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| **WHY DO A PROGRAM REVIEW?** |

As a part of accreditation, the Higher Learning Commission (HLC) requires institutions to have an established process to regularly review all programs. Every institution is allowed the latitude to develop and administer a review process that is suited to the institution’s unique circumstances and needs.

The ICCB requires all instructional programs and all student and academic support services to conduct a program review at least once every five years. The program review process should…

* Examine the need for the program, its quality, and its cost of operation.
* Involve employees of the unit as well as individuals not employed in the unit.
* Examine current information and data.
* Produce results that are considered in campus planning, quality improvements, and budget allocation decisions.

The College’s annual program review report to the ICCB comes from the approved program reviews.

The purpose of Sauk’s program review process is to promote continuous improvement and to link those improvements to other internal processes, including curriculum development, assessment, budgeting, facility planning, and to the strategic plan through operational plans.

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| **TIMELINE** | |
| April/May | Units informed that they are scheduled to conduct a program review in the fall |
| Beginning of the fall semester | Program review orientation sessions conducted |
| Fall semester | Units conduct their program reviews |
| **December 1** | **Program reviews are due** |
| Early Spring semester | Unit’s administrator and the Program Review Committee will consider program reviews, request revisions, and approve final reviews |
| April 1 | Equipment Requests, Personnel Change Requests, and Major Project Requests from *approved* program reviews, will be forwarded for consideration in the budget allocation process |
| End of spring semester | Instructional units submit next year’s operational plans, including all activities identified in the program review |
| Early July | Student and academic support services submit next year’s operational plans, including all activities identified in the program review |

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| **INSTRUCTIONS** |

* The program review is to be conducted by a team of 5 to 10 individuals consisting of the following:
  + Department/unit staff
  + Department/unit administrator
  + 1 or 2 employees not part of the department
  + 1 or 2 students
  + 1 or 2 community members/non-SVCC employees
* Use this document as a template. Do not use alternate formats.
* Complete all items on all pages
* The ICCB Best Practices Report may describe the entire unit or a specific practice. *This is the only optional component* of the program review
* Insert the names of the program review team on the Signatures and Approval page
* Complete any appropriate request forms:
  + Equipment Request
  + Personnel Change Request
  + Major Project Request
  + Request forms are available in *FAST* under *Documents and Forms*
  + Requests will be forwarded to the budget allocation process, *after all program review revisions have been submitted and the review has been approved by the Program Review Committee*. The requests will not be forwarded to the budgeting process until the Committee informs the unit that the review has been approved.
* The approval process:
  + Submission of the review alone does not constitute approval
  + The Program Review Committee may request additional analysis, clarification, or information, and will not approve the review until it is satisfied that its requests have been addressed
    - Reviews must be *approved by April 1* for requests to be forwarded for budgetary consideration
  + The program administrator may request a meeting to discuss the review and/or request modifications, and approves the review after the Committee approves it
  + The President provides the final approval of every review

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| **HOW to SUBMIT the PROGRAM REVIEW** |

* Program reviews are due on December 1
* The program review, appropriate request documents, and any other support documents should be submitted as an e-mail attachment to:
  + The program’s immediate administrative supervisor (dean or vice president), *and*
  + The chair of the Program Review Committee, Janet Lynch.
* A printed copy of the review *is not required*, and is discouraged.
* A printed copy of the Signatures and Approval page, with signatures from all team members, should be sent to the Program Review Committee chair, Janet Lynch.

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| **ALIGNMENT WITH THE COLLEGE MISSION** |

**College Mission**

Sauk Valley Community College is an institution of higher education that provides quality learning opportunities to meet the diverse needs of its students and community.

**College Vision**

Sauk Valley Community College will be recognized as a benchmark institution of higher education that provides exceptional learning opportunities in response to the diverse needs of its students and community.

