/director would be wise to inquire about the most recent recommendations from the ACCJC and any ongoing actions being taken in response to the college accreditation process. Substantive changes in degrees or programs offered must be communicated in advance to the ACCJC. <https://accjc.org/>

### **Accreditation by a Specialized Nursing Education Organization**

Specialized nursing program accreditation represents a process for demonstrating that a program meets a given set of national standards regarding nursing education. This process requires the faculty to complete a comprehensive self-study of the program including its structure, processes, and outcomes and to use this self-study in quality improvement. Specialized accreditation is not required in California at this time but is considered positively by those students and community members who are aware that national standards exist. There has been some discussion by the Board of Registered Nursing about requiring accreditation in the future. One of the major benefits for national accreditation is that continued education and employment opportunities that are only available to graduates of a nationally accredited program.

### **ACEN**

The Accrediting Commission for Education in Nursing (ACEN) accredits all levels of nursing education programs: vocational nursing, associate degree nursing, baccalaureate nursing, masters programs, post-master certificates, and clinical doctorate programs. Currently, ACEN is the only national organization that is DOE approved that accredits associate degree nursing programs. Many associate degree programs in California are accredited by ACEN.

[www.acenursing.org](http://www.acenursing.org)

## NLN-CNEA

The National League of Nursing (NLN) has recently developed an accrediting agency that will accredit all program types with the exception of Title IV programs. They are currently in the process of obtaining DOE approval as an accrediting agency. Programs may seek NLN-CNEA approval at this time but students may face restrictions regarding employment and higher degree options until this agency receives its DOE approval.

[http://www.nln.org/accreditation-services/the-nln-commission-for-nursing-education-accreditation-\(cnea\)](http://www.nln.org/accreditation-services/the-nln-commission-for-nursing-education-accreditation-(cnea))

## CCNE

Commission on Collegiate Nursing Education accredits CSU and UC nursing programs.

<https://www.aacnnursing.org/CCNE>

## Other accrediting agencies for directors supervising additional programs

It should be noted that many directors also supervise additional nursing and health occupations programs such as the LVN or CNA programs. It is not the focus of this guide to cover these programs but the nursing director must be knowledgeable of the accrediting body for these programs, and the regulations governing those programs in order to meet the required accrediting standards.

LVN/ BVNPT - <http://www.bvnpt.ca.gov/>

CNA /CDPH - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx>

## Policies and Procedures

Policies and procedures of an institution provide guidance in administrative decision-making. There are college-wide policies that are relevant to all programs within the institution. Additionally, nursing programs have program-specific policies and procedures in place. A new director will find it essential to understand ALL policies and procedures in order to effectively lead the program (college/state/national). Additionally, a new director may encounter the need to examine these policies and procedures and lead efforts toward change. Nursing programs have unique needs and demands related to BRN state approval, specialized accreditation, and regulations related to the program including the director role.

## BRN guidelines, policies and procedures

The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy, mission statement, and program outcomes, and shall be available to all students. All policies and procedures by which the nursing program is administered shall reflect its philosophy, mission statement, and program outcomes.

The Nursing Director must comply with all policies and procedures of the Board of Registered Nursing. The last section of the Director's Handbook contains 18 policies and guidelines that the program must adhere to. BOARD APPROVED GUIDELINES (EDP-I-21) (2017) include the following areas: clinical experience guidelines, clinical learning experience -supervision of students, components of pre-licensure preceptorships, LVN 30 unit option, faculty content expert, faculty remediation, statement on faculty-full time/part time responsibilities, orientation requirement, joint appointment of faculty, guidelines for alternative program sites, ADN-MSN collaborative projects, work-study nursing courses, impaired student, closure/re-opening nursing program, transfer and challenge policy, pass rate standard, Medical Corps of armed services licensure requirement, international RN licensure requirement and Warning Status of a Program.

Written policies and procedures must be available to students on the following activities: admissions; promotion; retention; graduation; dismissal; grievance policies; transfer and challenge policies. Students state they are aware of policies and procedures of the program and that they are universally applied. A Student Handbook should include your program policies and procedures. It is recommended that the Student Handbook be placed on the nursing program website for ease of access for faculty and students.

BRN, CCR 1424g states that faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program. Faculty minutes must reflect faculty participation into each of the above areas. The Faculty Handbook should reflect the faculty and program policies and procedures.

## California Community College Regulations

### Campus Resources

When developing policies and procedures or responding to breaks in policy, a director needs to understand both the BRN and college/district approval process as well as consulting HR to guide them on legal issues. Often the first step is to consult with the immediate supervisor such as a Dean, Vice President, or a Human Resource person responsible for a particular area.

### District/College Board of Trustee Policies

District or College Board of Trustee Policies implement federal and state regulations and define goals and practices of a district. The college will set up a process to develop, revise and review policies. The process should be part of the shared governance process on campus. A list of policies and procedures should be available in a policy book and/or on the college website. It is important that the director become familiar with the board policies of the district.

### California Education Code and Title V

The California Legislation established law regarding community colleges, and the law is contained in the Education Code. An online search of Education Code dealing with community colleges begins with Title 3, Division 7, part 43 (section 7090). [https://leginfo.legislature.ca.gov/faces/codes\\_displayexpandedbranch.xhtml?tocCode=EDC&division=&title=3.&part=&chapter=&article=](https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=EDC&division=&title=3.&part=&chapter=&article=)

An easy way to remember the distinction between Title V and Education Code is the Education Code is the law and Title V is how the law is implemented.

## **Title V**

California law for community colleges is explained and further detailed in the California Code of Regulations, which has a section devoted to community colleges identified as Title V. Title V is the law about community college placement, structure, resources, and access. Education Code is how Title V is interpreted and implemented.

Title V is useful and explicit about expectations for colleges. The California Community College Board of Governors is responsible for recommending changes to Title V regulations and the California Community Colleges Chancellor's Office (CCCCO) is responsible for implementation and compliance. Constituent groups may recommend changes to Title V. The Academic Senate for CCC recommends changes related to academic and professional matters, curriculum, degrees, student success, prerequisites, minimum qualifications, and other instructional topics where faculty have purview.

## **Title IV**

California receives approximately \$44 million (federal) dollars annually in support of promotion of academic success. CA Community Colleges are eligible for these funds and oversight is maintained by the college. Private colleges may or may not be eligible for federal funding. This becomes important for the private sector as they require oversight if receiving these federal funds. ACEN is currently the only nationally recognized agency approved to provide oversight to these institutions that offer ADN nursing programs.

American colleges are classified with regard to their inclusion under Title IV, under the Department of Education statistics. Colleges must disclose information regarding Title IV rules to students. For example, there is a timeline for repayment of aid related to when a student withdraws from a course. Faculty reporting of student attendance is important. The Department of Education monitors loan defaults and ranks colleges accordingly. A student may not return to college if a loan is in default, may have wages and other income reduced. Colleges are required to support students to set up programs for loan repayment in order to achieve their goals. The financial aid office oversees the disbursement of funds.

## **Other Regulations**

### **Title IX**

Title IX is a federal law that was passed in 1972 to ensure that male and female students and employees in educational settings are treated equally and fairly. It protects against discrimination based on gender (including sexual harassment). In addition, Title IX protects transgender students and students who do not conform to gender stereotypes. State law also prohibits discrimination based on gender (sex), gender expression, gender identity, and sexual orientation. The preamble to Title IX of the Education Amendments of 1972 states that:

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

Title IX requires that each school district have at least one person designated as the Title IX Coordinator. From the regulations governing Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, 1682)

**Equal Employment Opportunity Act of 1972 (Title VII of the Civil Rights of 1964 as amended), the Civil Rights Act of 1991 and Section 504 of the Rehabilitation Act of 1974 the American Disabilities Act**

A community college may not discriminate on the basis of, or their perception of any one or more of the foregoing characteristics: race, religious creed, color, national origin, ancestry, physical disability, mental disability, mental condition, marital status, sex, age, sexual orientation or veteran status in any of its educational and employment programs and activities, practices and procedures. Students who believe that this policy has been violated have the right to file an internal complaint or a complaint with the Office of Civil Rights.

Each college will have a policy and procedure in place regarding Equal Opportunity and policy for filing a complaint. It is wise for the director to identify who the Affirmative Action Official on campus is and to report any complaints immediately. Working with the appropriate office to resolve complaints it is important to follow the college policy carefully.

### **FERPA - Family Education Rights and Privacy Act**

FERPA is a federal law that governs the access of educational information and records to public entities such as employers, publicly funded educational institutions and foreign governments. Each college has policies regarding privacy and the release of information. Nursing Programs follow college policies but may need to further delineate procedures for the release of required information to clinical agencies.

Faculty and staff must be informed or and comply with regulations regarding access to information, including using records and transmitting information. Students have a right to inspect records, request changes if they are misleading or add a note if changes are not approved. Records should only be shared with written permission unless law specifies an entity that may have access. Most campuses designate a FERPA compliance official.

Think of FERPA as the HIPAA we use in healthcare. Be mindful that some students may bring someone with them when you are discussing grades and/or problematic behavior. Have a private conversation with the student to inform them of their privacy rights. Some directors have students sign waivers prior to discussing anything deemed private in front of others.

### **HIPAA**

HIPAA (Health Insurance Portability and Accountability Act) is federal legislation that provides date privacy and security provisions for safeguarding medical information. The director must ensure that all the required physical, network, and process security measures are in place and followed. Policies and procedure must be in place for both faculty and student to maintain privacy of medical information. It is a broad area of responsibility and ranges from designing conference and office space, communication guidelines-electronic, written, and oral, handling student health records, as well as complying in clinical practice. Privacy rules will be spelled out in clinical agency contracts and violations can cost the college huge sums of money. The director must ensure that all health records are secured in a locked area with limited access to the files.

## **ADA of 1990**

This federal law prohibits discrimination on the basis of disability and states that employers must provide reasonable accommodations to employees with disabilities and accessibility on public accommodations. This law is particularly challenging for a director to implement. In most cases a college will have an office that handles assessing students for accommodations and notifying the faculty when accommodations are needed in the classroom. This can involve separate testing, additional time, note-takers, tape recording lectures and/ or many other accommodations. The student must still meet the objectives of the course using approved accommodations. Often the accommodations in the classroom setting can be met. However, achieving the clinical objectives may be more challenging and a program will be required to carefully examine their desired clinical outcomes. The law does not require us to water down objectives. The director and faculty and student should work with the appropriate official on campus who can guide them in the process. Counselors can be of support to students who may have unrealistic expectations of what nursing entails. There are many articles published on accommodations with nursing students.

Refer to the White paper in Inclusion of Students with Disabilities in Nursing Education Programs for the California Committee on Employment of People with Disabilities. [www.dor.ca.gov](http://www.dor.ca.gov)

## **OSHA**

Occupational Safety and Health Act of 1970 was passed to assure safe and healthful working conditions by setting and enforcing standards and by providing training, outreach, education and assistance. Nursing Program skills labs must be in compliance with OSHA regulations. Examples include creating policies for blood borne pathogens, hazards, chemicals, wastes, needle disposal and injury, injury and illness prevention, ergonomics and record keeping.

## **Clinical Agency Accreditation**

The Joint Commission is a United States non-profit organization that accredits US health care organizations and programs. Many state governments require Joint Commission accreditation as a condition for licensure of Medicaid and Medicare reimbursement. Standards are posted on their website. Safety is promoted through the Commission's National Patient Safety Goals. It is important for a program to become familiar with these standards to understand the clinical agency goals and to integrate the Patient Safety Goals into the curriculum.

## **Student Issues**

### **Insurance**

All nursing programs must ensure that the college has policies in place related to workers' compensation issues that may occur with your faculty, staff and student population. The college also must have insurance to cover any workers compensation related issues such as body fluid exposure or needle sticks.

Students and faculty typically purchase nursing malpractice as they start the program and the policy needs to be renewed annually. Grant funding may be available for the college or district to fund the malpractice insurance for students in health occupations.

Students and faculty are covered by the college insurance as well. Healthcare facilities generally request a copy of the insurance policy for their files, therefore the director should maintain a copy in the nursing office.

## **Avoiding grievances**

The ADN Director always follows due process with faculty and students. Due process is the legal requirement that the program must respect all legal rights that are owed a person. It is important for the new director to become familiar with the college and nursing student conduct policies and procedures as well as the protocol for due process.

If there is any doubt or question about legal implications, the school's legal team and/or the legal team at the CCCC is available to give legal advice. Even better, the ADN Director can ask in advance before the issue escalates, thus preventing problems later on in the process.

Common areas for student grievances or complaints are admissions, grades, clinical failures, discipline, and discrimination. It is important to have a clear, accessible complaint and grievance process in the program. It should build on the college process but may need some modifications for the nursing program. Following your college and program policies and procedures is important should a complaint or grievance occur. Regular review of these policies with faculty is important.

Typically, programs define a complaint as something that is addressed within the confines of the program and generally resolved by the director. If the issue does not get resolved at the director level, many programs then refer to the issue as a formal grievance and the student then follows the next step which is usually at the dean level.

## **Documentation**

"Document, document, document!" Just like charting one's patient care, the ADN Director must document objectively concerning student behavior. It is important that all nursing faculty understand and utilize appropriate student documentation for evaluation/reporting of student issues. The documentation should be on approved forms developed by faculty so that there is absolute consistency. It is also important to note that documents, social media, and emails can be subpoenaed should legal proceedings arise for students, faculty, and clinical issues.

This same concept relates to faculty issues. The director needs to ensure knowledge of the bargaining unit contract (if unionized). It is paramount that the director follows the college's requirements related to the management of faculty issues. At a minimum -document/document/document! Seek out an experienced college administrator to help you through this process. Just because someone is tenured does not mean that they cannot be fired/released or whatever term you use. We all have a responsibility to our students, the program and the college to ensure that high quality education occurs.

## **Organizational Chart**

An organizational chart identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies. The chart shall illustrate:

- The director has responsibility and authority to supervise and evaluate all program faculty and staff.
- All faculty responsible for a nursing course, i.e., lead faculty, are approved as an Instructor; and an Instructor, Assistant Director or the Director supervises all Assistant Instructors and Clinical Teaching Assistants.
- Nursing Department organizational chart includes clinical agencies and its relation to administration.

Administrators, faculty and students verify authority and communication lines as indicated on organizational chart. Summary of meeting minutes reflect identified relationships and communications: faculty meetings, interdepartmental meetings, and interagency meetings.

## Shared Governance

Shared governance is the system of governance used in community colleges. The term is often used but misunderstood by both faculty and administrator. Some faculty believe that they are the 'governance', and that administration is there to manage their governance, which often can progress into an adversarial relationship. Shared governance is much more complex; it is a delicate balance between faculty and staff participation in planning and decision-making processes, on the one hand, and administrative accountability on the other. It is important that students participate in shared governance through attendance at faculty meetings, participating in curriculum committee work, and textbook selection.

The director must participate in shared governance and the varied agencies that assess the program will look for evidence of this. Both the BRN and ACEN require evidence that faculty participate in developing and maintaining the curriculum. Agencies want to see evidence that students are invited to participate in shared governance within the program as well as the college. Shared governance within the nursing program is required.

The director disseminates pertinent information in various ways. She holds department meetings, coordinator/team meetings, faculty meetings, and individual meetings. Today communication is often via email, text, video conference, and phone. It is important to define for faculty, staff and students how the communication will occur, and when it involves information or action. Setting up emergency notification systems is vital. Begin each semester with a new phone/email/texting tree.

Learning to chair meetings can be a new skill for some directors. Setting up meeting rules and expectations, how decisions will be made, and who is responsible for the actions taken in the meetings will provide a framework for effective meetings. A clear agenda with time frame for items is sent out in advance and allows attendees to be prepared for discussions or making decisions. Documentation of actions taken and follow up to actions provide a feedback loop in program evaluation. Civility is a crucial concept and the director needs to remain firm on the concept of collegiality.

Gary A. Olsen discussed the following concepts in *The Chronicle of Higher Education* (2009):

- All legal authority in any university originates from one place and one place only: its governing board. Whether it is a private college created by a charter, or a public institution established by law or constitution, the legal right and obligation to exercise authority over an institution is vested in and flows from its board. Typically, the board then formally delegates authority over the day-to-day operation of the institution (often in an official "memorandum of delegation") to the president, who, in turn, may delegate authority over certain parts of university management to other university officials—for example, granting authority over academic personnel and programs to the provost as the chief academic officer, and so on.

- The system of shared governance has evolved to include more and more representation in the decision-making process.
- Giving various groups of people a share in key decision-making processes, often through elected representation.
- Allowing certain groups to exercise primary responsibility for specific areas of decision making.
- “Shared” means that everyone has a role: The search committee evaluates applications, selects a shortlist of candidates, conducts preliminary interviews, contacts references, chooses a group of finalists to invite to campus, solicits input about the candidates from appropriate stakeholders, and determines which of the finalists are acceptable. Then it’s up to the final decision maker, who is responsible for conducting background checks and entering into formal negotiations with the front-runner, and who is ultimately held responsible for the success (or failure) of the appointment.
- True shared governance attempts to balance maximum participation in decision making with clear accountability.
- Difficult balance to maintain, which may explain why the concept has become so fraught. Genuine shared governance gives voice (but not necessarily ultimate authority) to concerns common to all constituencies as well as to issues unique to specific groups.
- The key to genuine shared governance is broad and unending communication. When various groups of people are kept in the loop and understand what developments are occurring within the university, and when they are invited to participate as true partners, the institution prospers.
- <https://www.chronicle.com/article/Exactly-What-Is-Shared/47065>

## Reports

The director’s life is full of reports that must be completed and submitted on time. Be organized, put report dates on your monthly calendar. Late reports may not only negatively impact on you as a director but also cause negative outcomes to your program including loss of grants.

Examples of some reports that you may encounter:

- Detailed meeting minutes (mandatory as evidence during your program reviews)
- College requests such as a faculty prioritization request or sabbatical request for faculty
- College Board of Trustee program and student outcome reports
- Annual BRN reports
- BRN submission documents for new faculty, curriculum changes
- Annual TEAS Report
- Annual national accreditation reports; substantive change reports
- Grants reports
- Maintenance of total evaluation plan (gather, analyze data – plan for change or improvement) for reporting
- End of semester program evaluations (courses, faculty resources) – reporting outcomes
- BRN - Continuing Education renewals

## Helpful Local and College Resources

There are a number of resources available as you manage your program.

- Local nursing directors
- Local nurse facility leaders & facility educators
- **College Fiscal Department** – excellent in helping with budget questions & grant budget management
- **College Human Resource Department** - very helpful with staff and faculty issues as well as hiring
- **Faculty Union Grievance person** – very helpful – call them before faculty issue becomes a problem

## SECTION 3 - Human Resources

*In order to manage human resources, it is essential to be knowledgeable of the following.*

### Terms

#### **Job Descriptions**

These may be generic or specific to a particular role. Examples include director, assistant director, faculty: full-time tenure track, part-time, grant funded, guest lecturer, adjunct; staff: administrative assistants, skills lab coordinator. The director will work with human resources to develop, follow and or modify these documents over time. Job descriptions are required for accreditation reports and BRN approval reports. Experienced nursing directors are a resource to provide examples of what they use as position descriptions – no need to reinvent the wheel.

**Contracts** with any group covered by a union and/or the college contract. This includes clinical sites and graduate students that may be mentoring.

Salary and working conditions are described in these contracts. They may also include benefits information such as sick leave, vacation and retirement. Clinical agency contracts include requirements of the clinical agency. These may specify background checks, drug screening and health requirements. The director may need to work with the college and collective bargaining group to ensure that nursing faculty contracts include clinical agency requirements.

#### **Faculty and Staff Handbooks**

Handbooks for both the college and the nursing department contain information related to policies and procedures, guidelines and resources for faculty related to instruction in the classroom and clinical agency. Both handbooks are required as resources for the nursing program as the primary focus of each is different.

#### **BRN Faculty Profiles**

Faculty profiles include the last five years of activities related to their teaching assignments and their approved clinical areas, current license status, CE hours and or clinical experiences sufficient to demonstrate faculty expertise and continued clinical competency, class schedules and faculty assignments. These may be found with the most recent BRN approval documents.

**BRN Approval/Resignation forms** (EDP-P-02) (all BRN forms are located in the BRN Director Handbook, electronic version).

There should be one approval form for each faculty member. The form contains their BRN approved clinical assignment area and classification as Instructor, Assistant Instructor, or Clinical Teaching Assistant.

## **Organizational Chart**

The organizational chart identifies relationships, lines of authority and channels of communication within the program and between the program and administration, the institution and the clinical agencies.

Typically, a program will have at a minimum a Program Director/Dean/Assistant Dean/Chair who may be faculty or administration, an Assistant Director, Faculty (Instructors, Assistant Instructors and Clinical Teaching Assistants), and staff (administrative, lab, simulation).

## **Community College Board of Trustees Authority**

The Board of Trustees is the governing body of colleges and universities. Their role in governance encompasses many duties and responsibilities. The board is responsible for strategic planning and oversight of the college president, who is responsible for carrying out the plans of the board of trustees. Under the leadership of the board chair, the trustees offer advice and counsel to the college president. The trustees are also the final approval phase of the college functions such as budget approval, and faculty hiring approval.

## **Faculty Hiring Process and Requirements**

### **General Considerations for staffing faculty**

- Ensure there are adequate resources. Faculty is adequate in type and number to meet the end of program learning outcomes.
- The majority of faculty should be full-time per the BRN regulations. Faculty numbers, including the ratio of full-time to part-time shall be sufficient to safely implement the curriculum.
- Nursing faculty members whose teaching responsibility includes subject matter directly related to nursing are clinically competent in areas assigned. (Medical-Surgical, Psychiatric/Mental Health, Gerontology, Children, Obstetrics (M-S, P/MH, G, C, O) and must be approved by the BRN to instruct in these areas.
- There should be one instructor qualified as content expert in each of the five areas.
- Evidence must support that each faculty member participates in nursing program activities, including instruction, evaluation of students, development of policies and procedures, planning, implementation and evaluation of the curriculum.

BRN policy Statement on Faculty, CCR 1424(g), and 1425.1.

### **Hiring**

Faculty approval is required by both BRN and the College Board of Trustees. The director shall participate in the full and part-time recruitment and hiring process. The director has responsibility to monitor state, local, and contractual regulations regarding faculty qualifications.

## **BRN Authority**

BRN requires approval for hiring faculty and for any change of assignment (instructional) area. Prior to faculty hire date, the director submits the BRN Approval Form to the NEC. It is submitted electronically.

## **BRN Qualifications**

Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and meet the minimum qualifications per BRN, CCR 1425, 1420(d), 1424(h). The director must validate that there is a current license using the online BREEZE license verification format. A copy of the faculty transcripts and current license must be placed in the faculty file.

[§ 1420. Definitions.](#)

[§ 1424. Administration and Organization of the Nursing Program.](#)

[§ 1425. Faculty - Qualifications and Changes.](#)

## **Director Qualifications**

The director of the program shall meet the following minimum qualifications:

- (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
- (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);
- (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and
- (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or
- (5) Equivalent experience and/or education, as determined by the board.

