

## Fall 2012 Program Review - Annual Update Profile

As of: 3/15/2013 02:14 AM EST

### Program Review - Annual Update Included in this report:

- 1. Discipline/Program/Area Name
- 2. Year
- 3. Name of person leading this review.
- 4. Names of all participants in this review.
- 5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your program.
- 6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence between ethnic, gender, and location/method of delivery groups. Please comment on all three (success, persistence, and retention). Identify which trends and achievement gaps will be addressed in the current academic year.
- 7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, facilities/physical, technology, financial, professional development) or making other changes that have resulted in improvements in student achievement.
- 8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operational Outcomes (OOs) were discussed and used to make budget decisions. This should include brief descriptions of assessment results, when the discussions occurred, who participated, and what, if any, budget items/resources resulted.
- 9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilities/physical, technology, financial, professional development) or making other changes that have resulted in the improvement of SLOs, PLOs and/or OOs this past year.
- 10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self study and subsequent annual update(s). List program goals and objectives for this academic year, adding new ones if needed.
- 11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and explain the connection to outcomes and/or student achievement.

### **Fall 2012 Child & Family Education (PR)**

#### **1. Discipline/Program/Area Name**

Child and Family Education Program/Health Sciences Division

#### **2. Year**

Review of the academic cycle ending June 2012 was conducted in October 2012.

#### **3. Name of person leading this review.**

Melanie Parker

#### **4. Names of all participants in this review.**

Catherine Overdorf, Melanie Parker, Ande Sanders

#### **5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... (The full text shows at beginning of the document)**

Since peak enrollment in 2008-2009, there has been a 26.1% decrease in AVC's annual enrollment and a 27.8% drop in Health Sciences enrollment overall. Child and

Family Education experienced a smaller drop, 22.8%. Certainly some of the enrollment decrease can be explained because of fewer course offerings due to budget constraints. While enrollment and resources have diminished, there is increased demand for teachers and assistants working in programs such as Head Start to obtain higher levels of education. We believe this may be reflected in students' increased course loads and may explain the smaller drop in our enrollment when compared to the district and the division. This indicates to our department that CFE course offerings must continue to remain strong in order to meet the needs of CFE students.

**6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... (The full text shows at beginning of the document)**

The district's success rates indicate the success rate for females is 72% and for males, 69%. In contrast, the Health Sciences division shows a rate of 77% for females and 66% for males. In the 2011-2012 academic year, CFE success rates were 1% lower for females and 20% lower for males than during the previous year's comparison with the campus overall. A 20% drop is significant, however we believe the results are skewed because so few males enroll in CFE courses. One unsuccessful male may cause a significant drop in the success rate.

Similar findings can be attributed to success by race, with a higher level of success across all races of students enrolled at the division level than indicated in the CFE department. Data shows a major increase in the success rate of Asian and Pacific Islanders, which may partially be explained by low enrollment across those races. There is a slightly lower success rate for Black/African American students, but this rate has been consistent over the past five years.

Comparative data on location indicates that the success rate for students attending courses in Lancaster has decreased 2% over five years. CFE courses have been taught in Palmdale for the past three years with data only available for the last two. The rate of success for student taking courses in Palmdale shows consistent success in comparison with the district overall, with a 1% decrease from 2010 to 2011.

Retention rates for males in the CFE program is 74%; for females 82%. In contrast, males and females in the Health Sciences division have a higher retention rate; low 90's for males and high 80's for females. Again, with few males enrolled in CFE courses, data may be skewed. One explanation for the CFE Program's lower retention rates may be that many Health Science programs have stringent entrance requirements. In contrast, CFE courses have no English or Math prerequisites; only departmental prerequisites for some courses.

Retention rates for race and ethnicity were similar to district retention rates for the first three years. Retention rates for Black/African American and White students have decreased 5% and 4% respectively over the past two years. We are unable to account for this change.

In terms of persistence, the CFE program has shown an increase over the past three terms; 6%, 3%, and 2% respectively. In comparison to the division, the percentages are similar over the past three terms. In the previous 7 terms, CFE persistence was lower than the district on 6 of 7 terms and lower than the division in 7 of 7 terms. This data indicates student enrolling in the CFE programs have increased persistence.

Trends of concern are the gaps in success rates and recent gaps in retention. Discussion regarding the addition of English and Math prerequisites, which would first necessitate validation studies, and the addition of departmental prerequisites to some courses must be pursued. While we have no way to validate the information, discussion with students indicates some have received counsel to enter CFE courses

from both the counseling and OSD offices because they "are parents", which we do not consider appropriate preparation for success in CFE courses. Along with possible prerequisite additions, meeting with both counseling and OSD staff to communicate requirements of the CFE courses and programs must occur.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

Achievement data such as success and retention indicate gaps as compared to district and divisional data. In particular, there has been a significant decline in retention rates over the past two years. SLO results do not reveal any significant gaps in student academic achievement over the past four years. SLO targets were met or exceeded for most courses, most semesters. CFE instructors agree that one of the top issues in success and retention continues to be students who are unprepared for the expectations of college level courses. These students often drop the course early in the semester or decline to submit assignments and/or participate in assignments used to evaluate SLOs. Therefore, a discrepancy exists between the number of students attempting courses or completing courses and the level of academic achievement suggested by SLO results. Anecdotal evidence suggests our students who are referred to Early Alert, actually meet with learning specialists, and begin to participate in appropriate student services, tend to be more successful and are retained as opposed to those referred who do not take advantage of services. Two issues seem to exist: 1-Students must be better prepared before attempting courses. 2-Students who seem to be at risk for success and retention may experience success and be retained by taking advantage of services offered. The first issue causes us to re-examine the issues of appropriate prerequisites. The second issue may be more difficult to overcome. It may require a "change in culture" and increased understanding that it is O.K. to ask for help.

At the program level, more academic achievement gaps have been noted, even though this group of students are largely successful, persist throughout the program, and successfully complete the course of study. This may indicate that while students are able to retain specific information and demonstrate skills appropriately on a course by course basis, they may not be as likely to integrate those skills into acceptable practices. Discussion follows in Sections 8 and 9 related to this concern.

So far no changes in resource allocation have been made based upon achievement information alone. As noted in sections 8 and 9, allocation of further resources may be indicated for the future.

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

Results of CFE PLOs have been discussed by the practicum instructors and the Department Chair at several points, most recently on Fall 2012 Welcome Back Day and on October 10, 2012. Practicum instructors met at least bi-weekly during the Spring 2012 semester and also voluntarily attended each others class sessions to participate in discussion and assessment of student work. Assessment results of Program Learning Outcomes have resulted in a request for \$2,700.00 in Prop 20 funding.

**PLO assessment strategies in the two capstone courses CFE 201 and 202, indicate the following:**

A- Achievement targets for PLO #1, (integrating needs, characteristics, and multiple influences on the development of children birth to age eight) have not been met. After discussion, instructors propose that department media resources be updated with a

specific focus on building understanding of the interrelationship between child development theory, research, and acceptable classroom practices.

B- Achievement targets for PLO #2, (systematic observations, documentation, and other assessment strategies used in the design, implementation, and evaluation of environments, curricula, and activities that support developmental play and positive learning outcomes), were not met during the 2010-2011 cycle, but were met Fall 2011 and Spring 2012. While targets were met the last two semesters, evaluation of student achievement using the grading rubrics reveals uneven learning in some areas. Areas in which students scored consistently below expectations were completion of appropriate documentation, comprehensive use of varied documentation strategies, as well as the use of documentation to inform further curriculum practices. Since course instructors believe that starting with a common "language" of exploration and documentation of children's learning will increase and develop students' documentation skills, we recommend that clay be purchased for use in student's practicum fieldwork sites and also used in CFE 201 and 202 courses as a basis for discussing and practicing appropriate documentation.

C- Achievement targets for PLO #3 and 4 were met both Fall 2011 and Spring 2012. No action needed.

D- PLO #5 has not yet been consistently assessed. First comprehensive assessment will occur the end of Fall 2012.

A total of \$2700.00 funding from Prop 20 was requested for the CFE program. The funds would be utilized as follows:

\$1,000.00 Supplies and materials, including electronic/media resources.

Justification: See Item A

\$1,000.00 Clay for CFE 201 and 202, two semesters. Justification: See item B

\$ 750.00 Updated children's literature for use in CFE 104. Justification: Students will benefit from the use of updated literature examples that address topics related to diversity in current and appropriate ways. With the closure of the Palmdale Youth Library, current children's literature resources are difficult to obtain locally.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... *(The full text shows at beginning of the document)***

No additional resources have yet been allocated based upon SLO or PLO results.