**Program Mission**

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| Sauk Valley Community College Nursing department believes that education is a continuous process towards self actualization. We will provide each student with the opportunity to have quality learning experiences that will contribute to his/her achievement of realistic goals. |

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| **VIABILITY COMPONENT**  The viability component focuses on quantitative analysis and the need for the program. |

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| **SECTION A: ENROLLMENT & RETENTION DATA** for major field required courses  Resources: Data Table 1  Operational Plans |

1. Describe a) the five-year enrollment trends, and b) results of the efforts to increase enrollment that were implemented since the last program review.

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| 1. The number of qualified applicants increased each year from 2004 to 2006, after which the program saw a 34% decline in 2007 and a 43% decline in 2008, from the maximum number of applicants in 2005. The number of students admitted to the program since 2005 has ranged from 31 in 2005 to 40 in 2007. Students needing to repeat course work who are returning for the second year account for the numbers beyond the 30 admitted annually.   This decrease in applicants mirrors the trend across the state. Ideas as to why the decrease has occurred are not data driven but the decrease may be due to a number of factors. The decrease may be due to nursing programs across the state creating more available slots. SVCC’s ADN program itself has doubled in size since 2003. 10 slots were added to the traditional program and new 10 slots are now available through the hybrid nursing program. Also due to the economic recession, nursing openings have decreased. This is due to patient census decreasing as people are not having elective surgeries done, currently employed nurses are picking up extra shifts for extra money or part-time employed nurses have moved to full- time employment and nurses are postponing retirement. Lack of job opportunities has traditionally cycled into decreased applications to nursing schools.   1. The lack of alternative delivery systems was identified as a weakness of the program at the time of the last review. NIOIN, a hybrid online nursing program of which SVCC is a participant, admitted its first class in January 2009. Currently, there are 8 students enrolled in the program. The Men in Nursing Program developed to attract male high school students to the profession has seen varied results with 1 male admitted per year in 3 of the last 5 years and 4 males per year admitted in 2005 (FY06) and 2007 (FY08). |

1. Describe a) the five-year retention trends, and b) results of the efforts to improve retention that were implemented since the last program review.

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| 1. Since 2004, 13 % to 27% (4–8 students) of the freshman class have either failed or withdrawn from the program each year. Each of the years of 2004 and 2007, the program saw 8 students leave. 2008 saw 4 students leave the program. The number of senior students to withdraw or fail the program has seen a steady decline with 3 students in 2004 and 1 student in 2007 and one in 2008. As students leave the program, the vacancies left are filled with advance placement students or returning students. Therefore, for 3 out of the last 5 years, 27 or more students have achieved an AAS in Nursing each year. 2. ADN students who have been unsuccessful have been given the option of transferring to the LPN program beginning in FY 05. This has allowed 10 students to obtain a Certificate in Practical Nursing. Drug calculations continue to remain an area where students have difficulty. Changes have been made, such as assignments over the summer and the addition of more drug calculations on unit exams, to prepare the students to be successful on the drug calculation examination. The drug calculation changes were instituted for the 2008 – 2009 academic year. We did not see any improvement in the Fall 2009 semester. It is of note that the students with math issues in the Fall 2009 also demonstrated a lack of critical thinking ability in clinical or the classroom. We will continue to monitor the students’ math failure with critical thinking issues over the next 4 years. This may lead to more critical thinking remediation in addition to math. |

1. Describe what can be done to improve these trends during the next five years.

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| ATI (Assessment Technologies Institute, LLC), a skill and theory building, remediation, and testing program designed to improve student performance was incorporated into the program this year. In addition, students applying to the program must take the TEAS exam (also a part of ATI). This exam will assess students’ Reading, English, Mathematics, and Science abilities. Students showing strengths in these areas will receive points toward their admission scores. The results will also identify students with weaknesses so that intervention can be initiated early in areas where deficits occur. The Early Alert System, newly initiated this academic year, is a retention program that puts students in contact with the appropriate campus resources in order to assist them in meeting their educational goals at Sauk Valley Community College. |

1. Summarize activities to improve the trends discussed in this section in the operational plan and code as PA. Indicate below if activities will be included in the operational plan.