## **Assistant Director**

According to the California Nursing Practice Act, the minimum qualifications for the Assistant Director of a nursing program are found in California Code of Regulations, Article 3, Section 1425a:

1. A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration;
2. One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h);
3. Two (2) years' experience teaching in pre- or post-licensure registered nursing programs;

**and**

4. (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or
5. (5) Equivalent experience and/or education, as determined by the board.

## Nursing Faculty BRN Descriptions

BRN classifies faculty as Instructors, Assistant Instructors or Clinical Teaching Assistants. Minimum qualifications for each of these categories is described in BRN, CCR 1425 and listed on the second page of the Faculty Approval form:

- The director must verify that the faculty has a current RN license, the required education and direct patient care experience in the last 5 years for the category that is requested.
- The direct patient care experience must be in the designated nursing area (medical- surgical, obstetric, children, psychiatric/ mental health, or geriatric) that the faculty will be assigned to teach.
- The documentation must support that the faculty is clinically competent. This means that that they possess and exercise the degree of learning, skill, care, and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which they are assigned. Often the BRN requests additional documentation supporting the request. This could be a resume or letter from a supervisor attesting to the competence of the faculty in the requested area, the coursework or course descriptions taken in nursing education.

### Education Code: Title V Minimum qualifications for faculty

Minimum Qualifications Handbook (2017)

<http://californiacommunitycolleges.cccco.edu/Portals/0/Reports/2017-Minimum-Qualifications-Handbook-r1-ADA.pdf>

No one may be hired to serve as a community college faculty member or educational administrator under the authority granted by the regulations unless the governing board determines that he or she possesses qualifications that are at least equivalent to the minimum qualifications specified in regulations of the board of governors adopted pursuant to Section 87356. The criteria used by the governing board in making the determination shall be reflected in the governing board's action employing the individual.

Two designated areas are listed in the Education Code minimum qualifications for nursing faculty: Disciplines requiring a master's degree and disciplines requiring a bachelor's or associate degree.

#### Discipline requiring a Master's Degree

Master's degree in nursing **OR** bachelor's degree in nursing **AND** master's degree in health education or health science **OR** the equivalent **OR** the minimum qualifications as set by the Board of Registered Nursing, whichever is higher.

**This designation is used for hiring the BRN approved Instructor.**

#### Discipline requiring a bachelor's or associate degree.

Any bachelor's degree and two years of professional experience, or any associate degree and six years of professional experience.

This designation is used for Assistant Instructor; however, the BRN states that one year of teaching experience or one year of clinical experience meets the clinical requirement while the *community college requires a minimum of two years' experience to meet the minimum qualification.*

**A Clinical Teaching Assistant** may be hired per BRN with one year of experience as a registered nurse providing direct patient care in the designated nursing area. This does not match the community college minimum qualifications for six years of experience for those with an associate degree. To gain college approval, the applicant would need to go forward through the college process for equivalency.

It should be noted that BRN regulations state that CTA has limitations on scope when teaching. They may not have responsibility for classroom instruction, or giving a final grade and require supervision by an Instructor. Supervision does not require physical presence. Often they are hired for clinical supervision. Other accrediting agencies such as ACEN may not approve this category of faculty.

### **Remediation**

Many candidates have clinical experience in an outpatient setting but they do not have recent experience in the acute care setting. Nurse Practitioners are one example; or applicants with a master's degree have not taken courses in nursing education; or an existing faculty desires to teach in a new clinical area. In order to staff courses, it is often necessary to work with candidates to help them gain the necessary clinical competence, educational background and currency in order to be approved. Faculty will need to remediate to be fully qualified and approved by the BRN as faculty.

A faculty remediation process is available by working with your BRN NEC. This can be used for faculty who desire to become competent in a one of the five subject areas. The director in consultation with the NEC, content expert, and faculty member, formulates a remediation plan that includes measurable theory and clinical objectives sufficient to validate competency and a specific plan of activities sufficient to validate theory/clinical competency.

Upon completion of remediation, the faculty member presents the director written verification from the preceptor or content expert that the faculty member has demonstrated the competency level of a staff RN and met the theory and clinical objectives of the plan. The director submits the documentation to the BRN including remediation plan, written letter of verification of competency and Faculty Appointment form. The BRN does not have a minimum or maximum number of hours for the remediation activities approval, it is about the number of hours needed for the potential faculty to meet competency. Note that anyone teaching geriatrics in the classroom or clinical setting must be approved based on geriatrics competency (working on a Medical Surgical unit that has geriatric patients is not accepted by the BRN).

### **BRN Regulations - Instruction**

Theory and clinical assignments must be made according to the 5 BRN approved areas M-S (Medical/Surgical), O (Obstetrics), C (Children), P/MH (Psych/Mental Health, and G (Geriatrics). Faculty must be clinically competent in the areas they are assigned. A program must have designated faculty from each area and a content expert in each area to offer the curriculum. These may be a combination of full and part-time faculty. A full-time pediatric approved faculty may only teach pediatric courses. If a full-time faculty load is teaching a total of 15 units per semester and there are only 12 units of pediatrics the faculty member needs to be approved in another area in order to teach a full load. Often there are skills labs or other theory courses to teach, but if they are in medical surgical nursing, the faculty will need remediation to teach in this area. Another variable that must be taken into account in making assignments is the designation of instructor, assistant instructor, or clinical teaching assistant. Only an instructor may be assigned to teach a theory course. Clinical sections may be assigned to any designation but there must be an instructor in charge of the course and the assistant instructors and CTA's function under that Instructor.

## **Content Experts**

There must be at least one content expert in the areas of M-S, O, C, G, and P/MH. This person shall possess either a master's degree in the designated area or have gained approval through meeting the following BRN criteria for those without a master's in the designated area: completed 30 hours of CE or 2 semester units or 3 quarter units of nursing education in that area or have ANA certification and have a minimum of 240 hours of clinical experience in the last 3 years or have a minimum of one academic year of clinical teaching experience in the area in the last 5 years.

The content expert is responsible to review and monitor the program's entire curricular content for a designated nursing area, orient and oversee faculty teaching in that specified content, and maintain their curriculum through clinical work in that area, continuing education hours, attending conferences and workshops related to the content area. Note that the BRN does not mandate the number of annual education hours annually to maintain designation as a content expert, therefore speak to your NEC as to what is acceptable.

The Appendix contains a template/checklist from Evergreen Valley College that the content expert can use to evaluate courses/curriculum.

## **Recruitment**

### **Job Announcements**

Clear job announcements containing the qualifications, role and responsibilities, essential functions, and conditions of employment of the positions are useful tools in the recruitment process. They can be sent to hospitals to post and distributed at job fairs.

Recruitment of nursing faculty is an ongoing challenge for colleges. Hiring is challenging because, unlike most of the other divisions at most campuses, there are fewer qualified faculty candidates who are willing to take a pay cut to be junior nursing faculty members. This reality needs to be conveyed to the Human Resources Department so that they give the "red-carpet treatment" to every applicant that presents to HR. Remaining fully staffed requires serious and aggressive recruitment and retention strategies. Advertising in local newspapers, on the internet, job boards and professional journals is standard; however, it may not bring desired candidates.

Often the best source for finding faculty is through current faculty at their clinical sites, through the program's advisory committee, from graduates of the program, and through local colleges who offer advanced degree programs.

For additional information on the latest trends in nursing and allied health program recruitment refer to these documents:

1. Nursing Faculty Recruitment and Retention Phase 1 Report  
<http://power-minds.com/wp-content/uploads/Faculty-Recruitment-and-Retention-PHASE-1-Report.pdf>
2. Nursing Faculty Recruitment and Retention Phase 2 Report  
<http://power-minds.com/wp-content/uploads/Faculty-Recruitment-and-Retention-PHASE-2-Report.pdf>
3. Nursing Faculty Recruitment and Retention Phase Report, Companion Guide to Implementing Best Practices in Recruiting and Retention  
<http://power-minds.com/wp-content/uploads/HWI-Faculty-Recruitment-and-Retention-PHASE-3-Report-email-V3.pdf>

## Faculty Role and Responsibilities

The BRN states that faculty members must participate in nursing program activities, including instruction, evaluation of students, development of policies and procedures, planning, implementation and evaluation of the curriculum. Faculty activities include developing goals and objectives of the program, participating in orientation, evaluations, curriculum planning and implementation, conducting student evaluations and arranging clinical experiences complying with agency requirements.

Participation is more difficult to achieve with faculty assigned to varying shifts in clinical and for temporary or part time faculty who may also be working full or part-time. Creative planning helps to incorporate part-time faculty. Scheduling meetings around their availability, arranging for teleconferences, using surveys for feedback, email and social media assist in gaining participation of faculty in program activities. All faculty are required to participate in governance in the nursing program and evidence of their participation will be assessed by the BRN and national accreditations.

### Orientation

New faculty require extensive orientation to college and nursing program policies and procedures. In addition, many new faculty have not taught nursing students and will need assistance transitioning from a clinical expert to a novice educator. All new faculty should be provided with an experienced faculty mentor for a minimum of one semester.

The BRN requires that each faculty member participate in an orientation program, “including, but not limited to the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.” (BRN Statement on Faculty 09/13) The program’s written orientation plan is utilized in order to meet approval/ accreditation standards. The plan can be outlined in the Faculty Handbook or in a program document. Many programs have a new faculty checklist that is followed with the sign-off document and supporting documentation maintained in the faculty file.

COADN has developed a New Allied Health and Nursing Faculty Boot Camp with the goal of assisting new allied health and nursing faculty to learn tools and techniques that will enhance their effectiveness in their new faculty role. The workshop is designed to be presented by expert faculty within the California Community College system so the on-boarding program can be offered anytime anywhere in the state at a reasonable cost. Please check the COADN website for information on bringing this workshop to your college or region. <http://www.coadn.org/>

## Faculty Scholarship

The director facilitates ongoing professional development in both the faculty clinical area and in their educational role. Monies for faculty development are usually built in the budget, and additional funding may come from grants such as Perkins, Lottery funds, and CCCCCO grants.

Faculty must demonstrate scholarly activities annually through working in the clinical setting, attending workshops/conferences, writing articles for publication, completing coursework or obtaining continuing education hours. The college, state and national accreditors expect faculty to maintain their currency and evidence of scholarly activity will be required during site visits. Some directors require faculty to complete brief end of semester reports including questions regarding student issues, clinical issues, appropriateness of clinical sites, scholarly activities completed that semester, and any best practices learned. These reports are then maintained with the program evaluation documents.

See the Appendix for an example of an End of Semester Faculty Report.

NLN Core Competencies provide one framework for faculty development for the educator role.

### NLN Core Competencies (2013)

- Facilitate Learning, Facilitate Learner Development and Socialization,
- Use Assessment and Evaluation Strategies,
- Participate in Curriculum Design and Evaluation of Program Outcomes
  - All curriculum and decisions must be developed with faculty input.
- Function as a Change Agent and Leader,
- Pursue Continuous Quality Improvements in the Nurse Educator Role,
- Engage in Scholarship,
- Function within the Educational Environment

The transition from clinical nurse to educator is a process that takes time and is dependent on the educational background of the faculty member. Many new faculty have not taken courses in curriculum or teaching strategies and therefore are novice teachers while being expert practitioners. In addition to the orientation program, it is helpful to assign a mentor to a new faculty member to guide them in the process of learning to become an educator. There are many courses that have been developed statewide to assist in new faculty development. Several books are available as references for faculty. Some colleges provide funding to pay experienced faculty to mentor new faculty. The director must encourage staff development, seek funding for education, and negotiate release time to support continuing staff development for faculty. Note that most experienced directors believe that it takes approximately three years for a new full-time faculty to assimilate into the program and the comprehensive role requirements as a faculty. COADN has developed a new faculty on-boarding boot camp. Refer to the COADN website for information on how to bring this workshop to your campus. (<http://www.coadn.org/>)

### Workload and Faculty Assignments

Each college will define the workload of its faculty. This includes the expected hours per week, responsibilities, and teaching load. Unionized schools will define workload terms in the contract. This may include how teaching units are assigned.

A program will receive an allotment of teaching units each semester and will use those to schedule their classes. It is preferable to staff with full-time faculty as the student reaps the benefit of having full-time master's prepared instructors teach both theory and clinical; however, cost constraints and program expansion have made it difficult to meet this ideal standard. An example of the average college faculty workload is 15 LHE (Lecture Hour Equivalent) per week, 5 hours of required office time and a total of 35 hours per week for a 9 or 10-month contract. Any instruction above 15 LHE is typically called overload and the faculty is reimbursed separately for those hours. Many colleges have a cap maximum of 21 LHE per week (15 LHE required + 6 hours overload).

Most programs staff with a mix of full-time and part-time (PT) faculty. Many part-time faculty bring expertise from their clinical work, which strengthens the curriculum. A robust part-time pool of faculty aids in scheduling and can be cost effective.

However, the California Education Code 67% law regulates the amount of time a part-time faculty can teach in a semester without becoming full-time. The Education Code (Section 87482.5) indicates, "Notwithstanding any other law, a person who is employed to teach adult or community college classes for not more than 67 percent of the hours per week considered a full-time assignment for regular employees having comparable duties shall be classified as a temporary employee and shall not become a contract employee under Section 87604."

In English this means that if fulltime-faculty have an LHE of 15 hrs. /wk, part-time faculty may only work 67% of the 15 hrs., that is 10.05 hours – if they work more than that for several semesters, the college is then obligated to hire that person as a full-time faculty. Most colleges limit the part-time faculty to going above 67% to a maximum of two semesters for every six semesters worked.

Under the 67% rule, it is sometimes difficult to maintain adequate coverage of all of clinical groups by qualified clinical instructors. This has put more stress on full-time faculty as it is necessary for them to keep in touch with part-time faculty and provide mentorship and training to them in their new roles. It is good to remember that part-time faculty may be tomorrow's full-time faculty if they are given the guidance and support that they need as they learn their new role.

Section 87482 (a) further allows the governing board to "employ an individual as a temporary faculty member for a complete school year but not less than a complete semester or quarter... because of higher enrollment during that semester as compared to other semesters, or faculty is on leave for a semester, quarter or year or has a long-term illness.

## **Collective Bargaining Agreements (CBA)**

Working with Collective Bargaining Agency-Unions may be a new area of expertise for the program director. The director should work with an experienced college supervisor who will help him/her define areas of responsibility around the CBA and areas outside of the CBA that are management roles. Often workshops given by human resources or the college legal services provide content for understanding management authority, responsibilities and legal liability. The director needs to maintain a current copy of the CBA for faculty and for staff in their office (or electronically) for ease of review.

## **Management of Faculty Performance and Evaluation**

The director must have the authority to supervise faculty and staff. This area of responsibility is often covered in the collective bargaining agreement in unionized colleges. If so, it is important for the director to be familiar with the college process for evaluation, to follow the guidelines of the CBA, and to consult with a supervisor and or college legal resources when and if there is conflict in carrying out the supervisor role.

There are variances at colleges regarding faculty evaluation. The new director needs to review evaluation policies at their college. Upon completion of the tenure process, faculty are typically evaluated once every two years. PT faculty typically require six evaluations to become vested, but this varies by college and district.

BRN and national accrediting agencies require thorough detailed total program evaluations plans with concrete evidence of outcomes. Many programs follow the guidelines of the college, but also ensure end of semester evaluations are completed that meet nursing requirements (course, faculty, clinical sites, and resources). These evaluations will assist the program in meeting the requirements of the evaluation plan, provide early identification of an issue or potential problem, and permit the director to do early intervention followed by reassessment at a later time. Evaluations can be easily done electronically (for ease of data collection & outcomes) through programs such as SurveyMonkey.

If there is an issue with faculty evaluation, ensure early notification of the union. They will assist you in facilitating the faculty to the desired behavior. Faculty unions can be very helpful to the director in understanding the CBA policies and how to manage the situation. Emails are a good source of evidence of what you are asking for in the faculty and tracking the evidence of the matter being resolved. In many colleges, it is not permitted for directors to maintain separate faculty files in their office (vs HR). Ensure you understand the HR regulations related to this topic. Having a robust and detailed faculty handbook for the nursing program that aligns with college policy is essential. There are requirements for nursing faculty, based on clinical facility policies that may need to be negotiated with the CBA.

## **Tenure Process**

The tenure process is determined by the requirements of the Education Code and is governed by the institution. It is part of the faculty contract and most perceive this as related primarily to academic excellence. It is a union contract driven. New directors should be aware that if a new faculty make it through the first year of tenure and the majority of evaluation is done in the first five months of employment, it is challenging to have that faculty not renewed through the tenure process after year one. It is better to write a 'needs improvement' plan the first year for the new faculty.

Typically, tenure is up to a four-year process consisting of faculty evaluation, peer and student evaluation, and meeting standards determined by the college and CBA. It can be seen as a time to assess the individual's professionalism, training, and suitability for the position. It is also a time for the individual to work with the institution to develop into an excellent faculty member. Areas that may be included in this evaluation include teaching ability, contributions to the institution, professional service and possibly research. A tenure committee reviews material and makes recommendations for re-hire each year. The Board of Trustees makes the final determination on rehire and tenure.

The director may or may not be part of the tenure committee. The director may provide information including student and faculty evaluations to the tenure committee. Each year a new plan is developed to assist the faculty to grow in their role. If there are major issues with a faculty member it is easiest to recommend not to rehire in the first year of work. Per the Education Code, no justification is required if a decision is reached to not re-employ at the end of the first year. Refer to your college policy and union contract. It is very important to view this area of responsibility carefully as once tenure is achieved it is very difficult to terminate a faculty member.

Evaluation guidelines can be found in Education Code Sections 87660-87664.

## Faculty Evaluation

As part of the faculty evaluation it is important to elicit feedback on faculty teaching performance in the clinical area. This can be accomplished through student feedback as well as feedback from the clinical agency staff and direct observations made by the evaluator in the clinical setting. Faculty responsibilities include orienting to the clinical agency, making assignments appropriate to the student's learning level and practice setting; communicating schedule and expectations to staff and students, orienting students to the clinical agency, orienting self to organization's policies and procedures each semester, requiring students to follow agency policies, maintaining current knowledge of policies and procedures, providing staff with clinical objectives and guidelines related to student skill level, providing student group list according to agency requirements, posting daily assignments, supervising student performance, evaluating students, mediating student staff conflicts and notifying staff and director of student problems.

In addition, the college must set up a process for faculty to meet the health and safety policies of the agency as well as attend orientation and training sessions. These include requirements for Current RN license, health clearance, immunizations, background checks, drug screening, and training in electronic medical records, medication distribution systems, and bar-coding electronic medication administration processes.

In regards to the BRN, and national accreditation standards, both FT and PT faculty must be fully oriented to the program as well as evaluated by the program on an ongoing basis. There needs to be organization, planning, and collaboration with HR to ensure that the college, BRN, and national accreditation regulations regarding faculty evaluation have been met.

## Managing Classified Staff (non-nursing employees)

A key component in managing a nursing program is support staff. Staff titles and roles may vary from college to college. Staff involves positions that are not faculty or administration. Common roles include shared staff, office staff, program assistants or coordinators, skills lab coordinators, simulation coordinators or technicians, and grant coordinators. In this era of grant funding, there are more reports to complete quarterly and yearly. The CA Community Colleges Chancellor's office supports a budget for administrative support to handle the program expansion. Grant positions however are filled with soft money. Be aware of potential union requirements. When the grant is completed and programs that were initiated continue, the director will need to determine how to staff the activity, for example, a simulation lab, without the soft (non-college) funding. Collecting data while the grant is in place, documenting the value of the activity, demonstrating positive student outcomes all can be used to build arguments for permanent funding.

When the nursing program has capable, stable staffing in the health occupations office, everyone is happy. The opposite is true as well. On many campuses, classified staff have the impression that the workload demands in health occupations programs are greater than elsewhere, which appears to be a correct statement based on past workload analysis. It is important to do what can be done to retain good staff, to treat them well, and to be aware of what their goals and gratification points are.

The director sets the tone for positivity, discourages 'negative speak', and sets the example of work ethics with students as the #1 focus for the nursing program. The Pickle Pledge is a great tool to utilize in setting the positive culture of the department.

<https://www.valuescoachinc.com/pickle-challenge>

The skills lab is the other venue of staff who report to the director. There are a variety of ways that colleges choose to staff the skills lab. Some employ full- or part-time simulation lab technicians and some only simulation-trained faculty members. Some employ full-time, permanent staff and faculty and some staff the skills lab with temporary faculty only. The decision on how to staff the skills lab, particularly those situations that are less than ideal, and depends on funding. All of these issues come up on all of our campuses at some point during challenging economic times. The director must ensure that everyone understands the BRN and national accreditation regulations regarding who can teach and evaluate students (including the lab). Those persons must be BRN approved faculty.

### **Classified Handbooks**

As with college and nursing faculty handbooks, there is often a classified handbook and/ or a union contract that delineates job responsibilities, vacations, leaves, salary schedule and working conditions. The director must follow the contract in granting vacations, leaves, and workload.

### **Job Descriptions**

The institution will have job descriptions on file for each of these positions. These descriptions are developed in conjunction with unions. Directors may be involved in developing or contributing to job descriptions. There are times that staff may request assistance with a re-classification of their role. That is a comprehensive document and the director should work with an experienced administrator who has been successful in achieving re-classification for their staff.

## **Recruitment and Hiring of Support Staff**

The institution's governing board must approve classified hiring. The BRN does not require approval of classified positions; however, the positions will be reviewed during an approval visit and the director and faculty will be asked to document whether the support staff is adequate for program needs. The BRN has stressed the importance of administrative support for nursing directors and faculty in continuing approval visits.

Student workers may be part of your PT assistants in the nursing office. Ensure these college students are not in your nursing program or some directors even state pre-nursing students are excluded related to confidentiality or conflict of interest potential issues. These student workers should not have access to the confidential student files.

## **Supervision and Evaluation of Staff**

The evaluation process will vary by institution and will differ from faculty evaluation in terms of timelines and rehire rules. The director will either provide input into the evaluation or be the responsible party to evaluate the employee. It is important to adhere to your college timelines for completing evaluations. The California Education Code and collective bargaining agreements specify rights for classified employees. New hires are in a probationary period during which there are often evaluations at three, six, nine, and twelve months during that first year.

Labor law state that the maximum probationary period is one year but some institutions often shorten the time period. A probationary employee may be dismissed without cause up to the end of the probationary period. Past the probationary period it is important to document performance. If necessary provide tools for performance improvement as well as continued documentation of communication related to unsatisfactory performance or behavior. Regular staff meetings are an asset to a smooth-running program. Defuse issues before they become problems.

## **Staff Development**

The program director should promote development of support staff. Program assistants can benefit from workshops on software updates, data collection, and group dynamics. Skills lab and simulation coordinators should attend workshops on equipment updates, educational technology, and clinical updates. In addition, networking and field trips to other nursing campuses will stimulate bringing new ideas and improvements to the program.