Instructors have implemented changes such as updated assignment formats and supportive study materials over the past two semesters. So far no significant change in SLO/PLO results has been noted. As part of the Program Review process and related SLO/PLO discussion, the following questions have been raised and will be explored during the 2012-2013 academic year:

1- Would adding/setting appropriate course prerequisites increase student success?

2- How many students enrolling in entry level CFE courses actually complete the CFE program?

3- What are the most common reasons students enroll in CFE courses? leave the CFE program?

4- How many CFE students who are referred to Early Alert actually meet with a learning specialist? Of those who meet with specialists, how many access additional services?

How many of that group successfully complete a course and continue in the

program?

5- What additional resources may be necessary to increase students' awareness of and use of study skills, campus resources such as Early Alert, etc.?

6- Are students receiving accurate information regarding educational and career options? (For example, students who wish to teach at the elementary school level often report they are told they should not major in CFE but in Liberal Studies. Many do not understand that majoring in CFE at AVC or in child development/early childhood majors at four year institutions is a viable option for students wishing to obtain a multiple subject elementary credential.)

7- What active learning experiences could be implemented in CFE courses that would encourage deeper understanding of theory and acceptable practices?

8- Are SLOs and PLOs set at appropriate levels? How do we determine appropriate levels?

9- Do the SLOs/PLOs we are using sufficiently measure expected student achievement?

10- Are there additional strategies for assessing SLOs and PLOs that might provide more definitive information on student achievement?

11- How do we maintain sufficient academic rigor and continue to comprehensively teach required course content when students seem to require more and more assistance in learning?

#### **10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

Program goals and objectives related to improving outcomes and/or student achievement are largely unchanged since 2010-2011. Goals and objectives as stated in the 2010-2011 report are:

**1. Goal:** Offer more CFE coursework both online and face to face that will allow CFE students to obtain the CFE certificates and the CD Permit that are required for employment.

**Objective:** To revise current CFE Certificate to better reflect program needs as well as align with the State Community College system. To develop online course work that will align the CFE Program with other community colleges.

**Progress:** Due to current budget constraints, opportunities to add more CFE coursework may not be realistic. Additionally, the School-Age Certificate program is on inactive status; neither school-age course necessary to complete the certificate has recently been offered due to low enrollment. Unless and until the state requires a school-aged certificate for those working in school-aged child care programs, enrollment will likely remain low.

A minor revision to the CFE certificate did occur since the last comprehensive report. CFE 115 replaced NF 102 as a program requirement.

Additional program revisions are now under consideration in order to align the CFE certificate with transfer model curriculum requirements. Now that we are moving forward with transfer model curriculum, faculty supports CFE certificate requirements that reflect this model. This would result in the revision of the CFE

program to add CFE 116 as a degree requirement. Review of similar certificates and programs in other CA community colleges is currently underway. Submission of CFE 116 for consideration as an Area F requirement is also under discussion and has been preliminarily approved by the college articulation officer. As part of program revision, instructors will review all four curriculum courses (CFE 104, 105, 106, and 114) to ensure currency and to discourage unneeded redundancy. The addition of departmental prerequisites in several courses is also under consideration.

CFE instructors have noted, through anecdotal observation and discussion, that CFE students require increasing support in study skills and increasingly lack appropriate reading, writing, and computational skills necessary for success in CFE courses. Additionally, greater numbers of CFE students are being referred to Early Alert for assistance. There is concern that course content is being compromised because instructors are spending increased class time walking students through assignment formats, teaching how to access and use online resources, etc. For this reason, instructors will discuss requesting validation studies for English and Math prerequisites in several courses, as well as departmental prerequisites as noted above.

**2. Goal:** Hire a full time faculty instructor to facilitate and encourage student success and retention, seek new grant opportunities, participate in faculty discourse, and develop and teach face to face and new online courses.

**Objective:** To expand CFE Department grant opportunities as well as provide online and face to face instruction that will enhance and expand the CFE Department's ability to serve CFE students and the greater teaching community of the Antelope Valley.

**Progress:** Due to budget constraints this goal has not been met.

**Additionally,** in the 2009 Health Sciences comprehensive review, Goal #3 (Increase student success and retention in all programs) includes an objective related to the CFE Program. Objective #4 reads: Develop a program handbook for CFE majors. The justification states: A handbook would provide useful information for majors such as course sequencing, requirements for employment in early childhood programs, information on obtaining the California Child Development Permit, program philosophy and outcomes, and general information on guidelines for the online courses offered in the discipline. This objective has not been met. Now that work on transfer model curriculum is largely done, completion of the handbook must have top priority. This objective is now Goal #3.

**3. Goal:** Complete the CFE Handbook and post it online by the end of Spring 2013.

#### **11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... *(The full text shows at beginning of the document)***

Current legislation requires that lead early childhood teachers possess a B.A. for employment in Title V programs by 2013. Title V programs such as Head Start, State Preschools, and Los Angeles Universal Preschools (LAUP) provide the greatest number of potential employment opportunities for CFE students. Current reductions in CFE course offerings have affected out students' ability to progress toward

employment.

The need for CFE students to have access to an available course of study is of critical importance if students are to gain employment in the field of early childhood education. The following needs have been identified:

1- Addition of two additional full time faculty positions would provide opportunities for increased education, training, and retention in the field of CFE. Additional faculty would facilitate and encourage student success, seek new grant opportunities, add to faculty discourse and aid in the development of new coursework.

2- Increased technology and media resources would provide further opportunities to improve student learning. An updated resource library with current media resources, reference books, textbooks to place on reserve, and related instructional materials is essential.

3- A designated demonstration lab classroom would provide CFE students with the opportunity to experiment with learning environments and materials. Program approaches such as High Scope, Waldorf, and Reggio Emilia are not represented in the Antelope Valley. A demonstration lab would allow students to experience materials and environmental characteristics of these approaches and also provide training and demonstration opportunities for early childhood programs throughout the Antelope Valley.

4- Educational and career counseling information specific to the field of Early Childhood Education would allow students the opportunity to explore opportunities in the field and to better prepare for advanced education and/or employment in the field. This might be accomplished by designation of a specific counselor on campus with training in this area who will work with CFE students in reaching their educational and vocational goals.

5- Internet access and specialized software for use in the AVC Child Development Center would allow CFE students to view in "real time" activities and learning experiences taking place in the CDC lab classrooms and provide a source of common child and classroom observation opportunities.

## ***Fall 2012 Child Development Center (PR)***

### **1. Discipline/Program/Area Name**

Child Development Center

### **2. Year**

2011/12

### **3. Name of person leading this review.**

Katarina Orlic-Babic, Director

### **4. Names of all participants in this review.**

Anita Davidson, Rebecca Fiske, Deborah King, Laura Burke

### **5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... *(The full text shows at beginning of the document)***

Due to the decrease in students enrollment and limited courses on Friday, the enrollment in tuition based program has dropped by 9% comparing to previous years. In addition, after the census date, 5% of the children withdraw but we were able to replace them with children from the waiting list.

### **6. Using the student achievement data provided by web link, please comment on**

**any similarities or differences in success, retention, and persistence b... (The full text shows at beginning of the document)**

N/A

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

N/A

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

Every year the Child Development Center submits its program self-evaluation annual report to the Department of Education by June 1. The program self evaluation consists of assessment of three areas: child progress, environment quality and parent satisfaction. This year, the state requested only the results from DRDP to be reported.

Child progress was measured with the DRDP (Desired results Developmental profile). Based on the results, 20% of the children scored at "developing" level or below. The staff met to discuss the results.

The goal was developed to raise children's scores in mathematical domain to 85% at the building level or above.

The following action steps were developed:

Staff training on mathematics using the kit from Exchange (August 2012)

Peer review of the classrooms using ECERS (August 2012)

Purchase materials to enrich environment with math materials (October 2012 - \$1,000)

Enrich lessons plans with daily math activities.

Include children's home language in counting.

Parent education: plan a math night for parents (November 2012)

Staff training refresher (January 2012)

Math Fair: Hands-on activities for children and parents (May 2013).

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

Due to the budget limitations, the Child Development Center has had a very limited budget for new materials. The teachers have been making materials with help of the parents. We have been receiving donations of the supplies from the parents and have used practicum students for material/activity preparation.

There is a need for professional growth of the teachers. The NAEYC (National Association for Education of young Children) has been holding annual and state conferences which the teachers have not been able to attend due to no budget for growth development. However, they were able to attend some one-day trainings in Los Angeles where the cost of travel was covered by the funds from CDC Foundation or auxiliary accounts. In this way they have kept themselves informed of the most recent practices and research in the early childhood education field.