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| X Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION B: PROGRAM COMPLETIONS & NEED FOR THE PROGRAM**  Resources: Data Table 2  Operational Plans |

1. Describe a) the five-year successful completion trends, and b) results of the efforts to improve the trends that have been implemented since the last program review.

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| 1. For the five year period from 2004 to 2008, the ADN successful completion rate has ranged from 81% to 90% . The average completion rate over the past five years has been 85.6%. The last two years (2007, 2008) have demonstrated a somewhat higher completion rate of 86 - 87%. 2. There appears to be a trend toward higher completion rates in more recent years as identified above; 87% (2007) and 86% (2008). One effort to improve trends that has been implemented since the last program review is allowing ADN students to be enrolled on a part time basis. |

1. List any concerns identified in the *Career and Technical Follow-Up Study* and discuss solutions, ***OR*** if there were no concerns identified, indicate “None.”

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| None. |

1. Use data from the Illinois Workforce Development System <http://iwds.state.il.us/iwdshome.html> (click on *Consumer Information* and enter *Sauk Valley Community College*) which tracks WIA eligible students, to answer the following:

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| Percent of students who complete the program: 63 %  Percent of students employed after exiting WIA: 100 %  Average starting hourly wage: $ 22.24  Source: [www.ilworkinfo.com](http://www.ilworkinfo.com) |

1. Describe the occupational need for the program. (Create one or more tables that illustrate the projected occupational demand for program completers using information available on the Illinois Department of Employment Security website ([www.ilworkinfo.com](http://www.ilworkinfo.com), click on *Workforce Information Center*, click on *Quick Links*; ***OR*** any other reputable source. Include all appropriate job titles. Be sure to site your data source.)

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| The number of Registered Nurses employed in Illinois in 2006 was 105,940. It is projected that in 2016, there will be a need for 135,549. This represents an annual average growth rate of 2.5%, faster than the 1.1% growth rate for all occupations in Illinois. |
| The number of Registered Nurses employed in Whiteside County in 2006 was 489. It is projected that in 2016, there will be a need for 572. This represents an annual growth rate of 1.6% faster than the 0.3% growth rate for all occupations in Whiteside County. |
| No data is available for Lee County. |

Source: Illinois Department of Employment Security, Projections Unit

* 1. Summarize the activities that the department will perform to improve the trends or respond to the issues identified in this section and code as PB. Indicate below if activities will be included in the operational plan.
     1. Implementation of use of ATI – TEAS testing as a requirement for acceptance into the ADN program.
     2. Implementation of the use of ATI Skills Modules, Practice Assessments and Focused Reviews throughout the curriculum.
     3. Use of ATI Proctored Examinations for assessment of student mastery of content areas.
     4. Use of ATI Predictor Examinations to assess likelihood of student’s success on NCLEX.
     5. Use of ATI – NCLEX review offerings to prepare students for NCLEX.

1. Summarize the activities that the department will perform to improve the trends or respond to the issues identified in this section and code as PB. Indicate below if activities will be included in the operational plan.

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| X Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION C: PROGRAM FINANCES**  Resources: Data Table 3  Operational Plans |

1. Describe a) the five-year income vs. expense trends, and b) results of the efforts to improve financial viability that were implemented since the last program review.

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| 1. The ADN program has ended with a negative balance all 5 years. However, direct income in the ADN program has increased from FY05-FY09 by 7%. Total income has increased FY06-FY09 by 8%. The employee expense in FY09 ($255,804) is down from the previous 2 years by $40,000. This is due to a change in faculty longevity and educational preparation. Equipment expense has been $0.00 in 4 of the 5 years. Total expenses are less in FY09 compared to FY07 and FY08 despite an increase in student retention. Net income has improved yearly from FY05 with a 43% gain FY09 compared to FY07 and FY08. 2. Efforts to improve the financial viability for the nursing program include: An increase in course fees. Sections have been tripled for nutrition and medical terminology courses. Students are allowed to move from the ADN program into the LPN program. In the second year of the ADN program, repeating students are admitted in addition to the 30 continuing students. |