Varied simulation companies such as CAE Healthcare and Laerdal, provide resources, conferences, workshops for faculty and simulation staff:

CAE: <https://caehealthcare.com/>

Laerdal: <https://www.laerdal.com/us/products/simulation-training>

There are excellent resources available at both of their websites.

Health Impact (formerly called CINHC) offer many resources through HEALTH SIMULATION ALLIANCE.

<https://www.californiasimulationalliance.org/>

<https://healthimpact.org/programs/simulation/bay-area-simulation-collaborative/>

## **Team Building**

Not all faculty or staff practice collegiality and civility!! That is probably an understatement. If a nursing program is small, it is likely that one person will be assigned to develop, teach, and implement a specific course. If a nursing program is moderate in size, two or more people may be needed to develop, teach and implement courses. This is where things get more complicated. It is common knowledge that in nursing, groups complicate (and enhance) the quality of our offerings. It is possible for many non-nursing faculty in community colleges to function more independently, teaching with limited collaboration and compromise. Not so with nursing faculty! Compromise and collaboration is mandatory as nursing curriculum is faculty driven.

It would be naive to expect that all masters-prepared and doctorate-prepared faculty would totally agree on what was needed to be included in a specific course or could agree on curriculum matters. Even though new people come with a predetermined curriculum, established by previous faculty, they are often compelled to change the content in their own course. This is where the director needs to step in and point out the BRN approval and curriculum approval requirements, not to mention recent clinical experience and national standards that must be met.

When two members of a team come in and complain about their partner(s), it is time for mediation. Mediation skills may not be in the new director's arsenal of management tools. To become proficient, it may require additional reading on the topic or formal training in mediation and interest-based bargaining. The first thing to do is to try to get those involved to work it out together. If this doesn't work, invite the parties to an open meeting in a private office. The director needs to ensure the rules of civility are understood and practiced from day one of the semesters. The meeting needs to be a collegial discussion and the director needs to be a guiding force in turning situations such as these into 'win/win'. Active listening and respect by all is a good reminder to state as the meeting begins. The director will have resources from HR, experienced administrators, and other nursing directors to assist them as they progress down the pathway of mediation.

## **Personnel Issues**

Probably the most unpleasant task of the director role is dealing with personnel issues. Following appropriate college policies and procedures, the director is responsible to investigate complaints from faculty, staff and students. Faculty, staff and student grievances will involve following a different process for each one based on the college policy for each group.

Adhere to the college/state/national requirements for the program and maintain the rules of civility. As director, do not internalize comments directed towards you.

Civility, American Association of University Professors:

<https://www.aaup.org/issues/civility>

### Recruitment

Recruitment of students is an ongoing process for the director. The nursing program website may be the first contact the student has with information about the program. Counselors and college faculty are yet another source. Program materials are also published in the college catalog and schedule. Facebook, Twitter, and other forms of social media are also assets to student recruitment. Public information must be accurate, clear, consistent and accessible. The program approval status should be noted as well as accreditation status (if applicable). The director, faculty and nursing students may attend career fairs in high schools or on campus and speak directly with students. Many schools offer an "Introduction to Nursing" course or information meetings in which information about the program is disseminated to a larger group of students. Graduates of the program, staff nurses, friends and community members are another source of contact for prospective students. The reputation of the program in the community affects the interest of students to pursue the program. Today's applicants compare nursing programs throughout the state. NCLEX pass rates, admission requirements, job placement success, type of degree, and location influences which program an applicant chooses. Associate degree programs that can advertise a clear and simple academic progression path to the bachelor's or master's degree will be a plus in recruitment. This would include any concurrent enrollment agreements with BSN programs. The director often is asked to speak to high school or college counselors and this an important avenue to getting information out about your program. Providing these varied program resources with current information on the nursing profession and entry into practice will broaden the recruitment arm of the program director.

### Targeted Recruitment

Funding avenues may dictate targeting populations to fill a cohort and is often dependent upon the community's needs and resources. For example, funds may be available for training an LVN to RN group of students, and a military cohort. There are times a director will be requested by a clinical agency to accept a cohort of 10 that would be funded by the requestor. There is always room in the classroom for more students, and as long as the requestor is able to provide the clinical placement, it is a win-win for the facility and the program.

### Advisement of Potential Applicants

The director or designee may meet with potential applicants to provide them with information related to their individual needs. Time wise it is impossible to meet with each potential student. It is wise to develop group sessions/ workshops to handle common questions and situations. Often counselors and student services staff can attend to provide input. However, there are situations that call on the director's expertise to handle. These may include students with particular learning needs, physical needs, prior health care experience, background check issues, or those with coursework from other states or countries.

Students should be advised of the courses needed for licensure, as well as for transfer to baccalaureate programs as well as courses for concurrent enrollment. In addition, information should be posted about graduation requirements for students who have a prior bachelor's or higher-level degree.

*Applicants to California Community Colleges or California State Universities who have verification of an earned Bachelor's degree from a regionally accredited United States college or university may not be required to complete general education requirements for the nursing degree. The student may only be required to complete coursework that is necessary for licensing as a registered nurse. (Scott, SB 1393)*

### **Collaboration with Counseling**

The director works with the counseling department by providing current information about admission requirements, program and curriculum. Counselors who understand the rigors of the program can become true advocates for students. Counselors can be invited to advisory meetings, faculty meetings and participate in the program planning. It is helpful to have a designated nursing counselor for advisement as the program has so many aspects that are different from the general education classes. Success counselors/advisors have been hired by programs utilizing grant funds. These individuals are specifically for the nursing program, meet with prospective students, respond to their queries, manage the information workshops, school fairs, work with the college counselors and are a huge asset to the program. Students have a 'real person' to have easy access to and not a phone tree or email/social media information.

College counselors can be enlisted to support the program through the following:

- Recruitment- attend career days and share information about nursing program
- Development of student educational plans- students map out a plan for coursework including prerequisite and co-requisite coursework and courses needed for transfer to complete the baccalaureate program.
- Assessment of variables that may influence student success- review and plan for work schedules, family responsibilities, and financial needs.
- Guide students who are having difficulty while in the program- review what obstacles are contributing to failure- study skills, test taking skills, anxiety, math anxiety and refer for help.
- Complete third and fourth semester transcript review in preparation for graduation.

## Manage Selection Process

Unlike private schools, CA Community Colleges must follow the Education Code regulations in admission of students. CA Community College nursing programs can determine program pre-requisites used for their admission process with the completion of a validation study.

To comply with open access, nursing programs cannot determine their own unique admission criteria. The director should be familiar with the following resources:

- Education Code 78261-78261.5, **Nursing Students**  
[https://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=EDC&division=7.&title=3.&part=48.&chapter=2.&article=3.52](https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=EDC&division=7.&title=3.&part=48.&chapter=2.&article=3.52).
- California Code of Regulations Title 5, 55003, **Policies for Prerequisites, Corequisites and Advisories on Recommended Preparation**  
[http://extranet.cccco.edu/Portals/1/AA/Prerequisites/Prerequisites\\_Guidelines\\_55003%20Final.pdf](http://extranet.cccco.edu/Portals/1/AA/Prerequisites/Prerequisites_Guidelines_55003%20Final.pdf)
- Advisory on Use of “Model Prerequisites” for Enrollment in Associate Degree Nursing Programs (ADN) (See Appendix)
- Memo from Acting Chancellor, April 16, 2016: **Model for Implementation Multi-criteria Screening Process Extended** (See Appendix)
- **Example of Point Assignment for Demonstration only** (See Appendix)
- **Guidelines for Implementation of the Nursing Assessment/Readiness Test**, Developed by 3CNAC, Revised April 2018 (See Appendix)

Generic students are your first time applicants to a nursing program. Information on admission must be posted on the college website, the college catalog, and schedule. Changes to the admission policy should be posted one year in advance of the change. Students also have catalog rights. This means if they can prove they were pre-nursing students on a specific year, they can use the pre-requisites posted for that year as entrance to the program as long as there was no academic break in studies. If they did not take classes on your campus for a year, have a gap of enrollment, then the catalog rights are null and void. Confirm with your college regarding this policy.

### Admission Guidelines

Admission guidelines should reflect college admission criteria.

If the number of applicants to your program exceed capacity, students may be selected in accordance with any of the following:

- A random selection process
- A blended combination of random selection with either multi-criteria screening process or Chancellor’s Office formula.
- A multi-criteria screening process

## Examples of possible selection procedures:

1. A random selection process uses a lottery system or “first come first served/waitlist.” All students meeting pre-requisites all eligible for selection. No other criteria can be included.
2. A blended combination of random selection with either multi-criteria screening process or Chancellor’s Office formula.

### a. Random Selection and Chancellor’s formula (See Appendix for Associate Degree Nursing: Model Prerequisites Validation Study)

This formula was developed by a research team for the California Community College Chancellor’s Office (CCCCO) in 2002. A large, retroactive study of ADN students from 20 community colleges, using a total of 5,007 records were analyzed and the following factors were associated with successful ADN completion:

- Overall college grade point average
- English courses grade point average
- Composite grade point average of core Biology courses (Anatomy, Physiology and Microbiology)
- Number of repeats in the core Biology courses
- Assessment Testing Scores

The following formula is used to determine a predicted probability of success:  $(1 + \exp(-1.3907 + .3465(\text{College GPA}) + .3139(\text{English GPA}) + .267(\text{Biology GPA}) - 1.0279(\text{Biology Repeats})))^{-1}$  This is a logistic regression formula; therefore, numeric weights are attached to each factor. Moreover, the “exp” function above enables the output to display a predictive probability of success between 0 and 1. Thus, colleges using the formula can view a predicted probability of success based on an easily understood statistic – a percentage.

To use the formula, colleges need to collect the above data from college transcripts or their own management information system and enter the relevant information into the spreadsheet that you use. The data can be entered by hand into the system and the elements are as follows. Student – college student identification name or number o College GPA – the GPA earned by the student in all courses at or above the collegiate level (basic skills courses are not included)

**Core Biology GPA** – the combined GPA of the student’s grades in Anatomy, Physiology and Microbiology

**Biology repetitions** – taken as a fraction or whole number and computed as follows: if a student attempts three core biology courses and has to repeat one, then the number entered would be .33 or one over three. The numerator is the number of repeats and the denominator is the number of core biology courses (usually two or three). In another example, if a student repeats all three core biology courses once, a college would enter “1” representing three divided by three. If a student has no repeats in core Biology courses, then the college would enter a “0”.

**Assessment Testing (SB 139)** Assessment tests must be approved by the California Community College Chancellor’s office. A program using multi-criteria points for admission may use an approved diagnostic assessment tool before, during, or after the multi-criteria screening process. (ATI TEAS, HESI and NLN testing). The CCCCCO, by way of the 3CNAC Committee (California Community College Chancellor’s Office Nursing Advisory Committee) with input from testing specialists, developed the assessment scores for the tests approved by the CCCCCO [Refer to Appendices for Assessment Testing Guidelines.](#)

**Fees:** The school must pay for the student cost of the assessment testing if the program is receiving CCCC grant funding. In general, any assessment tests for admission to the program are provided by the program, not the student. Generally, the schools only accept the first-time score and not the repeat score. Per the Chancellor's Office/Ed Code Title 5 (Student Fee Handbook, Chapter 1) when assessment testing is used as an admission requirement to the program, the school must pay the student costs.

**Reporting:** A community college ADN program that uses a multi-criteria screening process shall report its nursing program admissions policies to the chancellor annually, in writing. This report shall also include the weighting given to any criteria used by the program. It shall also include demographic information relating to both persons admitted to the program and the persons of that group who successfully completed the program.

Once data entry is complete, a predicted probability of success is displayed. This predicted probability represents the point at which the colleges can set their probability of completion.

The score that you choose must show that you researched disproportionate impact on the students in your program. If it does cause a disproportionate impact then you must raise the score or provide some sort of remediation to enable to students to eventually get into your program.

#### **b. Random Selection and Multi-Criteria**

Faculty selects elements of the multi-criteria process including the assessment test scores. Once those criteria are met, candidates are then placed in the random selection process. See Multi-criteria Screening Process below for the elements.

### **3. Multi-criteria Screening Process.**

Multi-criteria Screening Process only, Screening must follow the criteria outlined in AB 548, which replaced AB 1559. A point system must be developed and approved by the CCCC prior to implementation. (see appendix for example)

The following criteria must be used:

- Academic degrees or diplomas or relevant certificates held by an applicant
- Grade-point average in relevant course work
- Assessment test scores (same requirements as above for Assessment Test)
- Any relevant work or volunteer experience
- Life experiences or special circumstances, including but not necessarily limited to the following:
  - Disabilities
  - Low family income
  - First generation of family to attend college
  - Need to work
  - Disadvantaged social or educational environment

- Difficult personal and family situations or circumstances
- Refugee or veteran status
- Proficiency or advanced coursework in languages other than English that are identified by the chancellor as high-frequency languages.

Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes, or other criteria, as approved by the Chancellor, may be used, but not required.

Residency- A school may not give points for residency in the county in which the school is located. This issue has been raised repeatedly and is not approved by regulations.

## Program Admission

### Generic Students

These students are your generic, first time to nursing program, students. They submit a completed application and are selected for admission to the program based on the programs rubric for admission (multi-criteria points system or lottery).

Students may not be screened for disability until accepted for the program. This is a challenging concept for directors but students with disabilities have been successful in the programs. The bottom line for all students is they must meet the end of program learning outcomes.

### Evaluation of Advanced Placement (AP) students for admission

Programs must have policies for admission of advanced placement students. These are typically the students that failed or left another program and want admission to your program. Admission requirements are the same for all students, but additional considerations must also be addressed. Student transcripts need to be reviewed to determine if the AP student transcripts meet the academic requirements of your program. Course substitutes must be completed for the coursework accepted and a determination of which semester to place the AP student must be made. Know that concurrent learning is required by the BRN so both theory and clinical coursework goes together...you cannot accept a clinical course but have the student take the theory course – theory and clinical courses are co-requisites.

### Challenge

A challenge student is a student with prior nursing education (LVN) or other health care education or experience who wishes to enter the Program with advanced standing and receive credit for previous education or prior work experience.

The program may use a waiver and course substitution policy. A waiver may be used for selected nursing courses if an LVN license is submitted. Course substitution is required as proof of completion of the course using the official student transcript and course description.

Your college will have a policy regarding how many total units a student can challenge and have awarded. An example is a paramedic who wants to challenge first semester courses (Fundamentals) to allow them to go directly into second semester of the program. The program determines what theory and clinical testing the Challenge student must successfully complete prior to being accepted.

### **LVN to RN**

All schools must have a policy in place for LVNs to enter the program with advanced placement. Not all programs have an LVN-RN program option, so these students may fall under the AP, or Challenge criteria for entry. The program determines the criteria for entrance but the requirements of the BRN, Nursing Practice Act for RNs must be met. The director evaluates the transcripts from the LVN program to assure that the required coursework has been met and verifies the LVN license.

Selection procedure requirements:

- Use same admission requirements as generic students.
- Admit on a 'space available' basis.
- Admit to the third semester automatically or require academic and/or clinical testing to determine the semester.
- Require that they take a bridge/transition course.
- Hold a Current LVN license

**30 Unit Option for LVN to RN:** The program must have a process in place for the 30 Unit Option LVN per State requirements. For this option, the LVN takes a maximum of 30 units in the core program and then is eligible to sit for boards. Physiology and microbiology may be required along with nursing courses. Students may not be required to take assessment tests for admission. The primary requirement is the LVN license. All pre-requisite courses and bridge courses count toward the 30 units. Upon satisfactory completion of the program, the student is eligible to sit for state boards; however, they should be aware of the facts about their California license:

- The student has a California RN license that reads RN without degree. This will never change even if the student should get the ADN degree or BSN or Ph.D. at a later date.
- This license has reciprocity in very few other states so the student will have limited ability to work as an RN outside of the state of California.
- Once the student chooses this pathway, the student cannot change their mind.

The student should sign a document reflecting that he/she was informed of these issues.

Applicants selecting this option should meet with the Program Director so that they are fully informed of the limitations of their license. In addition, the program should post the licensing information in the catalog.

**The 30 Unit Option pathway is generally discouraged by experienced directors related to the severe restrictions on the nursing license.**

[§ 1429. Licensed Vocational Nurses, Thirty \(30\) Semester or Forty-Five \(45\) Quarter Unit Option](#)

**Miscellaneous Admission** - some schools have other pathways to become an RN, including Paramedic to RN program. They would follow similar criteria as described above for program admission.

### **Readmission:**

A policy needs to be in place for student readmission. Will the program take back all students that fail a course? Is readmission on space-availability? Is there a re-entry application with a Readmission Committee to review the applications and make recommendations to the director who will be accepted? Students have many reasons for leaving the program.

In readmission, issues to consider include, but are not limited to:

- The reason for student leaving the program: Personal reasons, pregnancy, withdrawal, poor conduct, clinical failure, and academic failure.
- Will remediation be required, clinical and/or academic? Who will be responsible for developing the plan and providing remediation? Will there be a required GPA on the remediation plan and a time limit for completion of the remediation?
- When will the student be allowed to re-enter the program? Will it be based on space available?
- There should be a policy in place for the number of times a student may be readmitted. The majority of programs allow only one readmission. Policies must be in alignment with the repeatability of courses from the Chancellor's office. Title V states that the governing board of the community colleges shall adopt and publish repetition policies. A petition may be filed but may not be granted. Up to date coursework is an important consideration for readmission.
- Documentation is key. Students must have a copy of all policies and they should sign a statement to that effect. Due process means they are notified in advance of failing, what they must do to improve and the consequences of failure.
- Some programs insist that the student coming back to a failed semester, audit the nursing course not being taken for grade. This is criteria for readmission set by the program. Auditing of the course work promotes student success and currency in the topics.

These decisions come from the director, the faculty, success strategies required for the student, resources of the program, and the safety of the community.

### **Transfer Students into Program**

Each program must have a transfer policy for accepting students from other programs. Generally, these students fall into the AP category. Acceptance may be based on space available, the admission requirements for the program, and whether the student self-discloses previous status. It also must be determined if the courses the students have taken are equivalent to the courses in your program. The student must submit course descriptions to complete the course substitution form.

As previously stated, the ultimate decision is the director's. However, the director is guided by policies that were developed by the faculty with director input. If these policies are used at all times it decreases litigation further down the line. The program may require a bridge program to introduce the students to the programs theoretical concepts, policies and care plans. The bridge program may also provide an avenue to test clinical skills in order to determine placement. If so, the bridge program should be developed by the nursing faculty. If there is no such program at the college, it would be advisable to confer with other directors about their program requirements for transfer students.

### **Military**

SB 466 (Chaptered 10/04/15) requires nursing schools to have a process to evaluate and grant credit for military education and experience. This policy must be on your website.

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB466](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB466)

The BRN has determined that in general the educational training of corpsman and airmen is not equivalent to RN prelicensure nursing curriculum.

The BRN has specific requirements for evaluation of military prior learning.

<https://www.rn.ca.gov/military.shtml>

### ***BRN Recommends that the applicant:***

*Schedule an appointment with an advisor at a nursing program to obtain an evaluation of previous education or knowledge in nursing. The school will determine what credit can be give and what nursing courses and college courses are needed for graduation.*

*Veterans may qualify for LVN license. LVN license may then allow advanced placement into RN program. <https://www.bvnpt.ca.gov/pdf/method4.pdf>*

3CNAC has developed "Policy Guidelines for Military Personnel Nursing Admission". Nursing programs can use this in the development of a policy for military advanced placement options.

[§ 1430. Previous Education Credit.](#)

### **International RN's**

The BRN will may require a foreign graduate to take a specific course such as Obstetrics or Mental Health. The BRN issues the international nurse applicant a letter which should be presented to the program. A policy should be in place that clarifies how these students are integrated into the program for the one course or possibly two courses. In some cases, colleges require a bridge course. The majority of programs accept the student into the theory and clinical course with no other requirements and based on space availability. The director must notify the BRN of this student's admission to the coursework and email the BRN again upon course completion regarding student outcome. Note that these students do not count as your student for NCLEX results.

## Transcript Review

A challenging role for the new director is review of transcripts outside of their own college. Work with the campus counselors, the BRN-NECs, as well as experienced directors to learn this new role requirement.

The director will review transcripts for course substitutes (they took a similar course at another college) or for course waivers (work experience, life experience meets the course program outcomes of the courses to be waived).

**Note:** The pre-requisite coursework from a ROP or private vocational school/college may not align with the community college units, lab, and rigor. If a student graduates from a vocational program and has an LVN license – the directors accepts the license as evidence for course waivers (generally the first year of the ADN Program). The director must ensure that pediatrics and obstetrics has been completed by the LVN – either during the ADN program or in the VN program.

## Student files

Student files are gradually changing from maintaining hard copies to digital files. Regardless of the file format, the files must be maintained in a secure system with access only to those with designated access. Hard copy student files must be kept in a locked storage cabinet and/or a room with locked doors when designated student file staff are not present. The digital files must be in a secure place on the college data management system with restricted access. The health center on campus may be a repository for health clearance and immunization nursing student files to assist in compliance with HIPAA regulations.

The IT department and nursing program should have a policy regarding student file security and access.

Student files generally include admissions documents, coursework, health clearance and immunization, background checks, grant reporting, and policy signatures.

## Promoting Student Success

The director may encounter student challenges regarding success strategies that need to be addressed as the student enters a program. This may come in the format of learning disabilities, physical disabilities, student personal issues, cultural challenges and religious requirements. Directors must try to meet the needs of the students to the best of the program's ability while maintaining academic rigor, completion of program outcomes, BRN requirements, and patient safety.

The director has resources on the campus through their supervisors, HR, counselors, the Disability department, Dean of Student Services, and experienced directors to assist them. The program needs to adhere to the college policies regarding provision of accommodations for students. The Program needs to have policies in place regarding working with these atypical situations. The primary goal is to facilitate student success while meeting the course Student Learning Outcomes (SLOs) and end of program SLOs. The required goal is completion of the course SLOs – and these SLOs can be completed in a less traditional fashion.

## Reasonable Accommodations for Students with Disabilities

<http://extranet.cccco.edu/Divisions/StudentServices/DSPS.aspx>

The DSPS program provides support services, specialized instruction, and educational accommodations to students with disabilities so that they can participate as fully and benefit from instruction as non-disabled peers. An academic accommodation plan AAP is developed for each student which links goals, curriculum program, and academic adjustments, aids, services and instruction to his/her disability related educational limitation.

The specific disability must be verified and there must be an education limitation that precludes the student from full participating in the program without specialized services.

Examples of services that are available are test taking facilitation, assessment for learning disabilities, specialized counseling, interpreter services, mobility assistance, note taker services, reader services, transcription, specialized tutoring, access to adaptive equipment, job placement, registration assistance, special parking and specialized instruction.