**July 1, 2011- May 18, 2012**

**689** observations/assignments completed (CFE 101, 102, 104, 105, 106, 114 and PSY 235) – observation booth

In addition, in-classroom assignments:

**121** (NS 231, rotations 1 and 2)

**24** (vocational nursing)

**50** (Nutrition 102 – students come to the center six times a semester for a nutrition activity) and 30 children participate in their final at the end of the semester)

**19** presentations (CFE 104 class) – Spring 2012

**21** presentations (CFE 114 class) – Spring 2012

**19** students (CFE 201 and CFE 202) spend 60 hours per semester in the classrooms – total **1,140 hours**

**We are anticipating this number to increase since none of the preschools in the area have observation booths and do not want to take the students into the classrooms for observations.**

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

- 1) Continue to provide affordable (free) preschool to students (parents);
  - 2) Continue to provide a professional development site for college students;
  - 3) Continue to stay in compliance with all state and federal requirements;
  - 4) Enhance classrooms with math activities in order to increase children's mathematical knowledge;
  - 5) Seek funding for professional growth activities;
- Seek funding for developmentally appropriate math materials.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... (The full text shows at beginning of the document)**

There is still a need for an early childhood specialist/assistant director who would help teachers with observations, assessment, documentation, and evaluation of children. The position would also assist the director since the director had to take over the foster parent program in August 2012. This would be in addition to the secretary and the part time clerical assistant. As a result of CDC?Foster and Kinship Care education merge, the secretary had to take over some of the duties for the new program as well. The Foster and Kinship care education had a director and a secretary (originally 12 months, then 10 months). The secretary's position was eliminated during this transition and the existing CDC staff have absorbed the duties.

## **Fall 2012 Emergency Medical Tech (PR)**

**1. Discipline/Program/Area Name**

Emergency Medical Technology

**2. Year**

2012-2013

**3. Name of person leading this review.**

Lance Hodge, EMT Clinical Coordinator/Primary Instructor.

**4. Names of all participants in this review.**

Lance Hodge  
Karen Cowell

**5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... (The full text shows at beginning of the document)**

(data)

The EMT Course continues to consistently achieve maximum enrollment, including more students attempting to add the first week of class than can be accommodated.

**6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... (The full text shows at beginning of the document)**

(data)

The EMT Course closely mirrors general college data in terms of ethnicity and gender. Male/Female enrollment over the years has been nearly divided, with statistical spikes favoring male students. Many EMT students identify their job goal as "Firefighter", which is an occupation heavily weighted with male applicants, which probably explains a greater male enrollment.

This course continues to show a relatively low level of student success due mainly to a challenging final exam that requires students to obtain a minimum 75% passing score.

With the 2013 school year we plan on making greater use of a National Registry EMT Exam study text, requiring additional online study and additional homework, greater use of supplemental instruction using current student tutors, as well as greater emphasis on forming student study groups. We are also taking steps to add a content based prerequisite of Medical Terminology to reinforce areas of the EMT curriculum and to create a more motivated student population entering the EMT course. The addition of a "First day pre-test" should also help to demonstrate to students the level of learning and study that the EMT course will require.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

(data)

Greater emphasis has been given toward student utilization of The Learning Center on campus, but students continue to report little utilization of that resource to improve their EMT course studies. The Fall 2012 semester began in our new room in the newly constructed Health and Sciences building. This room has created a better learning environment and more room for the lab portion of the course, and greater technology available in both the lab and lecture rooms. Although such changes are important to offer the best learning environment these facility changes alone are unlikely to improve student achievement.

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

(data)

Student Learning Outcomes in this course measure success in skills testing of required EMT skills. The SLO results are discussed between instructors and with the Department Dean each semester. The discussion of SLO results is often a time to reassess the need for additional skills testing equipment and/or replacement of worn equipment as related to the budget.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

(data)

The SLO measurement remains the same and any changes made do not seem to have impacted those results.

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

(data)

Last year's Program Review focused on steps to increase the number of students that we could accommodate. Because the EMT course has had a historic low rate of student success, due I believe primarily to an ill-prepared student population, the most certain way to increase the 'number' of students who ultimately can become EMT's after this course is to increase enrollment numbers. Since budget concerns seem to be long-term our focus will shift to other methods that can be implemented to increase the success of the students we can accommodate, which will be accomplished through additional study hours and by attempting to change the student population that enters the EMT course through the addition of a Medical Terminology prerequisite.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... (The full text shows at beginning of the document)**

(data)

Requests to limit budget expenditures several years ago were taken seriously in this course resulting in far fewer supply requests and the utilization of lab equipment for a longer period of time, even using worn and marginal equipment.

Additional supply monies could be used to continue to replace worn or damaged equipment and supplies.

Current needs:

1. Full body CPR mannequins (2)
2. Obstetric manikins (2)
3. Traction splints (4)
4. Backboards with straps (2)

(Approximate cost of \$6000)

It is important that EMT student skills practice be undertaken with fully functional equipment and of sufficient quantities for proper student training.

## **Fall 2012 Health Sciences Division (PR)**

**1. Discipline/Program/Area Name**

Health Sciences Division

**2. Year**

2012-13

**3. Name of person leading this review.**

Dr. Karen Cowell, Dean

**4. Names of all participants in this review.**

Dr. Karen Cowell, Dean

**5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... (The full text shows at beginning of the document)**

Headcount in the Health Sciences Division has declined since 2007 due to the reduction in classes in the disciplines (especially in CFE, NS, RCP, and VN). Some of the enrollment in the NS discipline was funded by grants that are no longer offered now that the need for registered nurses in CA has declined.

FTES in the division has declined in conjunction with headcount. FTES, Headcount, and section count in summer and intersession classes has declined precipitously, as

the division no longer offers any courses in those terms other than those required for graduation in RADT and VN.

The percentage of students who are full-time has increased slightly since 2007-08 and 2008-09.

FTES/FTEF efficiency has declined since 2007-08, most likely due to the decrease in students in EMT, RCP, and VN.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

Student achievement in online classes exceeds student success in online classes in the college as a whole. Retention of Hispanic/Latino/a students, retention by gender, and retention by race rates are approximately equal to retention in the college. Persistence rate for the division is approximately equal to persistence in the college.

Success rate by gender and success by ethnicity are approximately equal to success rates in the college.

Success rate of Pacific Islander students is slightly lower than success rates of other races in the division and in the college.

More degrees are granted to students in the registered nursing (nursing science) discipline than any other discipline in the college. Among degrees offered by the college, only the general Letters, Arts & Sciences degrees are granted to more students than nursing degrees.

Grant funding, including nursing enrollment growth grants for registered nursing, Workforce Investment Act funding, and Perkins IV funding have been used to improve student retention rates, student success, and to provide needed technological and professional development resources for students and faculty.

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

There are no OOs for the division. OOs were submitted to the SLO Committee and are awaiting review.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

Not applicable

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

Goals and objectives for the division were submitted under the disciplines comprising the division.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... (The full text shows at beginning of the document)**

The warehouse budget was decreased in 2011-12. It should be restored to \$3000 per year.

It is imperative that the division retain the two classified employees who provide clerical support to the division programs. The programs with external accreditation

require clerical support per their standards.

## ***Fall 2012 Medical Office Assistant (PR)***

### **1. Discipline/Program/Area Name**

MEDICAL OFFICE ASSISTING PROGRAM

### **2. Year**

2011-2012

### **3. Name of person leading this review.**

Sandra Hughes, RN, MN

### **4. Names of all participants in this review.**

Hilda Barkate, RN and Paularita Bossier, RN

### **5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... *(The full text shows at beginning of the document)***

#### **Area 5 Data Analysis and Environmental Scan – updated annually**

**5.1** The following courses comprise the Medical Office Assisting Program (MOA):  
MOA 101

(Beginning Medical Terminology), MOA 102(Advanced Medical Terminology), MOA 110 (Beginning Medical Office Assisting Skills) and MOA 111 (Advanced Medical Office Clinical Assisting Skills).

All MOA classes are taught in person at the Lancaster campus. There are no on-line classes offered at this time.

Since the peak of Antelope Valley College's enrollment in 2008-2009, there has been a 26.1% decrease in annual headcount. During the same time period, the headcount in this program mirrors the overall decline by 26.2%.

Both sections of MOA 101 and 102 were full at the first day of classes. Students enroll in these courses for many reasons. Foremost, to improve their command of medical terminology that is used in other courses including anatomy and physiology, nursing and respiratory therapy. However, MOA 110 and 111 were not offered 2011-2012.

If the program had adequate facilities, a full-time faculty member to lead the program, and budget support, the program would flourish, as the proprietary colleges and schools charge substantial fees for this very basic education.

**The following date only reflects MOA 101 and 102 since MOA 110 and 112 was not offered:**

**SUCCESS RATES BY RACE:** Antelope Valley College (AVC) in general

has had a slight success increase of 2-

3% over the past five years. MOA, in comparison to the college campus, has had an increase in success

rates: (1) African American 6%, (2) White non hispanic 5%, (3) Asian 8%, and (4) American Indian 30%.