1. Describe the results of the program’s efforts to go “green.”

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| Paper is recycled. Faculty and students are using email to contact one another. Email is utilized to decrease paper memos. Power Point presentations are on Blackboard to minimize the number of paper handouts. Faculty are placing course syllabi on Blackboard. VOC 276 Meds in Action, NRS 132 Nutrition and Diet Therapy, and NRS 239 Trends in Nursing are offered as online courses. The nursing department is part of a consortium for the NIOIN hybrid online ADN program. When possible, students reuse supplies for lab practice. Unused lab supplies are gathered at the end of the year and distributed to students for lab practice in the fall. Students are encouraged to recycle recyclables, i.e. paper, pop cans. |

1. Describe how the program’s financial viability may be improved.

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| Students are encouraged to be cost conscious and not wasteful. Our Dean identifies actual program costs to faculty. Faculty are encouraged to share ideas and ways to decrease program costs. On an annual basis, the faculty evaluates the nursing program to maintain its high quality and remain financially viable. We will return to printing off course syllabi and having the student purchase them in the bookstore. Students are using college resources of paper and printer ink to print off these documents that have numerous pages. Although this is not a department increase in financial viability, it will be more cost effective for the College as whole. |

1. Summarize activities to improve the program’s financial viability in the operational plan and code as PC. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

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| **QUALITY COMPONENT**  The quality component focuses on qualitative analysis and issues. |

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| **SECTION D: COURSE SCHEDULING** |

1. Provide the program schedule by listing each required course by course number and indicating each semester in which it is planned to be offered.

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| **Course Number** | **Year 1: Fall Semester** | **Year 1: Spring Semester** | **Year 2: Fall Semester** | **Year 2: Spring Semester** |
| NRS 128 | X |  |  |  |
| NRS 130 | X |  |  |  |
| NRS 133 |  | X |  |  |
| NRS 230 |  |  | X |  |
| NRS 234 |  |  | X | X |
| NRS 237 |  |  | X |  |
| NRS 239 |  |  | X | X |
| NRS 235 |  |  |  | X |

1. How many semesters should it take a full-time student to complete this program?

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| 4 semesters |

1. During the past five years, have courses been offered and properly sequenced so a student could complete the program in the number of semesters specified above?

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| X Yes  No |

1. During the past five years, have scheduling conflicts been avoided by coordinating the days and times that courses are offered?

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| X Yes  No |

1. During the past five years, have scheduling conflicts been avoided by coordinating schedules with other required courses, outside of this area?

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| X Yes  No |

1. Describe scheduling changes that may be needed during the next five years and the rationale for the changes, ***OR*** indicate “None.”

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| Spring 2010: The 4 day scheduling did create a conflict between BIO 110 and nursing. Nursing students need the Monday lecture and Friday lab options for biology in order to have a schedule that is not over taxing. |

1. Summarize activities that the department will perform to correct scheduling problems and make future scheduling changes in the operational plan and code as PD. Indicate if activities will be included in the operational plan, ***OR*** if issues have been corrected, below.

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| Activities will be included in the operational plan.  X Activities will not be included in the operational plan.  Issues have already been corrected. |

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| **SECTION E: CURRICULUM: COURSE OUTLINES** |

1. Have 100% of course outlines been reviewed and updated at least once during the past five years?

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| X Yes  No |

1. Are 100% of course outlines and syllabi aligned?

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| X Yes  No |

1. Summarize activities to correct course outline issues in the operational plan and code as PE. Indicate if activities will be included in the operational plan, ***AND/OR*** if issues have been corrected, below.

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| Activities will be included in the operational plan.  X Activities will not be included in the operational plan.  Issues have already been corrected. |

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| **SECTION F: CURRICULUM: ASSESSMENT**  Resources: Assessment folder, Program/Discipline Data |

1. List the program/discipline objectives that have NOT been assessed in this five-year period and indicate whether these will be assessed, eliminated, or replaced, ***OR*** indicate “All have been assessed.”