The CCCCO website lists many resources and contact people in the Student Services and Special Programs, DSPS section, that can help develop a better understanding of the federal and state laws, legal opinions and guidelines for DSPS students.

The director works with the DSPS department in referral of students, and in providing accommodations to nursing students. Often times the DSPS counselor has questions about the program's curriculum and what objectives the student needs to meet that may require an accommodation. It is a challenge for a program to define the essential functions that need to be met in a course. At no time are the learning objectives lessened or changed that the student needs to achieve in a course but the types of accommodations that are available to help each student may vary. Reasonable accommodations must be provided unless it would cause undue hardship. New nursing instructors will need support in learning to deal with the DSPS accommodation. There has been much discrimination towards nurses with disabilities and it is essential that faculty be educated to understand ADA and ADAAA.

A good resource to consult is the White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities (CCEPD) by Dr. Betty Marks and Dr. Sarah Ailey, 2014.

## Student Success Strategies

### **Coordinate new student orientation**

Each school will develop an orientation for new students. This may be planned by the faculty with director input. Orientation usually covers student policies of the nursing program and college, schedules, and clinical agency guidelines. Orientation often occurs just before the program commences, but it is a good idea to email a typical first semester calendar two months in advance to allow the students to adjust their schedules to meet the needs of the program.

Pre-admission advising and workshops are an excellent method in preparing the students for success in the program. The students are provided with the information regarding work, studying, and family support. Some programs offer elective pre-program courses in dosage calculation and critical thinking for those students that may need more preparation. Often programs will have their current first year students come to talk with the incoming class regarding 'survival tools' for the first year of nursing. Many colleges offer test-taking strategies courses or workshops.

The better you can prepare the incoming class for the rigors of the nursing program, the better the outcomes should be.

### **Promote and implement student success strategies**

In order to promote graduations and decrease attrition in the program, programs have instituted many creative activities to promote student success. State grants from the CCCCCO have provided funding for academic tutoring, NCLEX support, testing and remediation packages, clinical tutoring, skills lab review, and simulation support. Some programs designate a faculty member who identifies and supports high-risk students to find appropriate resources for their success. This may include offering classes in test taking, study skills, math review, reading, and classes designed for the ESL students. Courses have also been developed to strengthen skills before entering the nursing program. The counseling department can also assist in providing academic advisement, short-term crisis support including financial aid and referrals for long term counseling. Books, travel to clinical agencies, funds for uniforms, supplies and online support packages can be costly for many students. Working with the financial aid department as well as seeking scholarships, grants, and endowments for the nursing program is an important task for the director.

### **Implement nursing program student policies**

The director treats all students equally. It is important to use guidelines that have been developed in conjunction with the faculty and the college to make student decisions. Policies must be universally applied. If the director fails to use the guidelines and treats students differently, they may be liable for legal action. If the director singles out students for special treatment, positive or negative, it puts the director and the program at risk for discrimination grievances/lawsuits. It is best to use the rules to protect self, the student, the faculty, and the school. The policies should be written and provided to the faculty and students. The student handbook should contain these policies. The students should sign that they have read the rules and that the rules were discussed with them by the faculty.

The BRN requires that the program develop written policies for students on the following activities: Admissions and Readmission, Transfer and Challenge, Promotion, Retention, Graduation, Dismissal, Grievance, Challenge, Preceptorships, and Impaired student/ substance abuse.

## Manage grant specific enrollment requirements

In order to administer CCCCCO grants, programs must adhere to enrollment numbers and file quarterly and final grant reports describing number of applicants, number meeting admission requirements, actual admission numbers, attrition rates and reasons, ethnicity, gender, retention and completion rates, attrition over two year, grades, NCLEX pass rates, and language spoken.

## Example of Reporting Requirements Related to Assessment Testing

Education Code Section 78261, Subdivisions (g) and (h):

- (g) As a condition of receiving grant funds pursuant to paragraph (2) of subdivision (d), each recipient district shall report to the chancellor's office the following data for the academic year on or before a date determined by the chancellor's office:
- (1) The number of students enrolled in the nursing program.
  - (2) The number of students taking diagnostic assessments.
  - (3) The number of students failing to meet proficiency levels as determined by diagnostic assessment tools.
  - (4) The number of students failing to meet proficiency levels that enroll in pre-entry preparation classes.
  - (5) The number of students who successfully complete pre-entry preparation classes.
  - (6) The average number of months between initial diagnostic assessment, demonstration of readiness, and enrollment in the nursing program for students failing to meet proficiency standards on the initial diagnostic assessment.
  - (7) The average number of months between diagnostic assessment and program enrollment for students meeting proficiency standards on the initial diagnostic assessment.
  - (8) The number of students who completed the associate degree nursing program and the number of students who pass the National Council Licensure Examination (NCLEX).
- (h) (1) Data reported to the chancellor under this article shall be disaggregated by age, gender, ethnicity, and language spoken at home.

## Student Activities

### Maintain Student contact

The director is in a position to create a positive climate for learning. An open-door policy and frequent communication with students will keep lines of communication open. This may be through in-class visits, emails, twitter or other online methods. Some directors hold monthly 'Round Table' meetings with students through brief class visits. These meetings not only demonstrate to the student that the program cares about them, but also diffuses issues before they become problems. Student representatives should attend faculty meetings and the program should value student input.

The director can support activities such as orientation, nursing open house, family day, pinning celebrations, and Nursing Student Association (NSA) projects. Often, however, the director's time is taken up with disciplinary matters and dealing with problematic student behavior. It is wise to remember to allot quality time for your program as well as focus on the positive component of the role.

### **Student Conduct Code**

The Board of Trustees of each college approves a student conduct code on campus. This covers problematic student behavior such as disruptive behavior, anger/hostility, and cheating. Students in the nursing program must be informed of the student conduct policy on day one of the program. The nursing program may have additional policies for student conduct that cover professional practice. If students violate the conduct policy, they may be removed from class, suspended or expelled from the college. Students are subject to state and federal laws as well as policies and procedures of the college. It is important that the director, faculty and students are informed of the policies and follow the college process for any violations.

### **Student Handbooks**

Both the college and nursing program may publish student handbooks. The handbook should contain all nursing program policies and procedures as well as reference college policies such as the student conduct code, complaint and grievance policy, harassment/ discrimination and disciplinary processes. The handbook is useful for faculty and students to refer for clarification of a policy.

### **Complaints and Grievances**

A variety of student complaints emerge on a regular basis. Frequently there are students who are sure that their clinical or theory failure was unfair. There is not space enough in this module to enumerate all of the challenges that desperate students create as they protest faculties' clinical evaluations or even the usually objective theory grades! All campuses should have policies and procedures for complaints about grades, graduation, attendance, admission, discrimination and harassment, financial aid, fees, and records. Hopefully all student handbooks direct students to the steps required to handle complaints or to file a grievance. Grievances are mechanisms for students to seek redress for actions they see as adverse. Every program director's goal should be to prevent most complaints from going past his or her office. The first course of action is to resolve the issue before it escalates. Encourage the student to follow the student handbook complaint process. Sometimes, it is necessary to arrange a meeting with the instructor and the student and act as mediator once the student has followed the procedure. Occasionally, a student requests that they also bring an advocate, and it is acceptable to allow the student bring in one such person as long as the guidelines of FERPA are met. Adhere to college policy.

If an issue emerges on a Friday, try to arrange these meetings for the following Monday or Tuesday. Students tend to calm down during these intervals and gain more focus on the priorities in their lives. It is no doubt a tough weekend for them, but the resolutions are usually more substantial.

The time frame of these meetings can be controlled. In most cases, time starts to heal some or all wounds and allows for emotions to settle. Of course, some students go to the next step in the process. At this point it is essential to fill in the supervising dean, and potentially the Dean of Student Affairs that there is a potential grievance.

It's rare but it may happen that a student will not follow the student handbook grievance process and instead go directly to the president's office. Most staff in the office of the president know to direct upset students to the channels outlined in the grievance policy.

Clinical failures are rare in occurrence but are seen as subjective by students, no matter how detailed the evaluation tools, or how standardized they are. Faculty need to be reminded to maintain detailed, objectives notes regarding the students' performance.

When dealing with students, the director should always work within the policies of the program. They are a protection for the director, the faculty, and the student. The student knows what to expect and the policies allow for due process.

### Guidelines for Working with Students

- Talk to the faculty first to get some information about the student concern.
- Meet with the student and faculty together if possible.
- Take copious notes when meeting with the student. This helps to clarify and it helps the student recognize that the director is concerned about the student.
- Give specific examples if the student has complaints about faculty or the program. For example, the director asks the student to state what the faculty said that made the student feel like the faculty member "had it in for me."
- Decide if it warrants further investigation. Discuss the situation with faculty and decide together if a change in the policy is necessary or if the student needs to change. Identify the type of complaint and the appropriate process to follow to resolve the complaint.
- Follow due process and make sure faculty follow due process.
- Were the standards communicated in advance? This could be grading criteria, student conduct policy, and clinical evaluation criteria.
- Were deficiencies communicated to the student? Were they given an opportunity to improve grades? Or was there notification and a hearing for disciplinary matters?
- Was there a clear description of the deficiencies related to standards and resulting actions communicated to the student?
- Was confidentiality and privacy maintained? Maintain confidentiality with all student records, including notes taken during any discussion with a student.
- Inform faculty that they cannot discuss students with others. Faculty may ask nursing staff if student performed duties as assigned and if there were problems and that is fine. If the faculty need to discuss students with other faculty or with the director then the discussion should focus on the issues and the best way to help the student. They can discuss what the students should be doing and at what level. Discussions should always be confidential and not in public. When faculty discusses issues with students it should be in a place where they will not be overheard by others.

- If a student decides to file a formal grievance, they must be provided with clear direction on how to file, to whom, the decision-making authority, appeal avenue, timelines and accurate record keeping. The policy should appear in one official document. The process must be readily available to students, objective, and universally applied. The Nursing Student Handbook should contain this information. In many cases the nursing program may have a process which is informal and attempts to resolve the complaint at a low level. If it is not resolved, the student is directed to the college process. The written procedure for resolution of student grievance should be consistent with the educational institution.
- Use faculty-developed forms to describe student behavior and makes suggestions for change along with consequences if the student does not change. Again, all students get the same chance. The director must make it clear to the faculty that if the faculty fails to adequately document the student issues and have forms signed by the student indicating they have been informed of the issues that their decisions cannot be supported.
- Refer students to the school's lawyer or designated campus official if they indicate that they are getting a lawyer. Once done, the director can no longer speak to the student concerning the issue.
- Document notes that are accurate, measurable and objective. The faculty should have developed tracking forms and grading forms that are standard within the program and used from semester to semester. The forms should reflect the objectives for the semester and expected level of performance of the student. The forms should give an accurate picture of student progression.
- Matters of harassment and discrimination are usually handled by a designated office on campus. The handbook should identify the contact for these matters.

### Provide Student Advisement

In addition to advising prospective students, the director should meet with current students regarding progression in the program and also meet with exiting students. Those are students who have or may be in jeopardy of failing theory or clinical courses, have health issues, are disruptive or display drug/alcohol or emotional impairment. Again, the director should follow the program policies in these areas, discuss areas leading to problems and discuss withdrawal or failure. Communication should be documented: meetings that are held, what is discussed, reasons that the student is leaving the program, and recommendations made to the student.

It is crucial that the director maintain information regarding all students that exit the program, for whatever reason. This information is needed for the varied reports required throughout the year. The information is also used for program evaluation to identify areas/courses/faculty potentially requiring improvement.

[§ 1428.6. Policies Relating to Establishing Eligibility for Examination.](#)

[§ 1431. Licensing Examination Pass Rate Standard.](#)

### Facilitate Communication of professional and program information

The director should disseminate information on licensure to graduating students. It is helpful to review the process as a cohort and to offer to meet with any students who may have specific issues such as those requiring accommodations, and those with background issues. Students should also be encouraged to take NCLEX review classes.

### **Facilitate Employment opportunities**

It is helpful to plan career days, inviting local employing agencies to speak and set up displays. Students need information about expanded opportunities with continuing their education to receive the bachelor's degree. The director may be in a position to partner with local facilities to set up internship programs upon graduation.

### **Administer Scholarship Process**

The financial aid office and the college foundation houses scholarship opportunities. These are available to students while in the program. Publishing the information on the website, or through emails to students. Each college will set up the process of awarding scholarships. The director often is in a position to seek new funds for the program as well as to write many letters of reference for scholarships and employment.

### **Oversee Student ceremonies**

Most programs signify the culmination of study with a pinning ceremony in addition to the college graduation ceremony. This is attended by families, friends and college personnel. The director, faculty, guest and student speakers preside. It is a wonderful opportunity to showcase the program.

### **Support Clubs and association**

The Nursing Student Association (NSA) is a great place for students to gain experience working with their professional organization. Student leaders emerge, and community service projects are developed. This helps students become emerging leaders in their chosen profession.

### **Manage Alumni relations**

Many colleges have an alumni association managed by a department on the campus. The immediate role of the director is with the recent graduates to manage the licensing process from campus, support student applications for out of state licenses, and write recommendations for graduates for either jobs or schools. The program usually does not manage the nursing reunions, social hours and activities. Many graduates do remain in contact with the program and director as they progress in their career, and some graduates do return as faculty later in their career.

### Development and Implementation of Nursing Curriculum

#### Director Role

The director responsibilities related to curriculum include managing and evaluating all aspects of the program including development and implementation. The director ensures the BRN regulations are carried out in the design and revision of the curriculum and required forms are submitted and approval obtained (CCR, #1426).

The director approves that all courses meet pre-licensure requirements of the program as well as graduation requirements. In addition the director approves that the candidates have been awarded a degree or have a prior degree.

The director serves as the ultimate authority of the curriculum including pre-requisite and co-requisite course work. The director oversees completion of the program requirements which are submitted to the BRN. Graduation documents are submitted to the BRN via the electronic link. This must be completed by the director.

#### Faculty Authority

For California Community College faculty, authority over the curriculum is codified in California Education Code section 70902(b)(7): "The governing board of each district shall establish procedures to ensure faculty, staff, and students the opportunity to express their opinions at the campus level, and to ensure that these opinions are given every reasonable consideration, and the right of academic senates to assume primary responsibility for making recommendations in the areas of curriculum and academic standards." Title 5 regulations, which detail the implementation of California Education Code, state the faculty authority for curriculum through section 53200, definitions, where the academic senate and its purview are defined.

The Academic Senate makes recommendations to the college and district on a wide range of academic & professional matters (Title 5 section 53203):

- Curriculum including prerequisites & assigning disciplines
- Degree & certificate requirements
- Grading Policies
- Educational program development
- Policies regarding student preparation & success
- District & college governance structures as related to faculty roles & involvement in accreditation processes
- Processes for program review
- Processes for institutional planning & budget development

The Academic Senate for California Community Colleges (ASCCC) fosters the effective participation by community college faculty in all statewide & local academic & professional matters; develops, promotes, & acts upon policies responding to statewide concerns; & serves as the official voice of both full & part time faculty of CCC in academic & professional matters & in the governance & decision-making processes of the college. ASCCC strengthens and supports the local senates of all California Community Colleges. <https://www.asccc.org/>

The BRN states that the faculty shall assume responsibility for instruction, planning and implementing the curriculum. The faculty shall be responsible for consistent implementation of the program philosophy, objectives, policies and curriculum.

### **Monitor and evaluate existing curriculum process on a continuing basis**

The director ensures that the BRN regulations are carried out as outlined below. Some programs have developed a grid with the BRN requirements and list the program theory and clinical course objectives where the requirement is met.

### **BRN Required Curriculum**

Per the BRN, the program must reflect a unifying theme which incorporates the nursing process. The curriculum must be consistent with contemporary practice and reflect current professional nursing guidelines, and competencies per national accreditation standards.

Prelicensure nursing curriculum requirements are set forth in CCR 1426, to ensure that graduates will be prepared with the knowledge, skill, and ability to competently function in accordance with B&P CODE 2725 the registered nurse scope of practice and CCR 1443.5 the Standards of Competent Performance. Within CCR1426, the required curriculum includes basic science, communication and nursing courses.

### **CCR 1426 Required nursing curriculum**

#### § 1426. Required Curriculum.

- 1) Unifying theme that includes the nursing process;
- 2) Up-to-date, evidence-based, and reflects current social and health care trends and issues;
- 2) Demonstrates CONCURRENCY for theory and clinical courses;
- 3) Covers 5 content areas (MS, OB, PEDS, PMH & Geri); course objectives & instructional outcomes cover content required for licensure (EDP-P-06); required content is integrated throughout the curriculum: Nursing process, intervention skills, human development, collegial relationships, communication skills, natural science, behavioral and social sciences;
- 4) Includes tools to evaluate a student's academic performance & progress;
- 5) Offers clinical learning experiences sufficient to meet course objectives, and
- 6) Meets the unit formula requirements for semester/quarter programs. (1 hour in theory each week equals 1 unit; 3 hours of clinical practice each week equals one unit). There is no specified number of required units for each course/content area – determined by the program.
- 7) Minimum of 58 semester units (87quarter units)
  - 36 semester or 54 quarter units: art and science of nursing: 18 theory and 18 clinical or 27/27 quarter units.
  - Communication skills 6-9 units: oral, written and group
  - Related natural science units (anatomy, physiology and microbiology with labs), behavioral and social sciences 16 semester/24 quarter: psychology, sociology, cultural anthropology

## **B&P Code 2725 – Scope of Practice**

This must be integrated into your nursing curriculum

**BUSINESS AND PROFESSIONS CODE – BPC; DIVISION 2. HEALING ARTS [500 - 4999.129];** (*Division 2 enacted by Stats. 1937, Ch. 399.*); **CHAPTER 6. Nursing [2700 - 2838.4];** (*Chapter 6 repealed and added by Stats. 1939, Ch. 807.*)  
**ARTICLE 2. Scope of Regulation [2725 - 2742];** (*Article 2 added by Stats. 1939, Ch. 807.*)

[https://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=2](https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=2).

## **CCR 1443.5 – Standards of Competent Performance**

This must be listed in coursework and concepts developed throughout the program.

The **program outcomes** for your curriculum should include that graduates will be able to competently function within the CA Nursing Practice Act and the Standards of Competent Performance.

All curricula must be based on a comprehensive nursing theory and have a conceptual framework. The theory and framework must address the concepts of nursing, the nurse, the patient (client), health, illness, wellness, the student, community and educational philosophy. How the faculty approaches curriculum development and the conceptual framework is very individualized but the theory and conceptual framework must be reflected in the program and course objectives. The nursing process is applied within the structural guidelines of the theory and the framework.

The BRN does not require minimum hours in any one topic such as pediatrics or mental health but the students must meet the objectives for these topics and be prepared to pass the NCLEX-RN and function as a beginning staff nurse on the units. The program may choose to put their time into clinic, theory and/or pharmacology. (You cannot do any more than 25% of your clinical time in any one course in the skills/simulator lab.) The 2018 requirements for the nursing practice act require that the students gain hands-on experience with real, live patients.

[§ 1443.5. Standards of Competent Performance.](#)

## **Clinical Course Requirements**

Section 1426(c)(1) states “Art and science of nursing... eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.”

Section 1426(g)(2) requires the following formula: three (3) hours of clinical practice each week throughout a semester or quarter will equal one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a BRN-approved clinical setting. The program may use up to 25% of each clinical rotation in planned simulations. Please note that the simulation that replaces clinical hours must reflect experiences that could occur in a clinical setting such as a case-based clinical scenario in pediatrics for a patient with acute respiratory distress. Simulation should not utilize studying in the lab or answering NCLEX questions in the lab as this would not occur in a clinical facility setting and is not specifically clinically related.

The required clinical areas pursuant to Section 1426(d) are interpreted as geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics.

At the time of approval visits, or in the event of curriculum changes, programs must demonstrate how the students are gaining the experience needed to practice in all five (5) content areas, in acute and community settings, to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse. There is no specific minimum number of hours of clinical experience stipulated for a content area.

[§ 1426. Required Curriculum.](#)

[§ 1426.1. Preceptorship.](#)

[§ 1427. Clinical Facilities.](#)

## Prerequisites

Pre-requisites required for the program are determined by the faculty but their reliability and validity must be proven for the CCCCCO. Generally, if it is used by other programs or required in the CSU system then you have met the requirements to be able to use the pre-requisites.

3CNAC developed recommended standard pre-requisites for ADN programs several years ago in response to the need to ease transfer among the schools. These four pre-requisites include:

- Anatomy 4 units with lab
- Physiology 4 units with lab
- Microbiology 5 units with lab
- English 1A 3 units

Many programs have adopted these requirements. However, some programs have 12 units of science vs 13-14 units. The primary goal is to ensure the BRN is aware of whatever curriculum changes you are making - before the change occurs to ensure an easy curriculum change approval process. The college, as well as the local primary transfer universities (CSUs and UCs) need to have input into any general education course changes to ensure approval and ease of transfer.

## Director's Role with Prerequisites

### Participates in identification and validation of pre-requisites

*Prerequisites or corequisites must be established for a course if the curriculum committee, with input from the discipline faculty, believes that students are unlikely to succeed without the skills and knowledge learned in the prerequisite course(s). The process used to establish the prerequisites must be based on content review (definition follows) which may be augmented by statistical validation according to local board policy. Once prerequisites have been determined, then regular review of the prerequisite is required (every two years for vocational courses; every six years for all other courses) to ensure that the prerequisite is still necessary and appropriate and to monitor disproportionate impact.*

*Content review, according to Title 5 § 55000(c), “means a rigorous, systematic process developed in accordance with sections 53200 and 53204, approved by the Chancellor as part of the district matriculation plan required under section 55510, and that is conducted by faculty to identify the necessary and appropriate body of knowledge or skills students need to possess prior to enrolling in a course, or which students need to acquire through simultaneous enrollment in a corequisites course.” Curriculum committees must have documented processes outlining how content review will be conducted, including who is involved, the criteria used to determine the correct prerequisite(s), how the prerequisite will be evaluated, and the role of the curriculum committee. (CCCCurriculum.net)*

## **Participate in state alignment process for development of standardized prerequisites**

**The California Community Colleges Curriculum Committee (5C) is currently working on articulation barriers for students through a review of units required for the associate degree, the course numbering system C-ID.**

<https://www.c-id.net/>

### **Regulations**

#### **SB 1440**

SB 1440 directed all California community colleges to develop [Associate Degrees for Transfer](#). These degrees would be composed of no more than 60 transferable units, including a general education plan for transfer (IGETC or CSU Breadth) and a minimum of 18 units in a major or area of emphasis. The legislation provides that students who successfully complete these degrees will receive guaranteed admission with junior status into the CSU system and into a major similar to the one indicated by their specific degree, as well as priority admission to their local CSU. The bill also contained several other provisions, such as the directive that the CSU cannot make students repeat courses similar to those they had passed at a community college.