The most notable increase was in the African American race category. In 2007- 2008, it was 48% and

2011-2012 64%.

**RETENTION BY RACE:** Similar to the Success Rates, the Retention Rates for MOA have also shown a slight

increase over the past 5 years. The most notable being in the African American race, which has shown an

increase from 74% to 82% in MOA over the past 5 years. In contrast however, the Hispanic students have

shown a decline of 9%, which is also reflective of the AVC campus statistics.

**SUCCESS BY GENDER:** Over the past five years AVC campus statistics show that success rates for females

is 3% and 7% for male students. In comparison, MOA statistics show a 5% success rate for females and 7%

for males.

**RETENTION BY GENDER:** Over the past five years, AVC campus statistics have only shown an overall

increase of 1% for gender. The statistics for MOA have been very consistent over the past five years with

females maintaining at 84-85%; however males have increased by 8% over the past five years for an

overall 82%.

**TERM BY TERM PERSISTANCE:** AVC campus statistics have increased by 9% from Fall to Spring and Spring

to Fall. In comparison, MOA persistence has shown a 5% higher rate than AVC Fall to Spring. However,

over the past five years, MOA persistence reflects an overall 10% increase from Fall to Spring. Similarly,

MOA persistence has shown a slight increase Spring to Fall with an overall 11% increase over AVC Spring

to Fall in the past five years.

**COMPLETION BY DEGREE 2011-2012: One**

**COMPLETION BY CERTIFICATE 2011-2012: Two**

**5.2** Report on the progress of recommendations and accomplishment of goal identified in the program's last review.

Goal: The goal of determining the viability of the program was met.

Assessment: In March of 2010, the division faculty stated that there was a community need for the program. However, due to the state "budget cuts" for community colleges, MOA 110 and 111 courses were not offered.

**6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... (The full text shows at beginning of the document)**

**Area 6 Student and Program Learning Outcomes Assessment Update – Annually**

**6.1** The courses that were offered in 2011-2012 were assessed for achievement of Student Learning Outcomes. The Program Learning Outcomes were not assessed last year, as the capstone course, MOA 111, was not offered last year. The Clinical Medical Office Assisting program attempts to fulfill its mission by preparing graduates to:

1. Manage general medical office.
2. Perform or assist with clinical procedures and approved in-office laboratory procedures commonly used in the physician's office.
3. Maintain health information records, including medical records, billing and scheduling.
4. Implement health care providers' orders under direction.
5. Maintain professional responsibilities of the medical assistant.
6. Analyze personal characteristics and career opportunities that contribute to employability in the field of medical office assisting.

The Program Learning Outcomes reflect all of the Institutional Learning Outcomes. Measurements for the Program Learning Outcomes reflect the need for written, verbal and tactile skills.

**6.2** Adjunct faculty has been made aware of the need to assess student learning outcomes and program learning outcomes via discussions with the dean. The dean assumed responsibility for reporting SLO assessments in lieu of a full-time faculty member in the discipline.

**6.3** The timeline for assessment of student learning is as follows: each semester the results of each SLO for each course offered will be recorded and assessed. PLO assessment is delineated by the program's assessment plan.

**6.4** Not enough data is available at this time for assessment.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

No additional resources were available due to extreme state budget "cuts".

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

The courses that were offered (MOA 101 and 102) were assessed for achievement of Student Learning Outcomes (SLO). However the Program Learning Outcomes (PLO) were not assessed last year, as the capstone course, MOA 111 was not offered last year.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

**Area 9 Goals and Objectives Update – Annually**

**9.1**

1. **Goal:** Reassess the viability of the Medical Office Assisting courses 110 and 111 and the program as a college-level program using the Educational Program Evaluation and Discontinuance Procedure in conjunction with the Academic Senate.

**Objective:** Determine whether the program is viable or whether students would be served better by having the clinical medical assisting program offered in Corporate and Community Services or in the Health Sciences Division now that the new Health and Science building is completed.

**Timeline:** Report to the division faculty by Spring 2013.

**Justification:** The most relevant course to other college courses in the clinical medical assisting program is MOA 101, Beginning Medical Terminology. The primary reason students take the course is to strengthen their vocabulary prior to entering the RN, LVN, respiratory care/therapy, or radiologic technology programs. The second most frequently reported reason is to prepare for anatomy and physiology courses. Having medical assisting as a major is the third (and distant) reason. The clinical medical assisting courses have not had a full time instructor or medical director and do not meet the requirements by certification agencies for taking the certification exam. Students who complete the program are not

competitive in the job market because of lack of certification. MOA 101 is the only transferable course in the program and is valuable, as a college level course, while students may benefit from having the other courses in the program offered in an alternative setting.

2. **Goal:** Restore discipline budget that was cut in 2010-2011.

**Objective:** To restore a supply budget for the MOA program of \$1000.

**Timeline:** For conclusion in the 2013-2014 budget.

**Justification:** The supplies for the program are small; however, the need for medical supplies, instructional material and audiovisual aid updates are imperative for student success.

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

**Area 10 Long Term Resources Planning Update – Annually**

**10.1** Regarding staff requirements: recruit for a medical director for the MOA program (NEW). This would be necessary if the program is to become accredited.

**10.2** Regarding facilities: explore the possibility of sharing space in the new Health and Science Building which opened Fall 2012 in order to help with the programs operational expenses.

**10.3** Regarding funding needed to support student learning: funding for accreditation of the MOA program.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... (The full text shows at beginning of the document)**

As mentioned in Area 10, regarding the long term resource planning, the following resources are needed in order to improve student outcomes or achievements:

1. Recruit for a medical director for the MOA program (New). The would be necessary if the program is to become state accredited.
2. Establish a supply budget for the MOA program. This is needed in order to update learning materials, audiovisual aids and provide for the necessary medical supplies needed for training.

## **Fall 2012 Nursing Science (PR)**

### **1. Discipline/Program/Area Name**

Nursing Science

### **2. Year**

2012-2013

### **3. Name of person leading this review.**

Elizabeth Sundberg

### **4. Names of all participants in this review.**

Vickie Beatty, RN, MSN

Bonnie Curry, RN, MSN

Debra Dickinson, RN, MN

Linda Harmon, RN, MSN

Sandra Hughes, RN, MN

Sandra Robinson, RN, MS

Casey Scudmore, RN, MSN

Susan Snyder, RN, MA

Marianne Stewart, RN, MSN

Elizabeth Sundberg, RN, MN

L. Denise Walker, RN, MSN

### **5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... (The full text shows at beginning of the document)**

Annual headcount for 2007-8 was 401 FTES 628 PT/FT Faculty Ratio 0.58  
(F) 0.38 (S)

Annual headcount for 2008-9 was 376 FTES 361 PT/FT Faculty Ratio 0.44  
(F) 0.38 (S)

Annual headcount for 2009-10 was 357 FTES 351 PT/FT Faculty Ratio 0.53  
(F) 0.46 (S)

Annual headcount for 2010-11 was 363 FTES 325 PT/FT Faculty Ratio 0.72  
(F) 0.77 (S)

Annual headcount for 2011-12 was 305 FTES 271 PT/FT Faculty Ratio 0.54  
(F) 0.51 (S)

The Associate Degree Nursing program only offers a traditional program.

The annual headcount and FTES have decreased since 2007. The PT/FT faculty ratio is the same now as 2007 because faculty members that retired were not

replaced. The recent budget reductions have resulted in a continuous decrease in the number of students and FTES since 2007. We realize that the budget remains indefinite. The faculty members hope for maintenance of current levels of enrollment.

**6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... (The full text shows at beginning of the document)**

Student success and retention by ethnicity, gender and race has generally been around 90% or higher for all groups. There is no significant difference. Term to term persistence has ranged from 68-79% since 2007.

Degree's awarded are 144 (2007), 125 (2008), 137 (2009), 141 (2010), and 107 (2011). The majority of all nursing graduates receive their Associate in Science.

The NCLEX pass rate from 7/31/12 is 90.38%. Consistently the NCLEX pass rate for Antelope Valley College is well above the national average and above our goal.

All classes are traditional and located on the Lancaster campus.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

The trend of students passing the final semester of the ADN program has not improved in the past year. The VN students are coming in at risk because they are being admitted without acute care medical-surgical nursing experience. 30 VN students were admitted to NS 200 intersession 2011 and 15 graduated in fall 2011. The attrition for that class was 50%. The overall attrition for the ADN program is 33%.

VN students entering NS 200 intersession 2013 will have a 5:1 student to instructor ratio. This ratio will continue into the third semester and will allow the student more acute care clinical opportunities.

Skills lab hours are offered for learning and remediation. Simulation is integrated and correlated with course content being presented to the students at the time of simulation. Care plan and math remediation classes are offered prior to the start of each semester.