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| All have been assessed. |

1. Describe the results of the curriculum changes ensuing from assessment activities that were implemented since the last program review, ***OR*** indicate “None.”

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| None |

1. Describe the status of any budget requests resulting from assessment activities since the last program review, ***OR*** indicate “None.”

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| None |

1. Summarize activities related to assessment issues in the operational plan and code as PF. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

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| **SECTION G: CURRICULUM: CURRICULAR CHANGES**  Resources: Assessment Summary Reports  Operational Plans |

1. Describe the positive or negative impacts of the curricular changes made during the past five years.

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| **Ladder programming**: This was explored four years ago. We surveyed all nursing programs in the state and our regional employers. We opted not to change the curriculum because the majority of students do not opt out at the LPN level and the loss of LPN’s to the regional employers would create a significant difficulty for them. We also have had success with students moving from the ADN to the LPN program after course failure. 100% of students who have moved from the ADN to LPN level have been successful in the LPN curriculum. The variance of the curriculums depth and breadth of content allow the student with academic issues to be successful at another level. We also determined that not all students are capable of meeting the pre-requisites of the ADN program. Laddering would require pre-requisites to be the same for both programs, so this would remove an educational option for some students. It has been positive for our student population and the community to NOT move to a ladder program format.  **CNA Admission requirement:** This change has been positive as we have been able to shift the curriculum away from a less basic skill sets. It is also the only way we can assure a criminal background check is completed on someone coming into the profession. State regulations waive that standard for students. However there has been a negative impact due to students completing only the course work and not working as a CNA before program admission. Therefore their skill set is not what we prefer and repetition and/or evaluation time is needed that was not planned for or the time is not used at the higher level thinking we desired. Overall, the requirement remains a positive one and will be maintained.  **Online or Hybrid courses:** We have 5 nursing courses currently offered online. They are NRS 116, 132, 239 and 276. VOC 176 is also delivered in this format. The instructors and students have been pleased with this delivery system. Both enjoy the flexibility it affords and research indicates student retention of the content should be at a higher level since they are so actively engaged in their studies.  **Math Policy:** Dosage calculation math has been a consistent issue in nursing programs across the nation for decades. This issue does not seem to be changing. The SVCC nursing students have historically struggled with passing drug dosage calculations. We have gathered data and formulated additional resources for the students over the past 4 years in the hopes of enhancing student success. In the fall of 2005 all ADN second year students were surveyed on the math issue. As a result of that survey, practice tests with questions in a variety of formats were placed on reserve in the library with the keys available. The math and nursing departments met to discuss the problem in relation to the admission requirement of MAT 106. The math department added more math calculations into the MAT 106 curriculum that nursing uses in dosage calculations. Policy changes in nursing have ultimately resulted in: Comprehensive math final at the end of the first year of the ADN program. If this test is not passed with a 79% or greater, the students must take a drug dosage calculation course over the summer to remediate the issue. The changes are positive towards preparing the student for success or due to remediation of their deficiencies.  **NCLEX style questions on tests;** NCLEX format of questions has changed to choose all that apply, fill in the blank and short answer in addition to multiple choice. We have added these types of questions to all nursing exams to familiarize students with these types of questions. The addition of ATI materials will also added to student growth in this area. These are positive changes to prepare the students for NCLEX.  **ATI (Assessment Technologies, Inc.):** This product was added to the curriculum Fall 2009. ATI assesses the student to identify strengths and weaknesses and then builds an individualized remediation plan (focused review) for the student. Reassessment and NCLEX preparation is also done. Critical thinking and learning styles are also incorporated. ATI should help the individual student and the program identify weaknesses to address. We believe this will be a positive change.  **TEAS (Testing Essential Academic Skills) admission points:** This ATI product is designed to determine academic readiness of nursing applicants. It also provides the individual students with remediation options to correct deficiencies. It is now a criteria for nursing admission (Fall 2009) and points will be awarded for scores. This test will not eliminate students from applying to the nursing program, but just as with any other admission criteria higher points will be secured by the most qualified applicants. We believe this will be a positive change.  **Delegation:** The concept of delegation is important in the functioning of the R.N; and delegation is also emphasized in the NCLEX licensing exam. Review of our current nursing curriculum, found the concept of delegation was weak with little education and focus present. An extensive delegation project has been added to NRS 235 to address this issue.  **Clinical Rotation Changes:** The nursing home clinical rotation has been moved from the spring to the fall semester of the first year. This change was made to help the development of the student’s physical assessment skills. We believe that practicing physical assessment on a more stable patient will provide them with a stronger foundation of understanding. An additional benefit noted is that the students will spend the entire spring semester in the med/surg environment with the same instructor in the spring semester. We feel this consistency and progression in patient acuity will be beneficial to student learning. |