To facilitate the development of the transfer degrees and to ensure their statewide applicability, the Academic Senate began to develop a “Transfer Model Curriculum” (TMC) that would fulfill the required 18 unit minimum of major preparation for each discipline. During the 2010-2011 academic year, the Academic Senate convened intersegmental discipline groups to determine the content of TMCs for the 20 most popular transfer majors at the CSU. The C-ID course numbering system was utilized in this process to facilitate the identification of comparable courses throughout the community college system.

#### **AB 1295**

Nursing is not included in SB 1440 due to the requirements for licensure. Nursing programs are governed by AB 1295, California Education Code 89267.5, implementation of articulated nursing degree transfer pathways between the California Community Colleges and the California State University.

AB 1295 provides that a campus of the California State University shall not require an ADN-to-BSN student:

1. to complete any duplicative courses for which the content is already required by the BRN for licensure or that the student has already satisfied by earning an ADN and becoming licensed as a registered nurse.
2. who has taken a prerequisite course at a California Community College to earn the ADN to take the same prerequisite course or same content from that prerequisite course at the university for the BSN.

The Chancellor of the California State University and the Chancellor of the California Community Colleges may appoint representatives from their respective institutions to work collaboratively to provide advice and assistance on either or both of the following:

1. Implementation of the articulated nursing pathways.
2. Identification of additional components to be included that are consistent with providing ADN-to-BSN students with a streamlined nursing degree transfer pathway.

A CSU and CCCC working collaborative exists with the goal of creating a new curriculum model for ADN to BSN concurrent enrollment. <http://www.ccccriculum.net/associate-degrees-for-transfer/>

### **Coordinate prerequisite requirements with other disciplines on campus, including counseling**

If the program has identified new prerequisites or wishes to change them, the director must work with faculty in other disciplines to change or eliminate requirements. Eliminating a prerequisite can make a difference in the workload or faculty assignments in another area. In addition, the nursing program might desire a change in the course content taught in another area. This can be difficult as each discipline values their expertise and authority. Working with counseling and the curriculum committee may help to navigate desired changes

### **The Director ensures that the curriculum follows Title V and Education Code Regulations**

The Community College League of California defines Education Code and Title V as follows:

*The body of law which regulates education in California. Implementing regulations are contained in the California Administrative Code, Title 5, the Government Code, and general statutes.*

The faculty work with their curriculum committee to monitor and/or institute changes in curriculum. Faculty are encouraged to serve on campus curriculum committees. The director ensures that curriculum committee approvals are obtained for course outlines, pre-requisites, Title 5 GE requirements, IGETC and CSU breadth GE, and articulation of courses. The local campus and the state in addition to the BRN must approve all courses. Timing of approvals in implementing any changes can be challenging.

### **Program and Course Approval Handbook, 6th Edition**

Title 5, §55000.5

The [Chancellor](#) shall prepare, distribute, and [maintain a detailed handbook](#) for use by community college districts. The handbook shall contain course approval criteria & procedures for securing course & program approvals.

[Program & Course Approval Handbook, 6th Edition](#)

Another curriculum resource is the Academic Senate for California Community Colleges. Check their website for various curriculum workshops. <https://www.asccc.org>

## Accreditation Organizations

The director must also ensure that the curriculum is in alignment with the standards of any accrediting bodies.

### National Accreditation Organizations

At this time ACEN is the only Department of Education recognized agency that grants national accreditation to associate degree nursing programs. ACEN provides standards that are a helpful framework for programs that also meets the majority of BRN requirements. Recently NLN has launched CNEA, their accrediting agency which is also an accreditation agency for ADN programs. They are currently seeking DOE recognition.

Department of Education List of Recognized Accreditation Agencies

<https://ope.ed.gov/accreditation/agencies.aspx>

### National Council State Boards of Nursing (NCSBN) Test Plan

Curriculum should be developed to meet the NCSBN test plan as the graduate needs to be prepared to pass the licensing examination. <https://www.ncsbn.org/testplans.htm>

### Transfer to bachelor's program

It is imperative that the program plans coursework requirements, both GE courses and nursing courses, so that students are not taking unnecessary coursework or duplicating coursework. The director should work with local CSU, USC programs and the counseling department to align the ADN curriculum to allow ease of progression to a BSN or RN-MSN program.

### The director ensures that the curriculum is in alignment with ACCJC.

Most college campuses are required to engage in curriculum re-examination and curriculum redesign associated with the the American Association of Community and Junior Colleges (AACJC). The Accrediting Commission has fully pressed colleges for compliance with the development of Student Learning Objectives (SLO's) for every course and program, and as a result of the ensuing struggle to keep up, as many universities and community colleges have been on some stage of warning from the AACJC.

ACCJC Standard I.B.5

The institution assesses accomplishment of its mission through **program review** & evaluation of goals & objectives, student learning outcomes, & student achievement...

ACCJC Standard II.A.16. The institution regularly **evaluates & improves the quality & currency of all instructional programs** offered in the name of the institution, including collegiate, pre-collegiate, career-technical, & continuing & community education courses & programs, regardless of delivery mode or location...

ACCJC Standard I.C

The institution assures the clarity, accuracy, & integrity of information provided to students related to its mission statement, learning outcomes, educational programs, & student support services - I.C.1 (ER 20) and

The institution provides a print or online catalog for students and prospective students with precise, accurate, and current information - I.C.2 (ER 20)

*Senate Rostrum* have been full of short articles related to the pressures involved with meeting the stricter WASC criteria, and most importantly the steps involved with implementing SLOs

### Curriculum Documents

Content required for licensure and the total curriculum plan are required documents for setting up new programs, revising courses or the curriculum, and for approval visits. These can be found in the BRN Director's Manual. The curriculum for your program is listed on two forms: the EDP-P-05a TCP, and the EDP-P-06 CRL.

#### **Total Curriculum plan (TCP) EDP-P-05(a)**

- EXCEL version. The WORD version of this form has been retired.
- Lists courses semester-by-semester or quarter-by-quarter.
- Includes all prerequisites, nursing courses, and degree requirements.

#### **Content required for licensure (CRL) EDP-P-06**

- Lists AND verifies that the courses, the content, and the units meet the curriculum requirements in CCR 1426 in order to determine eligibility for licensure.
- References the minimum number of units for nursing, communication, and science coursework required for licensure in CCR 1426. These are minimum requirements – a program can have more units.
- Minimum number of semester units in nursing: 36 (18 clinical units; 18 theory units); 54 quarter units :27 quarter units of theory; 27 clinical units
- Minimum semester units science: 16
- Minimum semester units communication: 6

(CCCCO and the CSU are working collaboratively to create seamless academic progression in the form of concurrent enrollment ADN to BSN. A major part of this initiative is for ADN programs to not exceed 36-38 semester units in nursing).

### Course Outlines

Curriculum documents also include course outlines that are submitted to the college curriculum committee for approval. Course outlines contain title, course description, units, prerequisites, co-requisites, content review, lecture or lab, course objectives, SLO's, assessment measures, sample textbook and learning materials and learning activities. All faculty are required to teach courses adhering to the course outlines. In addition, course outlines provide the reference for articulation of courses.

<http://www.ccccurriculum.net/course-outline-of-record/>

Course Outlines of Record: A Curriculum Reference Guide Revisited

<http://www.asccc.org/sites/default/files/COR.pdf>

The director ensures that faculty teach according to the course outlines through assessment of syllabi, faculty evaluation, student evaluation, and assessment measures such as completion rates in courses, attrition rates, SLO assessment and NCLEX pass rates. Many schools also use assessment testing to compare student success on nationally normed tests.

### **Educational strategies and technology into curriculum**

Encourage faculty to attend conferences/workshops or obtain certifications on educational strategies and incorporating technology into the curriculum.

Other resources include subscription to online journals, meetings with vendors, attendance at COADN meetings, and ACEN and NLN conferences.

Teaching strategies include lecture, discussion, seminar, lab, panel, symposium, problem-based learning, projects, role play, case-based learning, simulations, programmed instruction, self-directed learning, computer assisted learning, web-based learning, map/concept map, storytelling, field trips, gaming, and flipped classroom. These teaching strategies must engage the learner using examples of adult learning strategies.

COADN is developing a New Allied Health and Nursing Faculty Boot Camp. The goal of the New Faculty Boot Camp is to develop training materials to accompany an in-depth workshop to assist new allied health and nursing faculty to learn tools and techniques that will enhance their effectiveness in their new faculty role. The workshop is designed to be presented by expert faculty within the California Community College system so the on-boarding program can be offered anytime anywhere in the state at a reasonable cost. Information can be found on the COADN website.

## Facilitate Curriculum Development

### Curriculum Revision

**Curriculum is a living document and as times change, so will there be a need to revise or totally revise the curriculum. Here are some questions to consider when undertaking this huge task.**

1. What are the forces that drive this change? As the health care environment undergoes change, the program must respond and prepare graduates to enter the workplace. Are there new frameworks that need to be incorporated such as QSEN, technology, distance education mandates? Is there support for this, evidence that it's needed, and evaluation data, advisory committee input? Is there faculty input? Is there a need for a consultant to help with this revision?
2. Will the change require a change in philosophy, framework, objectives? Does it meet with state regulations and accrediting standards?
3. What is the timeline for the college committees, BRN, accreditation bodies?
4. What are the clinical site implications?
5. Is there an impact on faculty scheduling or load or assignments?
6. Will there be a need for classroom assignment change?
7. What is the planning process with faculty and campus?
8. Will the new change impact current students and how will this be managed?
9. What program documents need revision- catalog, schedule, website, handouts? Is there staff to handle this?
10. How will the change be evaluated for its effectiveness?

**Orchestrate approvals of curriculum change with curriculum committee, BRN, Chancellor's office and accrediting bodies.**

#### **BRN Approvals:**

Any revised curriculum shall be approved by the BRN prior to its implementation.

Submission of the Total Curriculum Plan EDP-P-05A and the Course of Instruction form EDP-P-06 are required.

Changes (major or minor) made to the curriculum must be reflected on these forms.

The director and faculty determine if the revision is major or minor. A discussion regarding the proposed curriculum changes should be discussed with the programs BRN NEC prior to submission of change.

## Curriculum Revisions

### Curriculum Revision: Minor

The BRN [Curriculum Revision Guidelines](#) document describes minor revisions as changes that **do not** significantly alter the philosophy, objectives, or content of the curriculum.

*Examples would include:*

- Adding a preceptorship
- Renumbering/renaming courses
- Reporting changes to the natural, behavioral or social science courses (add a sociology course, or the units may change for these courses)

The school assigned NEC is able to approve minor revisions which can then be implemented. Notification of the changes are reported to the Education and Licensing Committee (ELC) and BRN as an agenda item that is simply voted on by the committee members for approval because the revisions meet all rules/regulations – attendance at this meeting is not required.

### Curriculum Changes: Major

A major curriculum revision includes major changes and/or new content in the curriculum. These are activities that significantly change the curriculum such as:

- Change of curricular delivery (teach 50% the curriculum online vs. one course)
- Change in nursing model (philosophy/framework) – new curriculum threads reflected in program, outcomes, learning objectives and content.
- Increase in enrollment – change the annual number of students admitted or frequency of admission, which impacts resources (faculty, classroom & lab space) and clinical placement of students

The documentation to be submitted for a curriculum revision is described in the Curriculum Revision Guidelines – the Proposal Letter/Attachments).

### BRN Fees for Curriculum Approvals

For a major curriculum revision, there is a fee (and fee form) that will need to accompany the proposal when it is mailed to the BRN, in Sacramento. <https://www.rn.ca.gov/pdfs/forms/majorrev.pdf>

### Additional approvals:

In addition, the college curriculum committee, the CCCCCO (submitted through the Curriculum Committee), and the accrediting organization must approve curricular changes that involve changes in prerequisites, course descriptions, development of new courses, and/or changes in sequencing courses. Submission of curriculum changes must be approved by the national accrediting organization typically prior to implementation.

## Course Scheduling

The following terms that will assist the director with developing schedules:

### Academic Calendar

Begins on July 1 of each calendar year and ending on June 30 of the following calendar year. There are two primary terms requiring instruction, which covers 175 instructional days. A day is measured by being a minimum of 3 hours between 7:00 AM to 11:00 PM.

**Basis/Rationale:**  $175 \text{ days} \div 5 \text{ days per week} = 35 \text{ weeks} \div 2 \text{ primary terms} = 17.5 \text{ weeks per semester}$ .  
 $175 \text{ days} \times 3 \text{ hours} = 525 \text{ hours}$ , which equals one (1) full-time equivalent student.

**Note:** Community colleges in California are required by code to provide instruction 175 days in an academic calendar year (excluding summer sessions).

### Faculty load

The amount of “teaching time” assigned/appropriated to a given instructional class, i.e. lecture or laboratory, for a given semester or for an academic year (two semesters). It is typically defined in terms of 15 “teaching hours” per week as being equal to one (1) full-time equivalent faculty; a “full faculty load.” Actual faculty loads are generally governed by negotiated agreements and collective bargaining.

### FTEF

An acronym for “full-time equivalent faculty” is FTEF and is used as a measure by the state to calculate the sum total of faculty resources (full-time and part-time combined) that equate to measurable units of 15 hours per week of “teaching time,” i.e. as being equal to one (1) full-time equivalent faculty. All academic employees are considered to be faculty for this purpose including instructors, librarians and counselors.

### FTES

An acronym for a “full-time equivalent student” is FTES and is used by the state as the measure for attendance accounting verification; also used as a student workload measure that represents 525 class (contact) hours in a full academic year.

A measure used to indicate enrollment and workload. The State General Apportionment is based on FTES.

$\text{FTES} = 1 \text{ student, } 15 \text{ hours a week} \times 2 \text{ semester of } 17.5 \text{ weeks, or } 3 \text{ quarters, } 11.67 \text{ weeks} = 525 \text{ contact hours}$ .

### WSCH

“Weekly Student Contact Hours.” WSCH represents the total hours per week a student attends a particular class. WSCH are used to report apportionment attendance and FTES. One (1) FTES represents 525 WSCH.

### WSCH/FTEF

Represents the ratio between the faculty’s hours of instruction per week (“faculty load”) and the weekly hours of enrolled students in his/her sections. It is the total weekly student contact hours (WSCH) divided by the faculty member’s load. The state productivity/efficiency measure for which funding is based is  $525 \text{ WSCH/FTEF}$ .

**Example:** A faculty member teaching five sections of Sociology, each section meeting for three hours per week with an average per section enrollment of 30 students, equals 450 WSCH/FTEF. (5 class sections X 3 hours/week X 30 students = 450 WSCH/FTEF). A faculty member teaching three sections of Biology, each section meeting for six hours per week with an average section enrollment of 25 students, would be teaching 450 WSCH/FTEF. (3 class sections X 6 hours/week X 25 students = 450 WSCH)

Nursing is often viewed as a major expense for the college as the calculation of clinical labs yields a low WSCH. This is an opportunity for the director to lobby for the program at their college and promote support for what is frequently viewed as a 'signature program' for the college.

### **Develop course and clinical rotation schedules**

This is a labor-intensive task for the director. Considerations include classroom space for lectures and labs, availability of faculty, and clinical placements- days and times vary for cohorts. It is helpful to start with mapping out a course rotation plan for the two years that will accommodate all students. If there is fall admission only, then the fall semester contains the first and third semester and the spring contains the second and fourth semester students. Some programs have 8-week courses vs full semester courses and those will need to further break during planning to determine how accommodations can be met for all courses. Once the master plan is set out, the schedule then focuses on the semester at hand.

Plotting out the courses on a spreadsheet is helpful.

Factors to consider:

- List all courses and sections with times to be filled
- List all full-time faculty that need a full-time load. Some may request overload, reduced load or be on sabbatical.
- Assignments must be made according to their approved content area per BRN
- Clinical placements for each cohort need to be arranged. These arrangements may change, unfortunately even at the last minute.

Once full-time faculty are assigned courses, then scheduling/assignments of the part-time faculty is initiated. Typically (especially at a college that has a bargaining unit) full-time faculty are provided with their choice of courses and opportunity for overload prior to the PT faculty assignments. All nursing faculty must meet the BRN regulations regarding faculty assignments and approval of content allowed to teach.

On campus skills lab and simulation labs also requires faculty assignments.

It is important to schedule the required number of hours for each course. Holidays do not count in the total hours and those hours need to be met prior to course end.

THE BRN defines the clock hours for the nursing program.

#### **Clock hour is 60 minutes but the Class hour is 50 minutes**

50 minutes is the student contact hour.

10 minutes is the passing time.

Therefore, one class hour = 1 contact hour

### Evaluation Overview

Total program evaluation on an ongoing basis is crucial to the success of the nursing program as well a requirement by the BRN and national accreditation organizations. A systematic program assessment will identify the program strengths as well as areas needing improvement. Use your resources and director network to assist you.

Refer to the Appendix for an example of a Program Evaluation Plan Summary.

### Tips for Success for a Program Evaluation Plan (PEP)

Total Program Evaluation is a dynamic process of assessing, analyzing, making changes as indicated and then ensuring documentation of the process remains current. It is an on-going process.

- Develop a timeline for the PEP – create an annual calendar for the PEP every July. Use the calendar to organize yourself regarding dates and timelines for the ongoing program evaluation.
- Typical evaluations include:
  - Tenure review for non-tenured faculty
  - Evaluations for tenured faculty
  - PT faculty evaluations every semester/quarter
  - Staff evaluations
  - Curriculum (course) evaluations at end of every semester/quarter
  - Clinical Course & Clinical site evaluations every semester/quarter
  - Skills Lab and Simulation Lab evaluations
  - Resources usually once/twice a year (Library, Student Services, Health Services)
  - Program advisory committee meeting minutes
  - Core Indicators assessment (NCLEX, Program Completion, Employment)
  - Graduate satisfaction, employer satisfaction – annually
- At the end of each semester/quarter gather and document the data; analyze the data at a minimum of annually (more often for a glaring problem); review PEP with faculty on regularly scheduled basis – at a minimum of annually.
- A very common weakness for the PEP is lack of evidence of outcomes and outcomes management – what did the program do with the results of the assessment? What changes were made? Did those changes work? How was this evaluated? Where are the supporting documents? Close the loop! Make the evaluation full circle.

- Maintain thorough documentation about each aspect of the program including assessing each cohort separately (generic students vs LVN Step-Ups, and by graduation date).
- An option is to have a faculty retreat day annually where the director and faculty gather to discuss an overview of the program, the BRN requirements and/or national accreditation standards. Determine how the program is doing; what do the program outcomes demonstrate? What is the program's plan to address the areas of concern? How and when will this plan be implemented? Next steps regarding analysis of the outcomes of the change – did it work or not?
- An additional option is to have a student roundtable monthly meeting. One example is the director goes to the ADN classes once a month for a 15 minutes “what’s happening” meeting. This keeps the students informed, also keeps the director informed of any potential issues that can be defused early. Maintain documentation of these meetings as part of your PEP – also works for demonstrating to the BRN student advocacy. SurveyMonkey is an inexpensive tool that can be used by faculty to gather data.
- Note: The college evaluation process alone is not enough to meet BRN and national accreditation evaluation requirements. For a college with a bargaining unit, the nursing program the ‘extra’ evaluations required by a national accrediting agency may be in conflict with faculty CBA guidelines. If data does trend to identify a faculty performance issue, the director needs to discuss the findings with HR and the supervising dean, as a plan of action may need to be developed.
- Note: Having the faculty meeting organized in the following format makes tracking the mandatory reporting components of the program much easier. It also keeps the faculty on track of what is happening within the total program and reinforces their role and responsibilities to the program.

#### **Faculty Meeting Minutes – titles of major sections**

- » Administration (Director Report)
- » Students
- » Faculty
- » Curriculum
- » Resources
- » Evaluation

### **BRN Program Visits**

(refer to Appendices for template of Self-Study Report and Program Evaluation Plan Considerations)

The Board makes the following site visits to nursing programs:

- Initial Approval of Prelicensure Nursing Program
- Initial Approval of Advanced Practice Nursing Program (Voluntary)
- Continuing Approval of Prelicensure and Advanced Practice Nursing Programs

Programs are advised to consult the BRN website for current fee for continuing approval of nursing programs.

<https://www.rn.ca.gov/pdfs/forms/contappr.pdf>

The Board prepares a master schedule of continuing approval visits on a five-year cycle. Changes in Master Schedule are difficult. Every effort will be made to schedule approval visits on dates mutually acceptable. Notification letters will be sent each year in September to programs scheduled for Continuing Approval Visits in the next academic year.

### **Will national accreditation be a requirement for all ADN programs?**

Currently there is consideration being given to requiring national accreditation for all programs. This is in addition to state approval. The director should be attentive to communication from the BRN and/or COADN on this topic.

## **BRN Self study**

**Preparing the Self-Study Report** (EDP-I-19) is used for the preparation of the Initial Prelicensure Program Approval.

**Criteria and Guidelines for Self-Study** (EDP-R-03) provide Board rules and regulations and identifies specific criteria for compliance with the regulations. This document applies in preparation of all reports.

**Continuing Approval Self-Study Report** (EDP-P-16) identifies specific areas and benchmarks that the nursing program needs to address in their five-year nursing program review. This report is accompanied by a site visit by a NEC. Self-Study Report for initial approval or a Continuing Approval Self-Study Report is a self-evaluation by the nursing program on how the program is in compliance with the Board rules and regulations. The program review process should involve the total faculty. The assigned NEC is available for consultation during preparation of the reports. Two (2) hardcopies and one (1) electronic of the self-study report and attachments are to be submitted to the assigned NEC at least two (2) months before the scheduled visit. The electronic copy is to be submitted to the BRN via the Cloud. The NEC may request additional information/material upon review of the submitted report. Site visits for the approval process are usually one or two days. For programs that also offer advanced practice nursing programs, it may take three days. The program director or designee is expected to accompany the NEC on campus and to clinical facilities. At the end of the visit the NEC will give an oral exit report identifying specific findings. The NEC will send a working draft copy of the Consultant's Approval Report to the nursing program within 10 working days following the visit.

The nursing program is placed on the following Education/Licensing Committee (ELC) agenda. Schools found to be in compliance with all BRN rules and regulations will be placed on a Consent Agenda for the ELC and Board meetings – attendance not required. If a school is found to be in non-compliance with one or more BRN rules and regulations, the school will be placed on the ELC agenda and a representative from the school is required to be present at ELC meeting to respond to the findings. ELC recommendations on approval are sent to the full Board for action. The nursing program will be notified by mail of the Board's action following a full Board meeting.

If the school is found to be in compliance with all of the Board rules and regulations, the recommended Board action is "continue approval." If the school is found to be in noncompliance, the recommended Board action is "deferred action to continue approval" to give the program time to correct the violations to the Board rules and regulations. The program may remain on deferred action for no more than one year. If the school continues to be in noncompliance, the recommended Board action may be "warning status, with intent to close the nursing program."