A student success advisor is available for exam review, test taking skills, graduation preparation, stress reduction and life challenges.

Kaplan was adopted and includes integrated testing with online remediation, case studies and NCLEX exam review.

Text books were bundled with PrepU, an online learning resource that corresponds with the textbook.

40% of new nursing graduates in California will be unable to find employment. We are looking at ways to assist our students in finding jobs. One idea is to provide an interactive session designed for nursing students on competing in today's job market. Topics that need to be included are writing a resume, preparing for a job interview, job interview techniques, and building behavioral interviewing skills.

We moved into the Health and Sciences building that provides increased space and potential technology. In this building we still have our ongoing expenses including laundry, sharps disposal, and medical supplies. These lab supplies are necessary so students can practice in a safe environment and ultimately be successful.

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

The SLOs for each nursing science course were reviewed or revised in August of 2011. The PLOs for the program were updated Spring of 2011 and approved by the SLO committee.

Student learning outcomes and program learning outcomes were assessed for all current Nursing Science (NS) courses during the past year. The results were analyzed and reported at the end of the spring 2012 semester with action plans formulated. Discussions regarding SLOs and PLOs occurred during division meetings (April 9, 2012), Curriculum meetings, Faculty meetings, Associate Degree Nursing Program Planning and Evaluation meetings (April 30, 2012 and October 31, 2011) and Welcome Back Day (August 17, 2012). All ADN faculty members attend the Division, Faculty, Curriculum and Program Evaluation meetings. Faculty members discussed if the SLOs are measuring what they wanted them to be measuring. It was noted in the discussions that although the SLOs and PLOs are being met at the predetermined level, there continues to be high attrition in the nursing science courses.

Program outcome assessment activities include analyzing results of a validated exit exam given to students at the end of the Associate Degree Nursing (ADN) program. Results of the exam correlate with student performance in the courses and provide predictor and indicator information about potential for success on the national licensure exam. Results from student evaluation of the program using the tool SurveyMonkey also provide program outcome assessment data along with results of the final summative clinical evaluation. Changes in the curriculum are made based on analysis of those findings.

As a result of our SLO and PLO discussion VN students entering NS 200 intersession 2013 will have a 5:1 student to instructor ratio. This ratio will continue into the third semester and will allow the student more acute care clinical opportunities. This is funded by a nursing grant.

Skills lab hours are offered for learning and remediation. Simulation is integrated and correlated with course content being presented to the students at the time of simulation. Care plan and math remediation classes are offered prior to the start of each semester.

A student success advisor is available for exam review, test taking skills, graduation preparation, stress reduction and life challenges.

Kaplan was adopted and includes integrated testing with online remediation, case studies and NCLEX exam review.

Text books were bundled with PrepU, an online learning resource that corresponds with the textbook.

We moved into the new HS building. This move required that we purchase additional televisions and DVD's for students to watch the required audiovisuals for the nursing classes.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

Although data indicates SLOs and PLOs are being met at the targeted level, faculty is aware that students continue to struggle in the nursing science courses. Attrition is high in the fundamental and medical surgical courses. Students verbally comment that they have difficulty with dosage calculations and test taking skills and that the workshops on dosage calculation, math remediation, and test taking skills are beneficial. Data from course evaluations indicate that simulation and clinical practice is one of the greatest strengths of the program. According to data from NS 241 course evaluations 96% of students report using the skills lab, 97% of students report using simulation lab, and 60% to 70% students report using nursing computer lab. Data from the other nursing science courses reflect similar findings. Skills lab attendance also verifies high student usage.

We moved into the Health and Sciences building that provided increased space and potential technology.

We received a nursing success grant.

We received Carl Perkins funding to purchase Noelle, SimJunior and low tech simulators. We plan to request funds for additional items needed to complete our simulation rooms in the new HS building.

We are hoping to have a graduate nursing student offer supplemental instruction.

At this time we cannot identify any specific resource that has increased SLOs because we have implemented multiple ones at the same time.

#### **10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

##### **Goal #1 To Maintain BRN accreditation**

Objective: To comply with all requirements set forth in the California Nurse Practice Act.

##### **Goal #2: To enhance integration of simulation into the curriculum.**

Objectives: To include all faculty members in the integration and implementation of simulation into courses. This includes attending conferences on the use of simulation in the classroom, debriefing techniques and training on the use of the simulators. A simulation coordinator will assist faculty in developing appropriate simulation scenarios for courses and manage and coordinate the implementation of simulation into courses.

##### **Goal #3: Increase student success in the program and on the National Council Licensure Examination (NCLEX)**

Objectives: Each semester faculty need to review course and program attrition rates. Mandatory TEAS testing must occur. Faculty need to identify students who are struggling in classes and make early referrals to campus resource centers or to the Student Success Advisor. Skills lab hours are offered for remediation. Test questions are designed to follow the NCLEX Test Plan with a higher percentage of the questions being written for application and analysis.

**Goal #4: To continue to fund the current open skills lab hours, student success advisor, and simulation coordinator.**

Objectives: Fund a full time faculty member with 40% assigned time to the skills lab. Continue to fund a student success advisor. Establish permanent funding for a full-time simulation coordinator.

**Goal #5: To increase technology in the classroom, develop online classes and have student access to computers.**

Objectives: To increase use of technology in the classroom. To have ITS provide more resources for computer technological support. Have computers available in the skills lab for student testing. For all faculty members and students to be competent in medical electronic documentation and medication administration. The faculty will develop on-line learning classes.

**Goal #6: To assess SLOs and PLOs each semester.**

Objectives: To review, discuss, and analyze SLO and PLO assessment data each semester. To revise SLOs and assessment methods as needed. To develop action plans that includes the budget needs of the program.

**Goal # 7: To replace full-time faculty.**

Objective: To hire a full-time faculty member to the position vacated by retirement.

**Goal #8: To revise the curriculum based on contemporary health care and to include more acute medical-surgical nursing in each semester.**

Objective: To complete the revision by fall 2013.

**Goal #9: Increased release time for administrative duties.**

Objective: To increase the release time to 30 LHE/year that was mandated by the BRN in 2008.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... *(The full text shows at beginning of the document)***

The skills lab/simulation instructor and a part time student success advisor were previously funded by grants. This needs to be funded by the District. The skills lab/simulation instructor was mandated by the Board of Registered Nursing in 2008 and is required in this program. The use of simulation as a methodology for patient care instruction requires two instructors to be present in the simulation lab simultaneously, one of whom is expert in simulation instruction. The Student Success Advisor has helped many students who may have otherwise not completed the program.

The rank order is:

1. Skills lab instructor
2. Simulation Instructor
3. Success Advisor
4. Technology support
5. Release time for administrative duties
6. Financial support for Kaplan and PrepU

## ***Fall 2012 Nutrition & Food (PR)***

### **1. Discipline/Program/Area Name**

Nutrition and Foods/Health Science

### **2. Year**

Review of academic cycle ending June 2012.

### **3. Name of person leading this review.**

Ann Volk

### **4. Names of all participants in this review.**

Ann Volk; Rona Brynin

### **5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... *(The full text shows at beginning of the document)***

The five year headcount numbers have been steadily declining. The annual numbers have decreased from a high of 875 (2008) to last year's (2011) low of 630. This decline in headcount also affects the FTES. The FTES went from a high of 99.55 to last year's low of 78.34. In one year, from 2010 to 2011, total headcount dropped by 100 students. This drop in headcount will have a negative impact on the Nutrition and Foods area. Nutrition and Foods courses fulfill requirements needed for students to graduate and/or transfer to a four year university.

### **6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... *(The full text shows at beginning of the document)***

There were no noticeable trends of success rates between ethnicity, gender and location groups. The rates were consistent from year to year, and similar to the district's results. However, differences in success rates were noted between mode and race. The success rate between mode varied for both the subject and the district. Traditional teaching, for both subject and district, indicates that this results in a higher success rate. The traditional mode of teaching had a 67% success rate for subject; 70% for district. On-line mode results showed that the subject success rate was 58% , and district success rate was 57%.

Success rates by race also indicated gaps. Black success rates were the lowest at 44%. Asians had the highest rate at 79%.

Retention and persistence rates were consistent for ethnic, gender, mode and race. The results were also consistent between subject and district.

To promote success rates for students taking an on-line course, several areas are being addressed. Podcasts of lectures and on-line office hours should be available for the next academic year. Also, students are advised that when taking an on-line Nutrition course, self-motivation is important to be successful in the class.

A tutor is available for all students, and all students are encouraged to seek the tutor for assistance.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

Student achievement rates have been consistent for the Lancaster campus. These rates remain higher than those for the Palmdale campus. However, the Palmdale campus has shown an increase in success rate. It has increased from 57% - 63% (Lancaster campus averages 65%). In the past few years, access to student support services has improved at the Palmdale campus. Computers, counselors, and Learning Center/OSD personnel are available to assist students.