1. Describe possible changes in employer or industry requirements that may be *imposed* on the program during the next five years, ***OR*** indicate “None.”

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| As of May 2010, all licensed RN’s will have to secure 20 contact hours of continuing education within the 2 year licensure cycle to maintain their licensure status. This will impact the college through faculty development and the Dean of Health funds/requests. |

1. Describe anticipated curricular changes that the department will propose during the next five years and the accompanying needs that will be required, or indicate “None.”

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| **Curricular Changes** | **Equipment and/or Supply Needs** | **Facility Needs** | **Personnel and/or Training Needs** |
| Simulation enhancement | Simulated manikins, software programs, computers to run program and manikins  ($70,000) | 2 additional labs. One way mirror. Conference room for debriefing after simulation. ($ 200,000) | Conference or seminar on simulations.  ($5,000) |
| Curriculum Review/Revision | Consultant ($ 5,000) | Training on curriculum revision. | Conference or seminar curriculum. ($5,000) |
| Review of A & P repetition/effects on admission and retention  Computerized charting at the bedside in nursing labs | None  6 additional computers ($12,000) and charting software program (cost needs to be explored) | Data analysis  None | None  Faculty training. Cost would be included in purchase price. |

1. Summarize activities that the department will perform to make curricular changes in the operational plan and code as PG. Indicate below if activities will be included in the operational plan.

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| X Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION H: FACULTY** |

1. Have 100% of full-time faculty participated in professional development during the past 5 years?

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| X Yes, skip to question 34  No, continue with question 33 |

1. Describe what can be done to assure that 100% of faculty participate in professional development during the next 5 years?

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1. Will faculty need any *specialized* professional development in the next year?

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| X Yes, continue with question 35  No, skip to question 36 |

1. Summarize the *specialized* professional development what will be needed, who will participate and estimated expenses.

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| Simulation training. 70% of nursing faculty. Simulation conferences: 1 faculty from LPN and 1 from ADN attend - $2500 each. Simulation rep come to our campus for technical training – no cost. |

1. Summarize activities that the department will perform so that 100% of faculty participate in professional development during the next 5 years in the operational plan and code as PH. Indicate below if activities will be included in the operational plan.

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| X Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION I: EQUIPMENT AND SUPPLIES** |

1. Identify current deficiencies in equipment, software, and/or supplies that negatively impact the program, ***OR*** indicate “None.”

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| 2 feeding pumps ($1200), computerized charting at bedside $10,000), PCA pump ($5,200), Dynamap without pulse ox or peds cuff ($3700), software to replace IAV ($1000), carts for simulation manikins ($2,000). Equipment will be utilized in both the ADN and LPN programs. |

1. Identify new and/or replacement equipment, software, and/or supplies which are anticipated during the next five years, with cost estimates, ***OR*** indicate “None.” Do not include items associated with the curriculum changes noted in Section G.

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| Replacement rotation for hospital beds, bedside tables and stand. All 3 items $5000 per rotation. $50.000 total. |

1. Summarize activities to acquire the needed equipment, software, and supplies in the operational plan and code as PI, ***AND/OR*** submit a completed *Equipment Request Form*. Indicate below if activities will be included in the operational plan, and if an *Equipment Request Form* is attached.