## National Nursing Accreditation Requirements

Nursing programs in California have the opportunity to apply for national accreditation through two organizations. This is not a mandatory requirement of programs in California at this time, although a number of States require national accreditation status.

### ACEN

The Accreditation Commission for Education in Nursing (ACEN) is an accreditation organization that provides accreditation for the following:

LVN/LPN programs, Associate programs, Baccalaureate, Masters, Post-Masters Certificates and Clinical Doctorate programs. ACEN is recognized by the Department of Education, the most recent recognition was in 2018.

“ACEN accreditation is a voluntary peer-review process intended to enhance quality improvement in nursing education. Accreditation:

- Heightens faculty members’ and administrators’ awareness and responsiveness to areas needing improvement.
- Aids in student recruitment.
- Provides useful information for career and education decision making.
- Enables student eligibility for funding support from federal and state agencies, and foundations.
- Is required by many nursing programs for admission to the graduate level.
- Is required by some state regulatory agencies.
- Assists employers seeking graduates who are competent practitioners.
- Offers professional development opportunity and validation for faculty.
- Facilitates the transfer of credit using the following considerations:
  - the educational quality of the institution from which the student transfers;
  - the comparability of the nature, content, and level of credit earned from the programs offered by the receiving college or program; and
  - the appropriateness and applicability of the credit earned from the programs offered by the receiving college in light of the student’s educational goals.

**ACEN WEBSITE, June, 2018** <http://www.acenursing.org/>

The ACEN Accreditation Manual with the accreditation standards may be located on the ACEN website under resources.

<http://www.acenursing.org/resources-acen-accreditation-manual/>

## CNEA

Another organization available for application for national accreditation is the National League of Nursing - CNEA. This is a fairly new accreditation organization and is currently going through the Department of Education (DOE) recognition process. CNEA has the ability to accredit programs, although not currently recognized by the DOE. Currently there is one ADN program accredited in California by CNEA.

“The NLN CNEA promotes excellence and integrity in nursing education globally through an accreditation process that respects the diversity of program mission, curricula, students, and faculty; emphasizes a culture of continuous quality improvement; and influences the preparation of a caring and competent nursing workforce. The NLN CNEA will accredit nursing programs across the academic spectrum including LPN/LVN, diploma, associate, bachelor, master’s, and clinical doctorate degree programs, as a U.S. Department of Education designated Category 2, non-Title IV, accrediting body. The NLN CNEA Standards of Accreditation consist of five standards with accompanying quality indicators and interpretive guidelines for each quality indicator. These five standards are applied to all types of nursing programs.”

NLN-CNEA website, June, 2018.

<http://www.nln.org/accreditation-services/standards-for-accreditation>

The CNEA Standards OF Accreditation may be located on the NLN website under Accreditation Services.

<http://www.nln.org/docs/default-source/accreditation-services/cnea-standards-final-february-201613f2bf5c78366c709642ff00005f0421.pdf?sfvrsn=12>

Verification of Department of Education Accreditation Recognition

<https://ope.ed.gov/accreditation/agencies.asp>

## SECTION 7 -Clinical Resources

This section contains resources for managing clinical sites used for student learning.

### Clinical Course Requirements

BRN, CCR Section 1426(c)(1) states that the “Art and science of nursing... eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.”

BRN Section 1426(g)(2) requires the following formula, three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting. The program may use up to 25% of each clinical rotation in planned simulations.

The required clinical areas pursuant to Section 1426(d) are interpreted as geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics.

At the time of approval visits or in the event of curriculum changes, programs must demonstrate how the students are gaining the experience needed to practice in all five (5) content areas, in acute and community settings, to function in accordance with the registered nurse scope of practice as defined in BRN, CCR code section 2725, and to meet minimum competency standards of a registered nurse. There is no specific minimum number of hours of clinical experience stipulated for a content area.

### Clinical Agency Contracts

Contracts must be developed for all outside clinical experiences. These contracts may involve hospital placement, community agencies, schools, and/or health care provider facilities.

The Board of Registered Nursing, prior to placement of students, must approve all placements. According to CCR 1427 (a), the Program Clinical Facility Authorization Form (EDP-P-18) should be sent to the NEC for approval.

The program must provide the agency with clinical objectives, faculty names and credentials, agency and student responsibilities, and a plan for faculty and student orientation. The school must also develop a plan for ongoing communication between the school and the facility.

The clinical objectives, responsibilities and communication plan will vary depending on whether the facility is used for a cohort, a preceptor experience, and/or an observational experience or hands on experience in a community agency. Meetings between the school and faculty to review the objectives and responsibilities of the agency, faculty and student are key to a successful experience.

Both the school and the facility must adhere to the BRN guidelines as listed in their formal contracts.

## BRN Requirements for Agency Contracts

1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following six factors:

1. Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
2. Provision for orientation of faculty and students;
3. A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
4. Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients;
5. Provisions for continuing communication between the facility and the program; and
6. A description of the responsibilities of faculty assigned to the facility utilized by the program

### [§ 1427. Clinical Facilities.](#)

These agreements must be current, must be reviewed periodically and revised as indicated.

A master list of agencies is kept by the BRN and shared with the program prior to an approval visit. The program should keep a master list of agencies with contract renewal and expiration dates. The list could also include the name of the hospital liaison (education coordinator), names of schools at the site, units used, times, instructors at the site, types of clinical experiences available. At the time of the approval visit, the director compares the BRN list to the program data and works with the NEC to update the agency information as needed.

The program can also develop a document that lists all clinical contracts and where (what page), in each contract, would there be evidence of meeting the six crucial components of the BRN regulations regarding the contract. An easy method of providing this information is in a table format. This is an easy method for the program to verify meeting the BRN components, and also for the BRN to easily verify the evidence.

There are two types of contracts **School Generated Contracts or Agency Generated Contracts**. A school may choose to develop generic contracts with clinical agencies in order to include appropriate language from the BRN, the Education Code and college policies. The generic contract is sent to the clinical agency for review and often it comes back with changes requested by the agency. The director then follows the college process for contract approvals. It may go through the business and finance office, the legal department, or in some districts a contract office. Typical provisions that need to be reconciled include educational decisions that remain with the college, agency requirements, nondiscrimination language, HIPAA, district and hospital liability insurance, professional malpractice insurance, hold harmless/ indemnification, agency rights to deny access, and severability. The contract should state the provisions for continuation or termination. If the agency generates its own the contract, the director must review the contract to be sure that at a minimum the basic BRN requirements are met. The college must also review the document for legal purposes.

## Selecting Clinical Facilities

### Questions to ask when securing new sites:

- **Student-patient ratio:** Are there a sufficient number of patients on one unit or will students need additional units? What ratio of students to patients is needed in a certain course level? Small pediatric units may not accommodate a cohort of students. What other experiences in the hospital are available for students to meet course objectives?
- **Student-instructor ratio:** How many students are in the cohort for the instructor to supervise? The numbers vary by school ranging from 5-10. The BRN does not mandate a specific number. This is driven by the facility. Course numbers are set when the curriculum committee approves the course. In recent years, clinical agency contracts have mandated smaller size of cohorts in the agencies. Depending on the college, the program may have to then bring the course size (# of students) to the curriculum committee and justify the size of the clinical groups.
- **Clinical facility census:** The facility census may too low to support a cohort but adequate for a preceptorship experience.
- **Student supervision- direct or indirect:** The school and agency must agree on who will supervise the student directly and this must be clearly spelled out in the agency contract. Is this a preceptorship experience or will a faculty member be present?
- **Clinical facility staffing and acuity:** Are there RNs, LVNs or only assistants on the unit? RN students must be supervised by an RN. Is the level of acuity commensurate with the level of the student and course objectives for the placement?
- **Student placement and on-site supervision:** Who will supervise the student? Is there a non-nurse such as a physician in the community agency as the supervisor? When non-nurse faculty participates in instruction, her responsibilities are described in writing and kept on file in the nursing program.
  - **Clinical area identification:** What clinical areas will be used?
  - Compatibility of philosophy and objectives of nursing service and nursing education **objectives and outcomes** of the course that are being taught. Do they match? How can the agency work with the school to meet the student objectives?
  - **Impact** of new group of students on currently placed students. What days of the week and shifts do the current schools use? Is there space for a new group, RN buy in? Do existing schools have any concerns about a new cohort? Will a preceptorship experience interfere with a cohort placement?
  - **Requirements** established by the clinical agency: What are the conditions that the agency places on the school? Is it compatible with ED Code, unions or other educational regulations? This needs to be worked out as the contract is developed so that both the school and the agency understand and agree to the language or the placement cannot begin. An example of this is requiring background checks of faculty. With respect to background checks, schools need to negotiate this requirement with the respective union prior to implementation.

## Preceptor Placements

BRN, CCR section 1420n defines preceptor qualifications: current license, clinical competence, employment by the agency for at least one year, completion of a preceptor orientation program. Prior to implementation, the board must approve a preceptorship course. Policies shall be on file at the school and include all of the following: criteria for preceptor selection, orientation program that covers policies of the preceptorship, preceptor, student and faculty responsibilities; identification of preceptor qualifications and designation of a qualified relief preceptor, communication plan for faculty, preceptor and student, responsibilities of faculty, preceptor, and student, record keeping, and ongoing evaluation of preceptor program and faculty/student ratio criteria. The recommended ratio is 1:1.

The program must keep on file a list of preceptors utilized for each course annually. These documents will be reviewed by the NECs during the program visit. Documentation needs to include the preceptors' name, license number, verification of license, degrees, experience, orientation, and clinical area of expertise. An easy method to meet this requirement is to have a one-page preceptor form completed by every preceptor and maintained in a preceptor book in the nursing office.

[§ 1426.1. Preceptorship.](#)

## Facility Requirements

### Malpractice Insurance

Schools must ensure that both students and faculty are covered for any malpractice claims. A typical coverage is 1 million /6 million aggregates.

The Education Code states that charging a fee for malpractice insurance is prohibited; therefore, the college must purchase the insurance. When a program purchases professional liability for students, the faculty may be covered in a blanket policy. It is important that this is verified for your school. In addition, faculty may wish to purchase individual professional liability insurance to cover any claims that do not fall under the college coverage. The clinical facilities will often request a copy of the college's liability insurance annually for their files.

### Criminal Background Clearance

Background checks are a mandatory requirement for faculty and students at almost all clinical facilities. The college will utilize a vendor who does background checks to obtain a minimum of seven (7) years background information.

It would be ideal if the clinical facilities and /or practice consortiums would provide a list of felonies and misdemeanors that preclude the student from obtaining clinical experience in their facility. Typically, this does not occur. It is especially important that the student be able to obtain a nursing license upon graduation, but the BRN does not provide a list of background 'flags' that would preclude the graduate from being approved by the BRN to take their NCLEX. It is stated that the review of issues is completed on a case by case review and is reviewed by the Department of Justice.

In general any felony or misdemeanor that involves violence toward another generally eliminates the student from a clinical facility. Some facilities may deny students with a positive urine, dilute urine, or theft (including shoplifting). The BRN requires that the program still attempt to secure a facility to take the student. It is not always a black/white issue, and the time frame since the incident occurred has a significant impact on the decision.

Most clinical agencies include standard language regarding criminal background checks in the contracts. It is important to review this language with the college's legal representative to ensure that it meets the Chancellor's Office and college requirements. The following information on Joint Commission and the Chancellor's office provide important knowledge for the director regarding background checks.

### **Joint Commission**

Staff, students, and volunteers who work in the same capacity as staff who provide care, treatment and services, would be expected to have criminal background checks verified when required by law, and regulation and organization policy. This means that if state law, regulation, or organization policy requires background checks on all employees, volunteers and students, Joint Commission expects them to be done on all three categories.

### **Chancellor's Office legal advisory on background checks**

The Chancellor's office issued a legal advisory on criminal background checks for students in clinical settings (March 11, 2005 - see appendix). The facility may be requiring this per law, for accreditation standards, or to limit exposure to liability. The district should determine if any statute imposes this requirement. If not, the district should ask the facility to clearly identify the grounds on which it justifies the need. If it cannot identify the legal requirement, the district should ask that the requirement be eliminated. If the facility insists, the district may comply using Title 5, section 58106 which allow limitations on enrollment for various reasons including health and safety. The district should consult with legal counsel to ensure that the health and safety justification for the limitation is well established and that sufficient due process safeguards are provided.

The facility needs to define the types of offenses that would bar a student from participation. There also needs to be a challenge procedure in place. For example, a student may challenge a traffic violation or an old offense. The facility must give the clearance for any student with a conviction. The college needs to warn students that this is required for clinical courses in the catalog, schedule and publications. The district may charge a fee to offset the cost of a background check. The college should ask the student to authorize that the college receive a copy of the report. The background check report is highly confidential and only the director should be aware of the contents. Faculty do not need to be aware of background check results on students. Some directors defer from receiving the background report and only the clinical facility receives the report. The facility would then notify the program that the student is denied access to that facility.

### **Fingerprints**

Fingerprints are required for nursing licensure in California. Students must be advised of this requirement prior to application to the program. The National Council of State Boards of Nursing (NCSBN) provides information on the requirements of the various states (December, 2008) ([https://www.ncsbn.org/CBC\\_SxS.pdf](https://www.ncsbn.org/CBC_SxS.pdf)). Some states require background checks as part of the licensure application process. Many require self-disclosure of criminal history background and then investigate those with a positive history. Failure to self-disclose is considered fraud and sufficient reason to deny or remove a license. Students should be informed of this.

### **Fingerprint Exemption as a Student**

Some sections of the law provide exemptions for student fingerprints. For example, in certain child care settings, if a student is enrolled in an educational institution, directly supervised by an employee with a clearance or exemption, there is a contract with the agency, the student spends less than 16 hours in the facility and is not left alone with children, the student is exempt from a background check requirement in that agency.

### **Clear Policy**

The program should develop a clear policy describing who must have background checks, how they are conducted, who will manage them, when are they done, with whom are they shared, and the consequences of felony convictions. The policy should be public and specify that written permission is required before a background check is completed. A copy of the report must be shared with the applicant and they must have the opportunity to dispute the contents. This process takes time to complete. Federal laws may prohibit hiring in agencies when convicted of certain felonies. The policy must state that those students are ineligible for any nursing clinical and ineligible for licensure and therefore are not accepted into the program.

### **Flagged Students**

A process should be set up at the college to handle students whose report identifies any convictions (flags). As mentioned above, the student must be given a copy of the report and allowed to dispute any errors. If the report is determined accurate, the clinical agencies are notified in order for the determination to be made as to whether the student will be accepted for clinicals in the program. If there are no opportunities for clinical placement, the student then is notified that their acceptance is denied.

### **Fees**

Students typically pay for the background check. The college typically pays for the background checks for the faculty.

### **Drug Screening**

Most agencies do routine screening on pre-employment and require this of students and faculty coming to the agency. This is the right of the agency. If a student refuses the drug screening, they cannot be placed in that agency for clinical hours. If there are no alternatives for placement, then the student cannot be accepted into the program. A clear urine drug screen must be received. This means that none of the drugs listed in the screen were found. Agencies require either a 10-drug screen or a 7-drug screen. When in doubt, the program should default to a 10-drug screen. If the student cannot produce urine due to a medical issue, a hair sample may be utilized in its place. This would have to be reviewed with the facility as an acceptable method, and the student would have the hair analysis done at a lab just as a urine drug screen would be done.

### **Dilute UA, Positive UA**

The program needs to develop the procedure if the urine screen comes back positive and or dilute. In advance, the school should consult with agencies to determine their policy for employees with these results. Will the school allow one repeat? Will it be within a certain time frame? The policy regarding background checks and urine drug tests should be posted on the website. Some facilities and programs have policies that a dilute urine from a student is cause for refusing the student access to the facility and may cause denial of entry to a program.

## **Health Clearance and Required Immunizations**

The CDC and the clinical agency set the requirements for health screening and immunizations. Students are expected to complete a health clearance and receive required immunizations as conditions of acceptance into the nursing program. These are variable according to the hospitals but most will require proof of the vaccines and for certain diseases a positive serum titer. This includes hepatitis, measles, mumps, rubella, chicken pox, and TDAP (tetanus, diphtheria, pertussis). The annual flu vaccine is a mandatory requirement and if the student refuses the Flu vaccine, they are generally required to wear a face mask for the entire flu season when in the clinical site. Another vaccine requirement that is common is whooping cough. If the student chooses, they may sign a waiver to refuse these vaccines for a variety of reasons including allergy, but the hospital reserves the right to refuse the student access to the clinical area if not adequately immunized or have proof of immunity.

The Health Clearance form generated by the school should describe the essential functions of what the student must perform in the program and immunization results. The health care provider signs the health record stating that the student has no known physical or mental reasons to preclude them from the program and if any health-related accommodations are required. It is advisable to work with the Disabilities Department to identify how any requested accommodations might be met.

## **American Disability Act -Essential Functions**

It is important to have established essential functions that the student nurse must be able to do in the clinical setting. Essential functions are the basic job duties (skills, education, experience) that an employee must be able to perform, based on factors such as the reason the position exists, the number of other employees available to perform the function or among whom performance of the function can be distributed, and the degree of expertise or skill required to perform the function. These should be identified in public documents prior to admission. They are used when developing accommodations to the program.

## **Additional Requirements of Clinical Agencies**

### **Basic Life Support (BLS) Certification**

Proof of current BLS certification is required prior to beginning clinical placements.

### **Orientation to policies and procedures**

Hospitals must provide for student and faculty orientation prior to rotations in the facility.

Documentation and Electronic Medical Record (EMR) - Many agencies now require extensive orientation to the EMR in order to gain access and a logon. This orientation is a component of the clinical course hours. For this reason, it is important to examine the frequency of changing clinical sites for groups of students and the impact that may have on the clinical experiences and course SLOs.

## **HIPAA Requirements**

The issue of patient confidentiality is becoming more complex with cell phones and computers. It is critical to have a policy in place concerning use of cell phones. Many schools are not permitting the use of cell phones in the hospital. Also, cell phones may be restricted in skills lab areas since the students themselves have confidentiality rights. There are also issues when a student records a lecture or records what is discussed in post conferences. Again, policies need to be in place to deal with this. COADN is a useful resource to gain information regarding different procedures and policies that can help deal with this.

Many agencies require students and faculty to sign confidentiality agreements prior to the rotation. Many schools and facilities require students to complete online orientation tutorials and tests prior to the rotation. Some of these require a fee for the student.

## **Social Security Numbers**

Many hospitals are requiring the students have valid social security numbers. Foreign students usually have social security numbers, but that does not necessarily imply they have a work visa. This matter is complicated, ever-changing and the director will need assistance from the college in handling this matter.

When in doubt, the director should check with the individual hospitals. Some programs require a social security number for admission, but some schools' legal departments say this is illegal, and not to collect this information. Follow your college's policy regarding this matter.

If the nursing program is a recipient of a Department of Labor grant, the students will need to provide a valid social security number as evidence of right-to-work in the US. The Chancellor's Office Legal Office has indicated that if a social security number is required to get the student into the hospital for needed clinical experience, then a program may require it. It is important to understand the social security number situation at both the hospital level and the college level. The COADN is a helpful resource concerning this issue as is the CCCCCO. The BRN, however, is not involved in this discussion.

## **Clinical Placement Considerations**

With the increased number of new nursing programs, ADN, BSN, and Entry-Level Masters (ELM), clinical placement sites have become difficult to find. Hospitals have the right to limit numbers of students on units and limit placement based on the educational level of the student. Some hospitals are only allowing BSN or higher students in their facilities. The ADN director will need to work with the individual facilities and look for alternate sites such as clinics and long-term care facilities to place their students. The best guarantee to maintaining a clinical site is the performance of faculty and students as well as participating in the community outreach events in which the facility participates.

## Working with Consortia

A clinical placement consortia is a collaboration of nursing programs and clinical facilities in a specific geographical area whose purpose is to arrange for the effective use of available clinical sites in order to enable all programs to provide appropriate clinical experiences for students. The consortia may have a staff member responsible to coordinate placement of all programs at many sites. For the consortium to work, all must agree to use the consortia and not go outside of the agreed process for placements. A school is responsible to provide the level of student, type of experience desired, suggested agency, objectives, and the time frame. This process allows for fairness and access for all programs. A list of all schools and agencies should be available. A master schedule is generated within a time frame. Belonging to a Consortia can be expensive therefore the director needs to be aware of the financial impact to the program. Not all regions have consortia for this purpose.

### Computerized Clinical Placement Systems

The director should take part in the Computerized Clinical Placement System (CCPS) if it is utilized within the program area. There are CCPS systems throughout the state. The California Institute for Nursing and Health Care (now HealthImpact) funded the development of a chain of these systems throughout California. To find which regions in California are served by a CCPS, the COADN can be of assistance. There may not be a system in the more rural areas. Depending on the clinical placements locations needed, a program may belong to more than one CCPS. There is a fee associated with the use of the CCPS.

Scheduling may be facilitated through the use of a CCPS. Both the schools and the facilities enter data into the system. The school enters the level of student, type of experience desired, objectives, and the time frame desired. The agencies will respond to the program regarding their request. There must be at least one coordinator assigned to oversee the process. Orientation to these systems is detailed and complex. The schools must determine who will do the data entry of the information into the system. If the placement is accepted, it's easy. If it's not, the program must reenter the information requesting a new site, a different time frame, or attempt to negotiate with another program dates and times. CCPS 2.0 has increased the efficiency of the process.

### Scheduling without Consortium

When no consortium or computerized system is in place, the director must request placements to each clinical site directly. This may happen through email, regular mail, or phone contact. First the program must determine who the contact is for placement. The information that was requested above is the same information that is communicated directly. The director may find new sites through faculty suggestions or from other director recommendations. It is helpful to have several options open for days of the week, and time frames and be flexible when seeking a placement.

## Relationships and Communication Plan

The program must develop a plan for ongoing communication with the agency. Clinical facilities often schedule general meetings with schools to provide information, an update of policies, to discuss clinical issues, and give the school the opportunity to communicate both professional and program updates. Often, with all the schools present, there may be an opportunity to coordinate new placements and work out any conflicts. If there is no general meeting, then the school must initiate contact with the facility to receive feedback on the clinical rotation. There should be contact at the beginning of the semester and at the end of the rotation as well as a mechanism for ongoing communication to discuss whether the learning objectives have been accomplished, if there are any staff/student issues or other concerns. It is important to schedule meetings and to attend when invited.

Incidents with patients may occur during the academic year. It is important for the director to obtain specific feedback from the facility and faculty regarding the event as well as follow-up with the insurance agencies to report incidents according to their policies. Facilities may require meetings to resolve unusual occurrences. The director should keep records of all communication and steps taken to remedy the problem.

### Evaluation of Clinical Sites in Meeting Learning Objectives

Evaluations of existing clinical facilities should be developed as part of the comprehensive program evaluation required by the BRN and by accreditation agencies. Evaluations may include student as well as faculty voices, advisory committee, surveys of graduates, clinical agencies, and employer surveys.