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

The Student Learning Outcome assessments have identified areas in student learning that need improvement. The SLO assessment for NF100 indicated that there was a wide range of success rates in meeting this goal among the three nutrition faculty. Methods of teaching and grading rubrics have been reviewed and this is an area that continues to need attention to ascertain the reason for the disparity. The disparities occurred for both SLO's, the Diet Analysis assignment and the Case Study assignment.

The SLO assessment for NF102 are closely aligned.

Online students in the NF100 course tended to have a higher achievement rate on the Diet Analysis assignment than traditional students.

All three nutrition faculty meet yearly to review our grading rubrics to ensure congruency.

NF 150 SLO's have been stable from year to year. Budget and resources allocated for this course should remain the same. The amount of supplies used in the course are consistent year to year.

As far as budget concerns, there still seems to be a need for Supplemental Instruction/tutor for the NF102 class and also to have this service available at the Palmdale campus.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

Regarding changes in the SLO results over the past four years, there is not a noticeable trend that can be addressed.

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

Program Goals: To develop and implement an Associate Degree in Nutrition.

Program Objective: Research other colleges to see what classes need to be offered to fulfill an A.A. Degree in Nutrition.

Starting in Spring 2013, a new course, NF 103 Principles of Food Preparation, will be added to the curriculum that will help meet this objective.

The need for an A.A. Degree in Nutrition has been supported by the great number of

students interested in a career in nutrition. This interest is also supported by the increasing trend for prevention of chronic diseases and management through lifestyle changes such as diet.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... (The full text shows at beginning of the document)**

Faculty and staff requirements to meet the program needs are currently being met.

With the new Health Science Building completed on the Lancaster campus, classroom space and an equipped kitchen is available to provide a learning environment for additional Nutrition and Foods courses.

To date, the technology in the classrooms are not functioning completely. This does impact methods of teaching and delivery of information. There are problems with the Proxima, there is no computer in the classroom, and there is not enough white board area available to write and draw on, as most of it is blocked by the projection screen.

Resources in Palmdale that are needed are Supplemental Instruction/tutor as many student have no means of transportation to get to the Lancaster campus where this service is provided. Also, OSD services are needed for those students requiring extra test-taking time, as again, many Palmdale students have no means of transportation to get to the OSD department on campus.

With the addition of the Health Sciences building, new needs have been identified.

The computers that are to be installed in the classrooms do not have the capability to use VHS tapes. To promote student achievement, visual aids are necessary. Many VHS tapes will need to be replaced with DVD's.

The Nutrition lab will need to be fully equipped to ensure an enviroment that will enable students to learn effectively. A separate list is avaiable of specific items needed.

A new course, NF 103- Principles of Food Preparation- will be taught in Spring 2013. If this class is in high demand, another adjunct instructor will be needed.

## ***Fall 2012 Radiologic Technology (PR)***

**1. Discipline/Program/Area Name**

Radiologic Technology

**2. Year**

2012-2013

**3. Name of person leading this review.**

Maria Kelly

**4. Names of all participants in this review.**

Maria Kelly

**5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... (The full text shows at beginning of the document)**

Thee program has limitations placed on enrollment by the State and national accreditation and the college has limited enrollment of new cohorts to every other year. There can be no implications drawn between college and program enrollment trends, due to these low numbers. However, most radiologic technology programs in the State are impacted. Some programs maintain a two-three year waiting list of

interested students. Due to this there has been a trend of two to three students enrolling per cohort from outside Los Angeles County. In particular, 20-30 % of enrolled students from each of the three cohorts (including the current) have been from Northern California, where there are fewer programs and longer waiting lists. It is expected that this trend will continue into the next scheduled enrollment period in 2014.

**6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... (The full text shows at beginning of the document)**

Due to low enrollment numbers as stated above and low number of questionnaire responses, no correlation can be drawn between success, retention and persistence among different ethnic and gender groups. The program is offered only at the Lancaster location.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

Student achievement as measured by SLOs and PLOs and program effectiveness (external certification examinations, job placement rates, etc.) have been high (met or exceeded targets) for both graduating cohorts and therefore difficult to correlate to specific resource needs. The few examples of achievement gaps are attributed to instructional methods. The resources provided (e.g. human, facilities/physical, technology, financial, professional development) are the minimum required by the State and national accreditation agencies for the size of the program. Irrespective of learning achievement, if at some future point the college wishes to the grow the program (i.e., start a new cohort every year and/or add clinical education affiliates) additional resources, in particular, additional faculty will need to be obtained in order to meet and maintain minimum State and programmatic accreditation requirements.

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

SLOs, and selected PLO's are assessed and analyzed each semester. Results are shared and discussed with faculty and the program's advisory board. Achievement results for the analysis of SLO/PLOs has overall met or exceeded targets for the past four years. Program assessment achievements seem to be the result of ongoing improvements to instructional methods employed by faculty, rather than budgeting decisions. However, as stated above, the resources provided are the minimum required to support the current size of the program. Should the college wish to grow the program additional resources will be needed to meet minimum accreditation and State requirements.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

There has been no significant changes to assessment result trends, see number eight above.

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

1. Goal: State and JRCERT regulatory and accreditation fees

Objective: Provide funding for mandated fees.

**Timeframe:** Immediately

**Justification:** Program & machine fees mandated by California Code of Regulations, Title 17 and Joint Review Committee on Education in Radiologic Technology to maintain program.

**Completion status:** This goal has not been achieved. Funding needed.

**2. Goal:** Service/Preventative Maintenance Agreement for energized x-ray laboratory and related imaging equipment.

**Objectives:** Fund, negotiate and execute agreement

**Timeframe:** Immediately

**Justification:** This meets ILO #4 where the students can solve problems using a variety of technologies. AVC Master Plan Guiding Principle 4: Provide students and employees with access to current and reliable technology resources necessary to sustain and enhance the teaching and learning environment. AVC Master Plan Guiding Principle 11: Explore alternative methods of delivering education offerings, in accordance with community college system goals. In addition, this agreement will produce a significant cost savings to the college for maintenance and repairs over the al-the-cart option for service.

**Completion status:** This goal has not been achieved. Funding needed

**3. Goal:** Internet access to the Radiologic Technology classroom and laboratory

**Objectives:** Fund, install, and connect equipment

**Timeframe:** Immediately

**Justification:** This meets ILO #4 where the students can solve problems using a variety of technologies. AVC Master Plan Guiding Principle 4: Provide students and employees with access to current and reliable technology resources necessary to sustain and enhance the teaching and learning environment. AVC Master Plan Guiding Principle 11: Explore alternative methods of delivering education offerings, in accordance with community college system goals. Supports achievement of SLOs by providing access to safe and working equipment (supports remote service of equipment in the x-ray laboratory) and by providing the latest technologies.

**Completion status:** This goal has not been achieved. Funding

needed.

**4. Goal:** Hire full-time faculty member (new)

**Objectives:** Fund, recruit, and hire.

**Timeframe:** Prior to June 2013 student enrollment

**Justification:** Supports community outreach, supports increased student enrollment by providing enough faculty to support program enrollment on a yearly basis. Supports programmatic accreditation processes. Supports student learning outcomes by providing another faculty resource in the program. AVC Master Plan Guiding Principle 6: Focus on continuous improvement of existing programs and develop new programs to meet the workforce preparation and enhancement, and economic development of area employers.

**Completion status:** This goal has not been achieved. The report of findings from the initial JRCERT accreditation suggested that the program review its staffing plan before a second cohort begins the program. A second cohort was added in June of 2010, however funding has not yet been identified or obtained for a second full-time faculty member.

**5. Goal:** Develop additional clinical affiliations.

**Objectives:** Provide additional resources to assist with clinical affiliation development, i.e., additional full-time faculty.

**Timeframe:** Prior to June 2013 student enrollment

**Justification:** Supports ILO # 6 by providing community outreach to potential community employers, a variety of clinical learning settings for students and supports increased student enrollment in the program. AVC Master Plan Guiding Principle 10: Work with education partners (high schools, universities, business, and industry) to improve student learning outcomes. Continue to support and expand current programs and seek out other appropriate collaborations.

**Completion status:** This goal has not been achieved due to limitation in hiring additional full-time faculty (Goal # 4). Funding needed.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... (The full text shows at beginning of the document)**

No new needs identified. See number 10 above.