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| X Activities will be included in the operational plan.  Activities will not be included in the operational plan.  X A completed *Equipment Request Form* accompanies this program review. |

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| **SECTION J: SUPPORT SERVICES**  Definition: College services that are *specific to this program*, which are utilized by students outside of the classroom (i.e. tutoring in the LAC, special materials in the LRC, etc) |

1. Describe the program specific support services that are currently available to students, ***OR*** indicate “None.”

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| **Library Support:** SVCC library continues to be a major support service for our department. The nursing videos/DVDs are kept current. Multiple items are held on reserve and utilized heavily.  **Computer labs:** IT staff and computer hardware/software are used extensively throughout the nursing curriculum. Multiple nursing videos are on the web. We use multiple computer assisted instruction products and have computerized testing and study resources with ATI products at all levels.  **Financial Aide:** The nursing program is the beneficiary of multiple scholarships. Financial aid coordinates many of these and assists our students with a financial aid plan for completion of the degree.  **Counseling/Academic Advising:** This department works extensively with the nursing program for defining individualized academic plans (an admission requirement), coordination of Nursing Information sessions and personalized counseling in extreme situations.  **Learning Support Specialist:** Nursing students that struggle with program completion are frequently referred to this service. |

1. Describe gaps in the program specific support services that currently available and identify possible solutions, ***OR*** indicate “None.”

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| **Testing Center:** A testing center with an employee to monitor would eliminate multiple testing issues we face throughout the curriculum and with admission testing.  **LAC math tutoring for nursing math:** Nursing math requires an understanding of the measurements used for medication strengths or dosages and nursing procedures so distracters in the problem can be eliminated. Tom Hamilton has worked to understand these concepts, but he is not always available.  **Retention specialist:** We feel the students would benefit from someone that could identify their issues in organization, prioritization, test taking or study skills and create a plan of corrective action. The nursing faculty do this with students as much as possible currently but additional time is needed for a number of students. |

1. Describe any changes in the need for support services that are anticipated to occur during the next five years, ***OR*** indicate “None.”

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| None |

1. Summarize activities to expand or correct the gaps in support services in the operational plan and code as PJ. Indicate below if activities will be included in the operational plan.

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| X Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION K: MARKETING**  Definition: Systematic efforts aimed at attracting new students to the program. |

1. Describe how the program can be better promoted and marketed.

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| Visit area high schools and WACC regarding our programs. Stress cost effectiveness of SVCC and NCLEX pass rates. Create flyer with job options and average wages based on discipline and specialty. Continue Men in Nursing day, continue presence at College night, new student orientation and BEST, Inc, Work in the Real World days. Nursing is on Sauk’s main web page regularly due to TEAS testing. Nursing does need to create its own web page. Nursing information meetings are held 11 months out of the year. Hand sanitizer give aways have been handed out in addition to brochures at these events. |

1. Summarize activities to better promote and market the program in the operational plan and code as PK. Indicate below if activities will be included in the operational plan.

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| X Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

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| **SECTION L: STUDENT INPUT**  Definition: Systematic efforts aimed at student opinions and suggestions for improving the program.  Resources: Operational Plans |

1. Describe what was gained from seeking student input since the last program review ***OR*** indicate “None was sought.”

|  |
| --- |
| A graduate follow up survey was completed in 2008. 7 students out of 18 responded for a response rate of 38%. 90% of the ADN’s respondents felt they were well prepared for practice. No ratings on any of the questions where less than 4.0 on a 5.0 scale. NCLEX pass rates for this year were 100%. This data did not lead to any major changes. The program looks forward to evaluating the effects on ATI on student success. Surveys will be conducted and evaluated annually. |

1. Summarize activities to obtain student input in the operational plan and code as PL. Indicate below if activities will be included in the operational plan.