#### **Clinical facilities should be evaluated in relationship to:**

- Types of experiences available for nursing students
- Ability of the clinical experience to meet the course SLOs
- Adequacy and interest of staff to maintain standards of care and work with students
- Facilities availability for instruction such as conference rooms and libraries
- Institutional support for the educational process
- Appropriate accreditation/approval of the agency
- Logistical information such as parking, commutes, requirements of agency, time and days of experience and student schedule

## Post-Graduation

### **Post-Graduation Surveys**

Employer satisfaction surveys should be utilized after graduation and hiring of graduates. Surveys of graduates should include where employed, satisfaction of agency regarding adequacy of preparation, knowledge and skill set as new RNs.

### **Graduate Students /Mentoring**

Graduate students may be interested in completing a preceptorship with the program as they progress in their graduate degree. This opportunity serves both the graduate student mentee and the program. The graduate student is given an opportunity to develop a holistic overview of a faculty role, including classroom instruction experiences, on campus laboratory experiences, and clinical teaching skills. It is important to have a formal contract for the graduate student which covers communication plan, objectives, faculty responsibilities, graduate school responsibilities, student responsibilities, mechanism for conflict resolution and malpractice and liability coverage. If the graduate student attends the clinical facility with the faculty, the mentee must also meet all the clinical facility requirements, just as the faculty does. A graduate student relationship can be an effective faculty recruitment tool.

### Nursing Academic Progression

It is important is to facilitate the academic progression of ADN students. The challenge for nursing programs is to develop strategies to assist students in advancing their education. Students should be encouraged to think ‘when’ and not ‘if’ they go on to a baccalaureate program. The program should collaborate with BSN programs in creation of seamless articulation. This will address the concerns of “magnet” status of clinical agencies and patient safety outcomes.

In 2016, HealthImpact coordinated a statewide effort to update the nursing education white paper. The following are the five recommendations from the 2016 White Paper:

1. Academic-Practice Partnerships: Build strong academic-practice partnerships along the continuum of care.
2. Advancing Nursing Education: Promote academic progression for all Registered Nurses in California to obtain a BSN or higher degree by 2030.
3. Faculty Recruitment and Development: Create career pathways, develop programs, and provide resources to assure a well-prepared and diverse nursing faculty.
4. Transition Programs and Residencies: Establish transition-to-practice programs and residencies for all new graduates and nurses transitioning to new specialties and roles.
5. Preparing Nurses for the Future: Provide transformative learning opportunities that prepare nurses for evolving roles in rapidly changing interprofessional practice environments.

“Nursing Education Plan White Paper and Recommendations for California,” HealthImpact August 2016.

[https://healthimpact.org/wp-content/uploads/2016/08/nursing\\_ed\\_report\\_final\\_web-2.pdf](https://healthimpact.org/wp-content/uploads/2016/08/nursing_ed_report_final_web-2.pdf)

#### **Considerations for RN-BSN program recommendation may include:**

- Graduation rates
- Regional and national accreditation
- Acceptance of program units (typical minimum number of units to complete a BSN is 120 units and the BSN programs typically accept a minimum of 70 units from The ADN programs).
- Clinical component
- Extra general education coursework that may be required for BSN graduation based on the university requirements.
- Course repetition requirements (pre-requisites)
- Previous degrees
- ADN to BSN vs ADN to MSN
- Cost to the students

There are a variety of options that students may choose for academic progression. Note that students in California that have a prior baccalaureate degree may not be required to repeat any of the pre-requisite courses previously taken. A student that graduates from an ADN program, has a previous baccalaureate degree, can usually complete a state program RN-BSN program in just 6 courses.

Concurrent Enrollment Associate-Baccalaureate Nursing Programs (CEP) are offered in many states through participating community college and public and/or private university partnerships. These programs are designed for qualified nursing students who are interested in earning their Bachelor's of Science in Nursing (BSN) degrees while pursuing their Associate Degree. The CEPs provide an affordable, concurrent course of study that enables students to complete their BSN degree in approximately one semester after graduating with their ADN degree. In California, a pilot CEP program is being developed in conjunction with the CSUs that will allow students to concurrently take 9 units at the community college and 3 units at the CSU, leaving only 15-18 units to be completed at the CSU upon graduation. Financial Aid is held by the university, which covers both of the colleges' tuition and fees.

### Agreements

If the ADN Program/College chooses to work with a university in regards to academic progression, typically an articulation agreement is signed between the two entities. This is a non-binding agreement that states no monies will be involved and is descriptive regarding the role of both entities. The agreement may include such things as how many times per year the university will have on campus workshops for the students, the cost to students, and the number of units accepted from the ADN program towards BSN completion.

### Example of a Current Model for Academic Progression

#### California State University

##### CSU ADN-TO-BSN

<http://calstate.edu/adn-bsn/>

**California Community Colleges Guided Pathways** is a multi-year state program designed to provide all California Community Colleges with the opportunity to implement Guided Pathways for the purpose of significantly improving student outcomes.

The Guided Pathways framework creates a highly structured approach to student success that provides all students with a set of clear course-taking patterns that promotes better enrollment decisions and prepares students for future success. The Guided Pathways framework also integrates support services in ways that make it easier for students to get the help they need during every step of their community college experience.

Nursing programs are a good example of a guided pathway. As the Guided Pathway Initiative unfolds, nursing programs need to maintain their involvement.



### Fiscal Resource Management

Budget management is a hot topic for new directors. Managing financial resources includes developing budgets and monitoring them through the budget approval process, assuring that spending is in accord with the budget as approved by the institution, and evaluating the effectiveness of the budget in meeting the goals and objectives of the nursing program. In many settings, managing resources includes seeking resources outside of the regular budget process from grants and community organizations in order to meet goals and objectives.

New directors will need to understand the school's budgeting process. One way to gain this understanding is to contact the Chief Financial Officer and find out from her whom to contact as a resource for explaining the process. Many schools have online budget tools and will orient employees to their use.

### Nursing Program Budgets

Many nursing programs operate within a variety of budget plans

#### Operating Budgets

Operating budgets are basic funds allocated by the college for the program to carry out its mission. This covers the day-to-day operations with sustaining the nursing program. The control of budgets varies by institution. The operating budget may be split between different administrative authorities and may not be controlled by the director.

**Effectively managing resources demands knowledge of various budgets that impact the nursing program and advocating for nursing program needs when there are operating budgets managed by other administrative officers.** General program operating budget, faculty staff budget, equipment budget, skills lab budget may be part of an overall budget or may be administered as different operating budgets.

#### General program operating budget

It is important for the nursing program director to have line items in the budgets for staff development and travel, supplies, fees, equipment and repairs, warranties, accreditation fees, BRN approval, and memberships. Budgeting for these important items demonstrates the school's commitment to the nursing program.

#### Lottery funds

34% of lottery revenue is distributed to public schools and colleges for educational purposes. These funds can only be used to purchase instructional materials. Lottery funds for supplies are kept separate from the unrestricted supply budget so that it can be tracked and accounted for.

### **Faculty/staff salaries and benefits budget**

Often this is separate from the general operating budget and managed by another officer – usually from the HR or fiscal services department. The director may be responsible to monitor absences, sick leave, substitutes and evaluation but the fiscal control may be under a dean or vice president. Per national accreditation standards, the director must be responsible for the program budget. Many times, the director has basic overview and authority of the program budget but collaborates with the supervising dean related to specific components of the budget.

Grant budgets may include funds for faculty and staff. In this case, monitoring the budget for grant staff is under the direction of the director. Working with fiscal services is important in order to understand salary implications, raises, and benefits. Some programs have had more staff as a result of grants. A big challenge is how to sustain the staffing after the grant ends.

### **Equipment budget**

The budget for instructional equipment may be managed separately from the general budget. Since classrooms may be shared or dedicated to one program, items may be requested from the equipment budget of the college. Funds may be generated from the state instructional equipment money, or grants such as Carl Perkins or the CCCCO. In some colleges the entire process of equipment requests and allocation is managed as a unit and in other colleges, there is separation of the management of the grants.

### **Skills/simulation lab budget**

Funds for the skills lab may be a combination of the unrestricted budget for supplies, laundry, and personnel; student fees for supplies; and from the instructional equipment budget and, if available, from grant funds. It is helpful to have a skills lab faculty or coordinator to oversee the Lab budget, ordering/managing the equipment, supplies, and the day-to-day operations of the skills and simulation labs.

### **Course Material fees**

Some schools use course fees to purchase lab supply kits instead of ordering all supplies individually for students. All supplies purchased from course material fees must be ‘take home’ items for specific student use (Foley catheter kits, IV start kits). Often, each student is provided with a back pack that is filled with their student’s materials for the first semester, and then each semester may be provided with supplies to put in their backpacks from the purchased course supplies.

### **Other budgets**

There may be other budgets available under a dean or vice president or the president that fund major priorities of the institution. Learning about institutional goals and funding sources can afford additional opportunities to support nursing program needs and goals. Having purchase orders ready to go when the call goes out for “extra monies” near the end of the fiscal year (often in March) and that is an opportune moment to be funded for those extra’s for the program.

### **Capital Budget**

Funds from the state for infrastructure improvements.

### **Grants**

Grants are awarded by state agencies, private foundations, individuals, and businesses. Grants are usually targeted toward very specific activities or projects. Grants are more likely to be available for research, equipment purchases, or special projects rather than basic program needs.

## Endowments

These may be managed by the college endowment and fiscal services office. The director may be involved in the dispersion of funds per the intent of the donor. These might be designated for scholarships, program improvement or endowing a faculty position.

## Title IV

Federal financial aid funds designated for grants and loans to students. These include Pell, Work Study, EOPS, and fee waiver program. Pell grant is a federal program that provides for student expenses related to education (living expenses, fees, supplies). The financial aid office often manages these funds, and as with any federal funding, there are many complexities required reporting regulations.

## Common Types of Budget Processes

Depending on the fiscal environment, each college Board of Trustees will adopt a budgeting process. These may include:

- » **Roll over budget**- the allocation is constant from year to year. It assumes each year is relatively the same and any new expense is an add on.
- » **Zero based budget**- all expenses must be justified each year
- » Budgets are completed annually. Directors should solicit feedback from faculty and staff in developing the budget. Once state allocations are known final budgets are implemented.

## Budget Terminology

- **Fiscal year** – in California, July 1 –June 30
- **Federal or government fiscal year** - October 1-September 30
- **Program based funding** - budget formula used to determine state allocation to local districts
- **State apportionment** - allocation of state money multiplied by the total FTES times base revenue per FTES
- **P for E funds** - funds allocated to be used to improve student performance in 5 areas
- **General fund** – funds that are used for ordinary operations of the district. This may include copying, supplies, accreditation fees, travel to clinical sites and other matters. Skills lab funding may be included in this budget.
- **Categorical** – funds that can only be spent on a designated purpose
- **Restricted accounts** - can only be spent on designated purpose, for example: DSPTS funds for disabled students, EOPS for disadvantaged students, instructional equipment funds, or scheduled maintenance
- **Unrestricted accounts**- funds that are not designated by law or a donor agency for a specific purpose
- **Student Fees** - charges to students for services related to their education. It is wise to consult with the Chancellor's Office Fee Handbook prior to instituting any new fee. The goal is to minimize student costs and provide checks and balances so that indiscriminate charges are not made. Course fees, including background checks and malpractice insurance are covered in the handbook.
- **Inventory** - a detailed list showing quantity and description of property at hand. A grantor may require items of greater expense to be labeled and tracked. This may include high priced mannequins and computers. It is helpful to track inventory as an analysis of this can then be used in building a budget.
- **50 percent law** - required 50 percent of certain district expenses in certain categories be spent on classroom instruction

## Ongoing Budget Analysis

In order to manage a budget, knowledge of how items are classified is essential. Object codes are standard and are the same codes used in managing a college budget or a grant budget. The year will begin with a final budget that is determined after the state allocation is determined. From there encumbrances, expenditures, and balances are tracked and noted in the appropriate object code. It is important to check expenditures and balances monthly to determine any accounts that may need more funds as projected expenses can change. In addition, as the year progresses, some accounts may not be needed and those funds could possibly be used for other expenses. Here's where a strong knowledge base is important. Categorical or restricted funds can only be used for the designated purpose. You cannot move funds from a restricted fund to an unrestricted fund.

### Object Codes

Budget classification category of an item or service purchase.

1000	Certificated Salary
2000	Classified Salary
3000	Employee Benefits
4000	Books, supplies, materials
5000	Operating expenses, repair, travel
6000	Capital Outlay- equipment
7000	Other Outgo
8000	Revenue

These categories are further itemized in budget spreadsheets. It is a new language to learn for the new director

## Grants

### *Develop budget for new grants and manage external funding reporting requirements*

Most programs supplement their programs with grants. The more common grant awarding agencies include:

- The California Community College Chancellor's Office Enrollment Growth Funds.
- Health and Human Resources Agency (HRSA): This is a federal grant and requires the school carry national accreditation (ACEN)
- Department of Labor (DOL): This is a federal grant and requires the school carry national accreditation.
- HealthIMPACT: These grants usually go to partnerships. IMPACT writes the grant and then sub-grants.
- Song Brown: This organization provides grants to nursing programs for implementing growth and new programs. It prefers programs with national accreditation.
- Strong Workforce grant- **Governor and Legislature approved the Strong Workforce Program**, adding a new annual recurring investment of over \$200 million to spur career technical education (CTE) in the nation's largest workforce development system of 115 colleges.

## Suggestions for writing grants:

- Determine the resources available at the school. These include grant writers, researchers or research department, and people in the financial office that understands tracking grant funds.
- Every grant requires a Return on Investment (ROI) and /or a statement of sustainability. Is the school prepared to continue the program when the grant funding ends? This includes faculty. Are grant funded faculty tenured or short term? These discussions should be done before writing the grant.
- The director should seek approval for the grant application from the appropriate administrator on campus, dean or VP and president.
- The director should discuss with the faculty what their concerns and needs are. Can they be met in some way through funding by the grant?
- The director should develop a wish list with associated costs and then prioritize it. The next step would be to determine what items are absolutely necessary for the success of the grant.
- The director should work with the school's financial office so that indirect costs and any other hidden costs are included and not overlooked.
- A proposed budget is then developed from the wish list and indirect costs that meets the Request for Proposal (RFP).
- The director should read the RFP carefully and then respond to all the requirements. When writing the response, the director should make the school sound outstanding, include supporting data, and complete the necessary research.
- The director will need to write very clear, measurable objectives. The objectives must have completion dates. Many agencies require the name and/or title of the person(s) responsible for the objective. It is vital to have the support of the faculty during the planning stages. It is very difficult to implement a grant without faculty support.
- The director should plan for data collection and state what data will be obtained.
- The director will need to have letters of support from your contracting facilities.
- The director will need to have letters of support from industry partners. The director might consider sending out letters or emails to industry partners early in the grant season explaining the objectives of the grant funding for the year. One can give them the option for their own letter or send them an electronic letter that allows them to fill in the blanks. The director will need a hard copy on letterhead though, for the grant proposal. It is important to make copies and keep the original for the year.
- The director should be prepared to share the results. The director will need to determine ahead of time how those results will be shared.
- Reporting requirements for grants vary according to the funding organization. Provide all data requested. The director can refer back to the data collected. For instance, Song Brown will deny a grant if there is no data on job placement of the program's graduates. As a part of the ongoing grant activities, you may want to ask for personnel and fiscal to track the data.
- Calendar timelines for grant reports. CCCCCO grants have quarterly reports and a final report due. Working well in advance will save you stress on meeting the deadline. These reports have both a fiscal sign off and a grant coordinator sign off so the report needs to be coordinated with fiscal services.

This section was written using the following resources:

[www.ccleague.org/ common terms.pdf](http://www.ccleague.org/common%20terms.pdf)

<http://extranet.cccco.edu/Divisions/FinanceFacilities/FiscalStandardsandAccountibilityUnit/FiscalStandards/Budget-andAccountingManual.aspx>

## SECTION 10 - Facilities

This section discusses physical resources, which includes equipment, classrooms, laboratories, offices and other common spaces used by the students in a nursing program and the faculty teaching courses. They should be designed to ensure the achievement of program and student learning outcomes.

### Student Access to Learning Resources

Learning resources are the materials, activities and technologies that facilitate the development of student's knowledge, skills and behaviors that are needed to achieve the program and student learning outcomes.

Learning resources are the materials, activities and technologies that facilitate the development of student's knowledge, skills and behaviors that are needed to achieve the program and student learning outcomes.

These include the following:

- Bookstore- monitor that syllabi, textbooks, and skill kits have been ordered and are available
- Textbook access codes may also be purchased from the bookstore or the textbook vendor
- Library- monitor that recent additions of books and periodicals are available; ensure textbook publications are within five years
- Skills and simulation labs
- Computer lab space
- Child Care Center- hours amenable to nursing class hour
- Learning Resource Center at the college for tutoring in math, sciences, ESL, and/or reading
- Classrooms- manage classroom space
- Student Health Center provides physicals and immunizations for students
- Student Lounge
- Offsite /satellite campus

### Textbook and Library Resources

Funding for the library may come in a block grant to the college. Nursing may be given a predetermined budget amount to purchase new books, or to pay for subscriptions to periodicals. Many programs purchase books and online resources for the nursing students through grant monies. The library is no longer just a physical space housing books, it also houses digital media and online subscriptions. Colleges may partner with other institutions in the purchase of packages for online access to periodicals. Faculty will need to preview these to be sure that they provide the articles assigned. Faculty need to have a plan for reviewing library resources, removing books, usually greater than five years old, deleting or adding new online resources. Librarians and faculty often want to maintain older books in the library and they may be kept if annotated as "historical," The BRN and national accreditation visitors do review the library to ensure currency of nursing material. A resource for nursing students can be a hospital library. Students may have access to this resource while in the clinical facility.

## **Advocate for needs of the nursing department in areas not controlled by nursing.**

The nursing student schedule is often very different from other student cohorts and programs. The director needs to advocate for the needs and resources available for the nursing students.

### **Hours**

Offices and areas need to be open to accommodate nursing student schedules. Conflicts may arise in planning usage of general computer labs and classrooms on campus. Negotiation and communication skills are important when negotiating related to the constraints that may arise from clinical placement schedules.

### **Class schedules**

Scheduling access to computer lab space and lecture space may be challenging. Nursing faculty may wish to schedule a few classes in a lab rather than schedule a whole semester in a lab based on space availability. Faculty must develop collegial relationships with other departments in order to work through these class time availability issues. Large lecture classrooms may be at a premium during peak hours. Juggling the availability of rooms with the varied student schedules can be challenging. Spreadsheets or scheduling software can assist in this process. Faculty can review the document for available time slots to schedule classes.

## **Design Process**

### **Participate in Building design process**

If a program is lucky enough to have funding for a new building, they will undoubtedly also have the added task of planning for the new nursing space, planning the move and implementing the many issues that arise in a new space. This involves many meetings with architects, supply vendors, faculty and administration. An initial task is the director and faculty working with the architects to agree on a building floor plan. Where will the skills labs, simulation lab, debriefing room, study space, classrooms, storage, and library/study/media room be positioned to each other? What is the configuration within each space? Ideas related to possible configurations of nursing labs can found on the internet. Cost is always an issue, and the ideal facility planning is usually an uphill climb with fiscal challenges along the way. Touring new labs and sites on other campuses will provide a picture of a finished product and provide ideas of what works well and what doesn't. It is important to work with architects that have designed medical spaces in hospitals and/or other colleges. A project manager is a necessity as this person will coordinate all aspects of the building that includes not only the physical structure, but all the nuances required in the labs related to technology such as cameras, computers, wiring, and microphones.

### **Office space for faculty, director and staff**

The director and the administrative staff require adequate space and privacy to conduct the workings of the program. There needs to be adequate locked file space that provides for the security as required by the BRN and national accreditation. The administrative staff require office space that provides privacy when talking to students in person or on the phone related to sensitive items such as health related topics.

Nursing faculty conduct conferences with students where confidential information may be discussed. For this reason, single offices are ideal. If faculty need to share offices, attempt to pair faculty who have different courses and days on campus. Associate Faculty need access to computers, phones, fax machine and copiers.

### **Storage space**

There needs to be storage areas that are locked and have adequate file space to maintain confidential files. It is a requirement of the BRN to maintain student files for five years.

Ensure there is adequate storage space for program equipment and supplies. Large lab equipment and supplies need to have a secure storage place available when not in use.

### **Lecture rooms**

Designing lecture space may be completed in conjunction with other faculty on campus. Ensure representation at planning meetings so that decisions are made with nursing input. Smart classrooms are the norm but there are many varieties and functionality. Nursing faculty may use document cameras while an English professor would not need this. It is crucial to plan the details of technology requirements well in advance, as once the specs are completed, there is often no budget funds available to add additional items and the technology/wiring costs related to new items.

### **Conference rooms**

Conference rooms may be shared with other faculty and staff on campus but it is wise to participate in discussions related to the program's needs related to access to conference rooms for curriculum meetings, accreditation visits, and advisory meetings.

### **Simulation and lab space**

The nursing lab and simulation lab space is easier to design from 'scratch' rather than remodel older buildings. Each lab must have a sink; space for beds; storage areas; counters; computers; a nurse's station; and wiring for electrical, audiovisual, microphones, and digital use. A storage room adjacent to the lab is needed to house all of the equipment and supplies not currently being used.

## **Equipment and Supplies**

A master supply list and equipment list should be developed for overall use. Inventory/PAR lists must be maintained so that adequate supplies are on hand. A barcode scanner is helpful to keep track of inventory. There needs to be a system for keeping track of supplies. An inventory of equipment is also needed as well as dates when purchased and all warranty information. Colleges often have an inventory system for all equipment that includes labeling/barcoding. Preventative maintenance contracts should be utilized to provide regular evaluations of equipment. This includes all high fidelity manikins as the cost to repair/replace them is cost prohibitive.

Planning must include estimating when new equipment will be needed. For example, what is the life of an electric bed, a monitor, or a computer. A plan will assist in determining what funding will be needed to maintain the labs.

It is recommended that the director oversee a lab manager or technician who is responsible for the purchase of and maintenance of supplies and equipment. Organizing and maintaining the lab equipment and functioning is labor intensive

## **Safety**

A system for waste control should be in place at each college. Nursing labs must have a procedure for disposal of biohazards such as sharps and any other contaminated supplies. A cleaning schedule is developed in conjunction with the maintenance department. Laundry must be cleaned and may need to be sent out to a vendor if the lab does not have a washer and dryer. A list of any chemicals that are used must be available and it is periodically reviewed. An eyewash station may also be required. The college designated safety officer will work with the program to assist in meeting the required safety procedures to be followed.

## **Off campus sites**

Obtaining and maintaining off campus/satellite sites for nursing can be a challenge. It would be ideal to have a clinical coordinator but often it is up to the director and faculty to maintain sites. These sites should be as close to the campus and/or the community as possible. Commute times, cost of gas and transportation may be an issue for students and this should be considered when choosing clinical sites. There should be space availability for student use, food available, conference rooms, library use, and parking.