**Fall 2012 Respiratory Care/Therapy (PR)**

**1. Discipline/Program/Area Name**

## Health Sciences – Respiratory Care

**2. Year**

2012

**3. Name of person leading this review.**

Jeff Stephens RRT, RN, MSN, FNP-BC – Program Chair/Director

**4. Names of all participants in this review.**Jeff Stephens  
Wendy Stout**5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... (The full text shows at beginning of the document)**

The respiratory care program has been in operation since fall 2006. Our total enrollment capacity for 5 fall semesters is 108 students. As of spring 2012 we have enrolled 94 students (87%), and have graduated 67 with degree conferment (71%). Annual successful course completion mirrors the college 77.4% (2010-2011) data.

<b>FTES</b>	<b>2007-2008</b>	<b>2008-2009</b>	<b>2009-2010</b>	<b>2010-2011</b>	<b>2011-2012</b>
<b>Admitted/Capacity</b>	19/24	21/24	20/24	23/24	11/24
<b>On-Time Graduation</b>	15	17	12	12	11
<b>Total Program Completion</b>	15	17	12	17	17
<b>Attrition</b>	21.1%	19%	40%	29%	29%

The attrition rate has increased from 21% to 29% as the data indicates. This increase is attributed to program rigor, individual student decisions, medical necessity, and budgetary decreases in FTES.

**RCP 5 year Enrollment Demographic Data**

<b>Age</b>	<b>2007- 2008 19</b>	<b>2008- 2009 21</b>	<b>2009- 2010 20</b>	<b>2010- 2011 23</b>	<b>2011- 2012 11</b>
19 or less	0	0	0	0	0
20-24	3 (16%)	4 (19%)	2 (10%)	2 (9%)	3 (33%)
25-49	13 (68%)	15(71%)	18 (90%)	21 (91%)	8 (67%)
Over 49	3 (16%)	2 (10%)	0	0	0

<b>Gender</b>	<b>2007- 2008</b>	<b>2008- 2009</b>	<b>2009- 2010</b>	<b>2010- 2011</b>	<b>2011- 2012</b>
Male	6 (32%)	7 (33%)	2 (20%)	8 (35%)	3 (33%)
Female	13 (68%)	14 (67%)	18 (80%)	15 (65%)	8 (67%)

<b>Ethnicity</b>	<b>2007- 2008</b>	<b>2008- 2009</b>	<b>2009- 2010</b>	<b>2010- 2011</b>	<b>2011- 2012</b>
African American	2 (11%)	4 (19%)	1 (5%)	4 (17%)	3 (25%)
American Indian/Alaskan Native	0	0	0	0	0
Asian	0	0	1 (5%)	0	0
Filipino	1 (5%)	1 (5%)	1 (5%)	1 (4%)	0
Hispanic	3 (16%)	7 (33%)	13 (65%)	9 (39%)	5 (42%)
Pacific Islander	0	2 (9%)	1	0	0
Two or More Races	0	1 (5%)	0	0	0

Unknown/Non-Responder	0	0	1 (5%)	1 (4%)	0
White Non-Hispanic	13 (68%)	6 (29%)	3 (15%)	8 (36%)	4 (33%)

Additional data analysis reveals that the respiratory care program mirrors the colleges' data. Probable inferences indicate that a majority of students are enrolled in respiratory care as a second career secondary to the State's economic crisis and unemployment.

**6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... (The full text shows at beginning of the document)**

**RCP 5 year Achievement Data (Graduate)**

Age	2007-2008 15	2008-2009	2009-2010 12	2010-2011	2011-2012
		17		12	17
19 or less	0	0	0	0	0
20-24	1 (7%)	2 (12%)	2 (17%)	1 (8%)	4 (24%)
25-49	11 (68%)	14 (82%)	10 (83%)	11 (91%)	13 (76%)
Over 49	3 (16%)	1 (6%)	0	0	0

Gender	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Male	5 (33%)	6 (33%)	2 (20%)	4 (35%)	7 (41%)
Female	10 (67%)	11 (67%)	10 (80%)	8 (65%)	10 (59%)

Ethnicity	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
African American	2 (13%)	1 (6%)	3 (25%)	1 (8%)	3 (18%)

American Indian/Alaskan Native	0	0	0	0	0
Asian	0	0	0	2 (17%)	0
Filipino	1 (7%)	1 (6%)	1 (8%)	1 (8%)	2 (12%)
Hispanic	2 (13%)	8 (47%)	4 (33%)	4 (34%)	5 (29%)
Pacific Islander	0	1 (6%)	0	0	0
Two or More Races	0	0	1 (8%)	0	0
Unknown/Non-Responder	0	0	0	1 (8%)	1 (6%)
White Non-Hispanic	10 (67%)	6 (35%)	3 (25%)	3 (25%)	6 (35%)

### Summary

	2007-2008 to 2011-2012	Antelope Valley College
<b>Student Progress/Achievement Rate Course Completion</b>	(n = 67) 71%	77.4%
<b><u>Age</u></b>		
19 or less	0	28.3%
20 – 24	(n=10) 15.0%	32.0%
25 – 49	(n=53) 79.0%	33.5%
> 49	(n= 4) 6.0%	6.1%
Unknown	0	
<b><u>Gender</u></b>		

<b>Female</b>	(n=43) 64.0%	57.8%
<b>Male</b>	(n=24) 36.0%	41.0%
<b><u>Ethnicity</u></b>		
<b>African American</b>	(n=10) 14.0%	20.6%
<b>American Indian/ Alaskan Native</b>	0.0%	0.6%
<b>Asian</b>	(n=2) 3.0%	2.1%
<b>Filipino</b>	(n=6) 8.0%	1.9%
<b>Hispanic</b>	(n=23) 32.0%	31.6%
<b>Pacific Islander</b>	(n=1) 1.0%	0.3%
<b>Two or More Races</b>	(n=1) 1.0%	2.0%
<b>Unknown/Non- Respondent</b>		
<b>White Non-Hispanic</b>	(n=2) 3.0%	12.7%
	(n=28) 38.0%	28.2%

Respiratory care data and comparative analysis reveals no statistical significance between college enrollment data, student success, persistence, and retention. Only one achievement gap identified the **attrition rate** has increased from 21% to 29% as the data indicates. This increase is attributed to program rigor, individual student decisions, medical necessity, and budgetary decreases in FTES. Attrition rates are expected to drop over the next year as past budgetary changes and program rigor will have stabilized.

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

When the respiratory care program was instituted there were limited requirements for admission that lead to significant attrition rates. Specific observations and data collection revealed a limited ability for student success based on knowledge gaps between anatomy physiology, chemistry, and algebra. The highly technical nature of respiratory care in combination with the gaps led to student failure. In 2009 pre-requisites of anatomy, physiology, chemistry, and algebra were instituted as program requirements. This has improved students' ability to complete the program successfully as seen by a decrease in student attrition from 40% to 29%.

Annual evaluative tools utilized include the Student Program Resource Survey, Program Personnel Resource Survey, Graduate Survey, Employer Survey, and student credentialing test results. These tools provide data on resource availability /allocation such as personnel, facilities, laboratory equipment, learning resources, instructional support, clinical resources, and medical direction. Gaps in student achievement/success related to a lack of up-to-date equipment, limited medical direction, knowledge base (cognitive domain), clinical proficiency (psychomotor

domain), and behavioral skills (affective domain) have been identified. Over the past 4 years the program has sought resource allocation from the Perkins IV program improvement fund (\$87,957.24) for interactive computer software for testing and up-to-date equipment for lab simulation including simulation manikin, and \$4,800.00 for instructor professional development. In addition, a change was made of a medical director that has increased involvement to include grand rounds with the students and semester lecture series. The 2011 surveys rated the program >3 on a 5 point Liker scale which identified no deficiencies.

#### **8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

Student Learning Outcomes and Program Learning Outcomes are assessed annually to determine program operational requirements. Summative clinical and criterion based evaluations reflective of national respiratory care performance guidelines are tools that are used and tailored specifically to each SLO and PLO. Student weaknesses in curriculum can then be identified and adjusted to achieve program goals. As an example, in 2009 national testing revealed a weakness in mechanical ventilation. The testing results were discussed at an advisory committee meeting on February 17, 2009; 4:30 pm, in T502. Attending: Dr. Ravi Shankar, Medical Director, Dr. Karen Cowell, RN, Dean, Health Sciences, Ashley Hubbell, Manager, Radiology and Respiratory Services, Lancaster Community Hospital, Glenda Franklin, CRT, Interim Director, Respiratory Services, Antelope Valley Hospital; Robert Vigran, RRT, Instructor Jeff Stephens, RRT, RN, MSN, FNP, Program Director, Nicole Ervin, Student, & Lynn Brandt, RRT, Advisory Committee Chair

Committee members suggested purchase of a PFT, Bennett 840 ventilator with pediatric and neonatal capabilities, and/or the Draeger Evita. These were considered to be critical to the program. In response, Perkins IV grant funding was obtained to purchase and integrate the equipment into the program curriculum.