### Introduction

This section will provide basic resources to facilitate incorporation of educational technology into the nursing curriculum and clinical practice of students. It is an accreditation requirement that both faculty and students have access to training and support with the use of technology within the nursing program. Evidence of such training and support must be provided upon request. Regional accreditors require faculty who teach online courses have specialized training and coursework in online instructional methodology.

#### **List serves; director, faculty**

NRSINGED, nursing education list serve- moderated email discussion on a variety of topics, can post questions, responses, join email list: <https://lists.uvic.ca/mailman/listinfo/nrsinged>

Networking: @ONE--the Online Network of Educators-- a collaborative, system-wide network of California Community College faculty, staff, and administrators, is coordinated by the professional development team of the CCC Online Education Initiative (OEI). @ONE provides training and professional development to support the effective use of digital tools and platforms to make California Community Colleges a nationally recognized leader in online teaching and learning. Funding from the California Community College Chancellor's Office Telecommunication and Technology Infrastructure Program (TTIP) ensures that @ONE's offerings are provided for free or a very low cost.

### Definitions

**Information technology** -the use of computers to store, retrieve, transmit and manipulate data or information.

**Nursing informatics** - American Medical Informatics Association (AMIA) Definition.

Nursing Informatics is the *"science and practice (that) integrates nursing, its information and knowledge, with information and communication technologies to promote the health of people, families, and communities worldwide."* (adapted from IMIA Special Interest Group on Nursing Informatics 2009). The application of nursing informatics knowledge is empowering for all healthcare practitioners in achieving patient centered care.

#### **Student Preparation**

- Computer skills so that students can manage course expectations and clinical practice related to technology
- Knowledge of operating systems such as windows, how to word process, send and receive email and attachments, create PowerPoint, read spreadsheets and tables, print; access the internet and use search engines
- Knowledge of policies for social media, confidentiality
- Orientation, training and support for students to technologies used in classroom and clinical setting

## SMART Classrooms

- Orientation of faculty to both hardware and software
- Ongoing support for faculty

Colleges typically offer orientation to hardware and software during faculty development days or through online technology support programs. The program will need to plan orientation and regular training for the specialized college and nursing software programs

### Hardware

- Classroom projection systems – projector, screen, and controllers
- Classroom internet access, either wired or by wireless technology
- Classroom computer system for instructor use - controls the projection system and Internet access. This allows presentations, videos, and Internet sites to be projected. Some classrooms have dedicated computers and others are set up so that a teacher can bring their laptop or flash drive.
- DVD player wired to projection system.
- Document camera that allows individual documents or small actions (such as filling a syringe) to be projected onto the screen. This serves the same purpose as an overhead projector with added capabilities.

### Basic Software for Classroom Use

Presentation Software for slide development and display:

PowerPoint is the most common program. If you wish to place a presentation online, students can obtain a free PowerPoint viewer downloaded from Microsoft.

**Open Office Impress** is the presentation program included in the Open Office Suite of programs.

**Prezi** is an online program for developing dynamic, interactive presentations.

**Apple Keynote** is available for Mac computers.

**PowerPlugs: Charts for PowerPoint and Excel- Crystal Graphics** creates excellent charts and graphs for use in PowerPoint.

**Color Schemer Online** is for use with PowerPoint to create different color schemes than those available in the PowerPoint program.

Innovative Classroom Techniques, Rushton Hurley and Next Vista for Learning

<https://www.nextvista.org/speaking/>

## Classroom Technology

### Classroom Response Technology

The instructor has the main hardware that provides projected questions for student response and then records and reports student responses in the aggregate. Each student has a handheld “clicker” to enter a response to an instructor question. Simple statistics may be developed from responses. This facilitates an interactive classroom.

Classroom teaching technology software development is both exciting and challenging to keep up with! Conferences, classes and networking through list serves and social media will inspire faculty to learn of the many possibilities for teaching technologies.

### Course Management Software

- Standard Office Software such as Microsoft Office Series
- Word Processing, Spreadsheets, Presentations, Email, and Internet Access are essential tools for faculty.

### Specialized test construction software

- Scantron- grades tests using specialized sheets, analyzes items
- Test Banks- publishers provide test questions, instructors

### Course learning platforms

Most colleges subscribe to online course management systems. A learning management system is a software application for the administration, documentation, tracking, reporting and delivery of educational courses or training programs. Wikipedia. Course material, announcements, student tracking, discussions, grading as well as other functions help to integrate teaching and learning.

Listed below are several current ones being used. The list is not all-inclusive. When the college is choosing an eLearning system, get involved in the selection of one that supports nursing needs!

**Blackboard** - a virtual learning environment and course management system Wikipedia

**Google classroom** - free web service developed by Google for schools that aims to simplify creating, distributing and grading assignments in a paperless society

**Moodle** - free online learning management system.

**Canvas** - open source learning management system launched in 2012 and generally adopted across the state to facilitate students going from one college to another.

**eLumen** is a higher-ed assessment and curriculum management system that gives insight into each student’s engagement and progress in the course. It also collects all data regarding course SLOs and measurement of outcomes.

### Online resources

The director must seek funds for online resources. Sources of funding include the college library funds, textbook purchase that includes online resources, and sharing access with other libraries.

## **Webcasting and Podcasting**

Both digital sound recordings and digital recording of lectures are useful as a study aid. They can be used as the primary lecture or saved for use in make up or in the event of a disaster or illness. Education regarding use of these tools are available through the faculty online support department. Remember, students are a great resource and typically know more tools and helpful learning sites than faculty!

## **Clinical practice**

Use of technology in the clinical setting may be challenging as the majority of clinical sites are very restrictive regarding use of any type of devices in the facility. There are many apps for cells phones and iPads that greatly assist the student and faculty, but are unable to be utilized. Students and faculty do have access to facility computers which may be used for research during the clinical day.

## **Electronic Medical Records (EMR)**

**EMR** is an on-campus tool that is a digital version of the patient's chart. This is a costly purchase and should be researched as to which software fits with the program's curriculum design as well as equipment. Faculty must be engaged in selecting and piloting the software or it will not be used to the full advantage. One example is Lippincott DocuCare; the simulation companies also have EMR training resources.

In a 2012 study\*, nurse managers identified the following critical skills as areas in need of development in new hires:

- Spreadsheet development
- Data entry
- Medication administration
- Documentation
- Treatment documentation
- Graphics documentation and tracking
- Patient education material retrieval
- Patient education documentation
- Lab results retrieval
- Diagnostics results retrieval
- Accessing electronic charts contents
- Accessing prior admission data
- Care plan development and updates
- Discharge planning documentation and updates

\*[Novice Nurse Preparedness to Effectively Use Electronic Health Records in Acute Care Settings: Critical Informatics Knowledge and Skill Gaps](#)

Source: [OJNI Volume 18, Number 2](#), June 01, 2014

## Simulation Resources

National Council of State Board of Nursing (NCSBN) defines simulation as “an activity or event replicating clinical practice using scenarios, high-fidelity manikins, medium-fidelity manikins, standardized patients, role playing, skills stations, and computer-based critical thinking simulation.” The BRN is restrictive regarding the percent of time a student may spend in simulation to offset their clinical hours. Contact your BRN-NEC to verify the maximum amount of time allotted for this activity.

Equipment may be housed on your campus, in a hospital, or a shared simulation center. The hardware and software are costly, and often funding is needed to get a center set up or to upgrade your equipment. Grant funds are often used in the purchase of equipment and to provide for staffing for the simulation laboratory.

Napa Valley College developed a large simulation center in Yountville, CA in cooperation with Solano College called “The Wine Country Regional Simulation Center” ([www.napavalley.edu/wcrsc](http://www.napavalley.edu/wcrsc)). They started with two full time staff and progressed to a 32-hour coordinator and two part time technicians. In addition, they currently have seven METI simulators, two babies, two children, four Adults Plus, and an I-Stan that is wireless tethered to the computers for several hours at a time. Due to the large number of simulators, the center considers this “bare bones staffing.” Their biggest challenge was to determine how to maximize the utilization of the center in order to gain income to “sustain” the center after the “grant runs out.” The center provides training to any California Community College nursing program that needs to have staff and faculty trained in simulation.

A large hospital system in San Diego donated 1 million dollars to a local university in development of their simulation center. Directors have to be tenacious as well as creative in securing funding, for what has come to be considered a standard of practice for nursing programs.

**Simulation** is quite new to nursing programs but has come to be a standard expectation. A good way to gain more information about simulation is to visit existing projects and to attend conferences run by the companies who provide simulation equipment. Companies involved in simulation include CAE Health Care (formerly known as METI, <https://caehealthcare.com>), Laerdal (<https://www.laerdal.com/us/>), and Elsevier. HPSN (human patient simulation network) (<http://www.hpsn.com/>) has an international meeting in Tampa Florida in (February 2019) each year (highly recommended) and regional meetings in California. Laerdal also offers meetings, called SUN Simulation User Network, for two days at a time in different locations across the country (<https://www.laerdal.com/us/learn/sun/>). There are excellent resources available on their websites. If you are developing or updating a simulation laboratory, it is crucial to have a knowledgeable project manager to coordinate all the technical aspects of the lab to ensure optimum functioning and interaction among all of the equipment.

HealthImpact holds California Simulation Alliance meetings in both northern and southern California and increasingly, other groups are offering workshops for faculty to learn how to effectively maximize the exciting benefits of high fidelity simulation, develop a curriculum plan for simulation, and develop scenarios. <https://healthimpact.org/programs/simulation/>

There are a variety of ways that colleges choose to staff the skills lab. Some employ full- or part-time simulation lab technicians and some only simulation-trained faculty members. Some employ full-time, permanent staff and faculty and some staff the lab with temporary faculty only. The decision on how to staff the skills lab, particularly those situations that are less than ideal, centers around funding. Ensure that any personnel that are teaching and evaluating nursing students in a skills or simulation laboratory is a BRN approved faculty.

### **Planning**

Consultation with centers that are established will assist in the planning stage. Touring several college and hospital sites helps to understand optimal configuration of a simulation laboratory. Hiring a consultant to assist in planning a lab is always the best option related to all of the technical/wiring/hardware/software decisions that must be made.

### **Funding**

It is very costly to develop and maintain a simulation lab – there is initial purchase of hardware and software, reconfiguration of the lab if needed to accommodate equipment and audiovisual capabilities, orientation to the package purchased, ongoing daily operation may require hiring additional staff, training in use of hardware and software for faculty, and purchase of scenarios.

### **Curriculum implications**

Maximizing use of a high fidelity computerized mannequin within a clinical scenario requires faculty training, technical support and curriculum development. Faculty that are required to add simulation into their current curriculum plan may or may not embrace the idea. It is another format of teaching and it takes time and knowledge for the faculty to incorporate this into current curriculum.

Will the simulation experience be added to a theory course such as case-based teaching concept curriculum or will simulation be added to a clinical course or a lab day? The college curriculum committee will need to approve the revised course outlines that incorporate the use of simulation. The BRN has currently stated that no more than 25% of a clinical course may be devoted to simulation. The NCSBN and NLN have done studies to determine the best use of and guidelines in using simulation and their websites will be an excellent resource for you.

### **Audiovisual Media in Simulation**

Studies have evaluated the effectiveness of simulation and have found great value in the debriefing aspect of the simulation. Many programs film the experience and project it live or review it on tape in a viewing room or a classroom. Training and support to use this technology is required. Planning for how to design the audiovisual equipment most likely will require consultation with vendors and/or college media department.

## Nursing Program Website

All website information is required to be clear, congruent, and accurate. The site should be annually reviewed, and core measures posted annually. The nursing program should only be 'one click' from the college's home page. Any significant changes to the program (such as change in admission criteria) must be posted well in advance of the proposed change.

It is wise to have someone review your website annually to determine if the site is clear, detailed and is easy to move about the site with pertinent information easily located. Reviewing the program's website is a detailed task. Counselors, applicants, current students and possibly alumni are the most frequent users. Frequently asked questions can be captured on this site, saving phone and email questions.

### **Mandatory Website Information** (per accreditation standards)

#### **Program Outcomes:**

Program Completion Rates by Cohort  
Program NCLEX Pass Rates by Cohort  
Graduation Employment Rate by Cohort  
SB466 Policy Regarding Prior Learning

## Social media

*"Social media are web-based communication tools that enable people to interact with each other by both sharing and consuming information", Lifewire, 2018; <https://www.lifewire.com/what-is-social-media-explaining-the-big-trend-3486616>*

One conference presenter shared that unless a manager is using Twitter to gage the pulse of the faculty and staff, they are underutilizing the possibilities of electronic communication!

Facebook, Twitter, Linked-in, Snapchat, Instagram, Messaging, and YELP are all tools that permit an instant interactivity among users.

## Policies for use of electronic communication and social media

- Reinforce college policies- FERPA
- Confidentiality issues- PHI and HIPPA Privacy and Security
- Incorporate all clinical facility policies into the programs policy
- All clinical/patient/facility material is off limits for any public site or public communication, regardless of patient identifier
- No posting of protected information on the web or social network sites
- Follow agency policies regarding computer and phone use within the facility
- No digital images of chart on cell phone or electronic device
- No picture taking or video of patients, staff, or anywhere on the facility grounds
- No posting of ANYTHING related to the program, faculty, coursework, or other students, in any social media source

Ensure the program has a very specific policy regarding the use/mis-use of social media while in the program – this timeframe includes the entire two years of the nursing program and not just when the students are on campus.

## Distance Education

Courses may include hybrid or 100% online course. Refer to your college's definition as to how they use the term Distance Education. Program approval must be obtained through curriculum committees and accrediting agencies for curriculum that is changed from one format to another. Faculty training, education and support are a requirement of teaching online courses. Many colleges require course work and a certificate of completion (20 hours minimum of coursework is common).

**CCCCO position:** Promote student access and success using technology mediated instruction. CCC Guidelines from 2011 includes important information that will guide the program that is interested in using distance education. Refer to CCCO Chancellor's Office under Academic Affairs for Distance Education Information.

<http://extranet.cccco.edu/Divisions/AcademicAffairs/EducationalProgramsandProfessionalDevelopment/DistanceEducation.aspx>

[http://californiacommunitycolleges.cccco.edu/Portals/0/reportsTB/DistanceEducation2011\\_final.pdf](http://californiacommunitycolleges.cccco.edu/Portals/0/reportsTB/DistanceEducation2011_final.pdf)

**Online Education Initiative (OEI)** <http://ccconlineed.org/>

The Online Education Initiative (OEI) is a collaborative effort among California Community Colleges (CCCs) to ensure that significantly more students are able to complete their educational goals by increasing both access to and success in high-quality online courses.

The OEI is sponsored by the Foothill-De Anza Community College District, in partnership with the Butte-Glenn Community College District and its CCC Technology Center at Butte College as recipients of a \$56.9 million five-year grant disbursed by the California Community College Chancellor's Office (CCCCO). The Online Education Initiative represents a comprehensive and collaborative program that leverages best practices and technology to significantly increase the opportunity for higher education degree attainment in California.

California Community Colleges may choose to participate in OEI activities by taking advantage of:

- Shared resources such as the OEI Course Design Rubric, Online Learner Readiness Tutorials and @ONE workshops OR
- Shared resources and adopt Canvas as their course management system OR
- Shared resources, adopt Canvas, and coming soon, participate in the OEI Consortium along with the Course Exchange.

**California Virtual Campus** <https://cvc.edu/>

The California Virtual Campus provides complete, timely, and accurate information about online courses and programs in California higher education, and provides links to resources that support students as they navigate through the complex world of distance education in California.

As a project funded by the California Community Colleges Chancellor's Office Online Education Initiative by a grant to the Foothill-De Anza Community College District and Butte-Glenn Community College District, the CVC operates so as to develop, construct, and maintain core services and relationships that support and enable distance education efforts at all California colleges for all students.

**WASC requirements** - Supplement for schools with online learning  
[http://www.acswasc.org/pdf\\_general/WASCSupplementForOnlineSchools.pdf](http://www.acswasc.org/pdf_general/WASCSupplementForOnlineSchools.pdf)

**Method for student authentication** - student password and logon

**NOTE:** online lab for science courses – not accepted as approved curriculum by the BRN

## Data collection

Data collection is a major requirement for nursing programs. This information is crucial for the Total Evaluation Plan required by the BRN and national accreditors. Work with your technology department that does the data collection to gather information about your program.

The data is used to develop grant proposals, validate pre-requisites, demonstrate success and/or failures in the program, and provide information to various agencies. The program director is responsible for the oversight of completion of the annual BRN report every fall. Information regarding the annual report and annual school survey, including the specific due date is disseminated at the COADN/CACN fall conference. There are three parts to the annual report and annual school survey: 1) School information; 2) Faculty information, and 3) Program Outcomes.

For ease and accuracy, some programs send out a demographic survey four weeks into the semester to gather accurate demographic data for the program as you will have several requests throughout the year for this information. There are several ways to collect the data, including use of your I-T department. Some programs use tools such as SurveyMonkey to collect the data as it is easy to develop, disperse and collect and you get exact data in a timely manner.

Data requirements include:

- Number of students applying to the program (generic, LVN-RN)
- Number of students that met admission requirements and applied
- Number of students actually admitted
- Ethnicity and gender of students
- Retention/Attrition. To determine these percentages, the director will need the number of students admitted to the cohort and the number of students that remain in that class with completion projected in the 2 years. That is retention (program completion). Attrition is the number of students that left that cohort prior to completion. Even if the students fails and returns to the program, they are counted as attrition since they won't complete as scheduled.
- NOTE: Keep the initial complete list of students from day one of the program and use a separate student list for each cohort. Make notes on that cohort form regarding what students left the program, when they left, why they left, and did they return. If so, did they complete the program or leave a second (and final) time. This manual tracking method will be very helpful and is always accurate.
- NCLEX-RN pass rate
- Number and types of clinical facilities
- Shifts on which clinical experience occurs
- Days of week for clinical rotation
- Number of faculty – FTES. You will need to differentiate between full-time and part-time.
- Education level of faculty
- Age, ethnicity and gender of faculty
- Release time for administrators of the program

- Number of FTES for office staff
- Number and amount of money generated by grants and donations.
- Difficulties encountered with student retention, faculty recruitment and retention, finding clinical facilities and funding.
- Clinical simulation facilities
- Articulation agreements
- The ADN Director must be able to project enrollment for the future based on finances, space, clinical facilities and faculty.

For other agencies such as HealthImpact, CCCCCO, the Workforce Development Board, or Song Brown (offers grants), you will also need to track employment of the students after graduation.

The BRN requests student satisfaction surveys during the program and after the program. They also request employer satisfaction surveys. The director should maintain evaluations and document results with action taken for courses, students, faculty, and resources annually.

## Resources

- NRSINGED Nursing education list serve- moderated email discussion on a variety of topics, can post questions, responses, join email list: <https://lists.uvic.ca/mailman/listinfo/nrsinged>
- Clinical Simulation in Nursing journal- internet peer reviewed journal published on line by Elsevier <https://www.nursingsimulation.org/> ; official journal for INACSL
- INACSL International Nursing Association for Clinical Simulation in Nursing
- Publish Standards and best practices, outcomes
- NLN Nursing Scenarios
- SIRC Simulation Innovation Resource center
- Health Impact programs
- California Simulation Alliance
- Centralized Clinical Placement System; Consortiums

### California Board of Nursing

#### BRN Home Page

<http://www.rn.ca.gov/index.shtml>

#### California Nurse Practice Act

<http://www.rn.ca.gov/practice/npa.shtml>

<http://www.rn.ca.gov/practice/npa.shtml#bpc>

**Purchase Hard Copy** - BRN Practice Act from LexisNexis: [https://store.lexisnexis.com/products/california-nursing-practice-act-with-regulations-and-related-statutes-skuSKU49091/details?gclid=EAlaIqobChMIx6CQ24L52gIvAtRkCh3WJABIEAQYASABEgKPrPD\\_BwE](https://store.lexisnexis.com/products/california-nursing-practice-act-with-regulations-and-related-statutes-skuSKU49091/details?gclid=EAlaIqobChMIx6CQ24L52gIvAtRkCh3WJABIEAQYASABEgKPrPD_BwE)

#### BRN/Nursing Programs

<http://www.rn.ca.gov/education/index.shtml>

### Regional Accreditation

**ACCJC (Accrediting Commission for Community and Junior Colleges)** The purposes of regional accreditation include encouraging institutions to improve academic quality, institutional effectiveness, and, ultimately, student success. For the college and not just specifically the nursing program(s). ACCJC is the accrediting body for California Community Colleges.

<https://accjc.org/>

### National Nursing Accreditation

**ACEN – (Accreditation Commission for Education in Nursing)** – national accreditation organization for all levels of nursing (LVN through Ph.D./DNP). Approved by the Department of Education as an accrediting agency.

<http://www.acenursing.org/>

**NLN-CNEA (National League for Nursing-Nursing Commission for Nursing Education Accreditation);** Note: currently going through the recognition process by the DOE.

A national accreditation organization for all levels of nursing except those schools governed by Title IV. Not currently approved by the Department of Education as an accrediting agency but may still offer accreditation to programs. Many State BRNs and organizations require an accrediting agency to be DOE recognized.

[http://www.nln.org/accreditation-services/the-nln-commission-for-nursing-education-accreditation-\(cnea\)](http://www.nln.org/accreditation-services/the-nln-commission-for-nursing-education-accreditation-(cnea))

**CCNE – Commission on Collegiate Nursing education.** For baccalaureate programs and higher CCNE ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and nurse residency programs.

<http://www.aacnnursing.org/CCNE>

### **Nursing Director Professional Resources**

**OADN** - Organization for Associate Degree Nursing (OADN) is recognized nationally as the voice of Associate Degree Nursing.

<https://www.oadn.org/>

**COADN** - (California Organization of Associate Degree Nursing Program Directors) To improve the quality of associate degree nursing education throughout the state and to promote safety and quality of patient care.

<http://www.coadn.org/>

**HWI –(Health Workforce Initiative)** The purpose of the Health Workforce Initiative is to identify health care workforce needs and cultivate solutions. The role of the Health Workforce Initiative is to facilitate a community college response to workforce needs.

<http://ca-hwi.org/>

**3CNAC – (California Community College Nursing Advisory Committee)** The purpose of 3CNAC is to provide recommendations and information to the California Community Colleges Chancellor’s Office on nursing related issues, concerns, and programs.

<http://www.coadn.org/>

### **External Testing Companies (no recommendations, just information)**

ATI: <https://atitesting.com/Home.aspx>

NLN: <https://www.nursingexplorer.com/nursing-entrance-exams/nln-pax-rn-pn>

Elsevier: <https://evolve.elsevier.com/education/hesi/>

HURST: <https://www.hurstreview.com/>

Kaplan: <https://kaplan.com/>

(NOTE: the top three (ATI, NLN, and Elsevier are approved by the CCCC for use with Nursing Enrollment Growth Funds).