More recently in 2011, clinical evaluative tools identified neonatal performance deficiencies within respiratory care and nursing students. As a result a task force (Dean: Karen Cowell - Nursing faculty: Elizabeth Sundberg Casey Scudmore, Sandra Hughes – Respiratory faculty: Jeff Stephens) determined that additional lab simulation would improve student performance. In response, collaborative Perkins IV grant funding was obtained to purchase a neonatal simulation manikin.

In addition, limited annual proposition 20 money has been dedicated solely to purchase durable supplies (nasal cannula, oxygen masks, arterial blood gas kits...) that the students are required to have throughout the program. The equipment operation and use of all durable medical supplies are linked to specific course SLOs and PLOs.

#### **9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

SLO's were developed and implemented for each course in 2009. There are only 2 years of data available. All SLO's reflect both program learning objectives and the Commission on Accreditation (CoARC) for respiratory care benchmarks. Changes to staffing, physical facilities/technology, and resource allocation have been made to meet achievement targets. For example, recent CoARC requirements mandate a 6:1 ratio students/instructor and class outlines of record have been submitted to

the academics policy and procedure committee. In addition, based on the student competences, self-assessment examinations, and national board credentialing results (poor mechanical ventilation skills, critical-thinking skills, and quality assurance) monies have been acquired from Perkins grant funding to improve technology and advance professional development. Action plans reflect the need to meet the maintenance of classroom/lab durables and supplies through proposition 20 funding.

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

**Goal 1:** To prepare students as competent advance-practice therapists.

Objective(s):

1a. Upon completion of the program, the student will demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their role as an entry level and/or advance-practice therapist (**knowledge domain**).

1b. Upon completion of the program, the student will demonstrate the technical proficiency in all the skills necessary to fulfill the role as a entry-level and/or advanced-practice therapist (**psychomotor domain**).

1c. Upon completion of the program, the student will demonstrate professional behavior consistent with employer expectations for entry-level and/or advanced-practice therapist (**affective domain**).

As the colleges' mission is to "serve the community by placing student success and student-centered learning as our number one priority through higher educational standards and innovative programs and services ..." The primary program goal addresses the mission by identification of domains (knowledge, psychomotor, and affective) that promote student-centered success.

Outcomes' assessment activities include evaluation of data from program and student learning objectives (SLOs). With 4 years of data the program has achieved a 72% (63 graduates) program completion rate, and an 87% credentialing pass rate on national examinations. This exceeds benchmark requirements (80%) set by the Commission on Accreditation for Respiratory Care (CoARC). This represents a 7% improvement from academic year 2010-2011. Additional activities include Standardized Assessment Testing (Cohort 2012 n=17) 78.5% pass on Comprehensive CRT Self-Assessment Examination compared to national pass rates of 59%. Analysis of data from cohort 2011 and cohort 2012 showed an improvement from 85.7% to 90.9% respectively.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... (The full text shows at beginning of the document)**

Resource needs are linked to improved student critical thinking, performance, and ultimate student success. There is overwhelming research identifying clinical simulation as a leading factor in developing and improving critical thinking and student performance. In a dynamic field of study, these advancements must be incorporated to insure student success. Reviewing student performance and respiratory care standards there are several areas of program improvement required to meet national standards. The order of importance would include:

1. Maintain current staffing and budget.
2. Cardiac monitoring system with simulation scenarios.
3. Advanced adult and infant ventilators.
4. Additional simulation manikins.

**Student Achievement Outcome Improvement:** The manipulation of equipment by order or protocol, performance of quality control, achieve adequate respiratory support, and determine the appropriateness of respiratory care. NOTE: These are areas in which students have shown deficiencies on national examinations that would improve student success.

## ***Fall 2012 Vocational Nursing (PR)***

### **1. Discipline/Program/Area Name**

1. Vocational Nursing Program

### **2. Year**

2012-2013

### **3. Name of person leading this review.**

1. Annette Jones/Candace Martin

### **4. Names of all participants in this review.**

1. Annette Jones/Candace Martin

### **5. Please review the five year headcount, FTES, and student PT/FT enrollment data provided on the web link. Comment on trends and how they affect your... *(The full text shows at beginning of the document)***

1. The section count for the Vocational Nursing Program has remained unchanged for the past four years. The last years FTEs are as follows:
  - a. Summer 2011 8.23
  - b. Fall 20.88
  - c. Intersession 8.86
  - d. Spring 24.13

PT/FT enrollment:      Fall 2011 0.08

Spring 0

### **6. Using the student achievement data provided by web link, please comment on any similarities or differences in success, retention, and persistence b... *(The full text shows at beginning of the document)***

1. Efficiency:	Fall 2011	7.83
	Spring	10.08

Efficiency for Fall 2011 was increased.

Success by ethnicity was as follows:

Hispanics	81%	
NonHispanics	79%	Both statistics exceed the college rate
Native American	67%	
Asian	77%	
African American	81%	Exceeds the college rate
Pacific Islander	50%	
White	89%	Exceeds the college rate
Hispanic	80%	Exceeds the college rate

Success by gender was as follows:

Female	83%	
Male	100%	Both statistics exceed the college rate

Retention was as follows:

Hispanic	92%
NonHispanic	89%
Female	92%
Male	100%

Number of certificates awarded 2011-2012: 18

**7. Analyze changes in student achievement and achievement gaps over the past four years. Cite examples of using additional resources (e.g. human, faci... (The full text shows at beginning of the document)**

1. The clinical site for VN 111 is Antelope Valley Hospital (AVH). This hospital is the only maternity and pediatric acute settings in the Antelope Valley. Recently, AVH developed a policy stating that the instructor/student ratio in the clinical setting cannot exceed 1:10. Because the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) allows an instructor/student ratio of 1:15 in the clinical setting, class size usually exceeds ten students. Resource allocations had to be considered to accommodate a third clinical instructor to comply with AVH's policy. This decision was made during a Vocational Nursing (VN) faculty meeting with the attendance of Dr. Karen Cowell, Annette Jones, and Candace Martin. The effect of the outcomes for the SLOs and PLOs for 2010 and 2011 in the clinical setting was 100% success. The year 2012 resulted in one failure in the clinical setting.

**8. Provide examples from your program where assessment results of Student Learning Outcomes (SLOs), Program Learning Outcomes (PLOs), and/or Operation... (The full text shows at beginning of the document)**

1. The assessment results of the SLOs and PLOs for VN 109 and VN 110 are generally 100% in the clinical setting. This result is in large part due to the equipment students have access to learn nursing skills. Some of this equipment, primarily the mannequins in the Skills Lab, had become in disrepair. To maintain quality of instruction, a Perkins grant in the amount of **\$25,746.00** was acquired to replace the old mannequins.

**9. Analyze changes in SLO, PLO and/or OO assessment results over the past four years. Cite examples of using additional resources (e.g. human, facilit... (The full text shows at beginning of the document)**

1. Due to a change in AVH policy, Vocational Students (VN) are restricted from the labor and delivery area of the hospital. Again, to maintain quality of instruction, a portion of resources from the Perkins grant previously discussed was allocated to purchase an OB mannequin. Assessment results of the implementation of the use of this mannequin will become available next year.

**10. Review the program goals and objectives related to improving outcomes and/or student achievement identified in the most recent comprehensive self ... (The full text shows at beginning of the document)**

1. Progress has been made in achieving goals identified in the last program review:

- a. To assess SLOs and PLOs each semester.

The SLOs and PLOs have been reviewed each semester.

- b. Improve NCLEX pass rates to be consistently over 90%.

The pass rate for the NCLEX-PN is improving. Combination of scores of the previous

three quarters indicates scoring consistently over 80%.

- c. Incorporate an additional 24 hours into each Vocational Nursing course.

This goal has not been achieved.

- d. Hire a third full time instructor.

This goal has not been achieved.

- e. Hire a part time technician to maintain computer equipment in the computer lab.

This goal has been achieved since a full time technician is assigned to the Health Sciences building.

- f. Develop resources for professional development for nursing faculty.

This goal has been achieved.

- g. Develop a plan to ensure a full class in VN 110.

Although a specific plan has not been developed, VN 110 for fall 2012 filled 30 out of

30 spaces.

**11. Identify changes in significant resource needs since writing the comprehensive self-study report. List new needs in rank order of importance and e... *(The full text shows at beginning of the document)***

1. The updated goals for this Program Review are:
  - a. Improve NCLEX pass rates to be consistently over 90%.
  - b. Incorporate an additional 24 yours into each Vocational Nursing course.
  - c. Hire a third full time instructor..
  - d. Develop a plan to ensure a full class in VN 110.

Although a specific plan has not been developed, VN 110 for fall 2012 filled 30 out of

30 spaces.