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| --- |
| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

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| **SECTION M: NON-STUDENT INPUT**  Definition: Systematic efforts aimed at obtaining information regarding program content and improvement from informed sources other than students, for the purpose of keeping the program current and relevant.  Resources: Operational Plans |

1. Describe what was gained from seeking non-student input since the last program review ***OR*** indicate “None was sought.”

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| --- |
| Eight employers were surveyed in 2008. Five responses were received for a 63% response rate. 60% of the employers said the ADN’s preparation for practice was good. 40% rated this as average. The ADN NCLEX pass rates for the past 5 years have been: 86%, 100%, 84%, 100% and 93%. We have either mirrored or been above the national average 4 out of the 5 years. We subscribe to NCLEX reports that help to identify program weaknesses. We have not changed our curriculum based on the employer survey or NCLEX pass rates, but do adjust curriculum concentration in individual classes as the NCLEX reports identify. |

1. Summarize plans to obtain input from non-student sources in the operational plan and code as PM. Indicate below if activities will be included in the operational plan.

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| Activities will be included in the operational plan.  X Activities will not be included in the operational plan. |

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| **SECTION N: NEED AND GROWTH POTENTIAL** |

1. What is the projected level of need for the program, during the next five years?

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| X Growing need  Level need  Declining need |

1. List the top five priorities to strengthen the program during the next five years.

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| --- |
| 1. Simulation lab, equipment, and computerized charting. 2. Replacements for retiring faculty. 3. Fully incorporate ATI materials throughout the program. 4. Curriculum revision. 5. Retention Specialist/lab simulation assistant. |

1. Summarize plans to address the top five priorities in the operational plan and code as PN. Indicate below if activities will be included in the operational plan.

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| --- |
| X Activities will be included in the operational plan.  Activities will not be included in the operational plan. |

**CAREER AND TECHNICAL EDUCATION PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Program Identification Information**

|  |  |
| --- | --- |
| **6-digit CIP** | 12-470201 |

|  |  |
| --- | --- |
| **Degree Type**  03 – AAS  20 – Certs. 30ch >  30 – Certs. <30ch | 03 - AAS |

|  |  |
| --- | --- |
| **Program Title** | Associated Degree in Nursing (0052) |

**Action**

X Continued with minor improvements

⁭ Significantly modified

⁭ Discontinued/Eliminated

⁭ Placed on inactive status

⁭ Scheduled for further review

⁭ Other, please specify:

**Improvements & Rationale for Action**

|  |
| --- |
| NCLEX pass rates have exceeded national rates the past 4 out of 5 years. The one year of exception saw a pass rate that was the same as the national average. This is despite the fact that the percentage is based on low numbers; e.g. One NCLEX failure usually results in a 94% pass rate. The program continues to work toward enhancing student’s knowledge and performance. Competency based testing has proven to enhance the students clinical performance. ATI (Assessment Technologies, Inc.) was added the fall of 2009 with the goal of enhancing the student’s knowledge base and critical thinking abilities. Simulation beyond the standard static manikin is a proposed future improvement. Moderate fidelity manikins have been purchased and will be utilized within the next calendar year. |

**Principle Assessment Methods Used in Quality Assurance for this Program**

X Standardized assessments

X Certification and licensure examination results

X Writing samples

⁭ Portfolio evaluation

X Course embedded questions

X Student surveys

X Analysis of enrollment, demographic and cost data

X Other, please specify: ATI, and previous exit testing with HESI. Competency based examinations.

**Statewide Program Issues (if applicable)**

|  |
| --- |
| * Nursing faculty are retiring and the pool of candidates to replace them is not keeping up with demand. We must increase the salaries of nursing faculty to be able to draw skilled MSN prepared nurses into the teaching role. * Nursing programs continue to be very expensive and this offers concern for the community college. Subsidizing of the programs or assistance with the purchase of expensive equipment is needed. * BSN in 10 legislation proposals are not necessary for the system. The nursing community should really be talking about entry into nursing practice and creating an educational system where the community colleges provide the basic education with a smooth transition to the BSN for degree completion. * Patient acuity and the demands of computerized charting and medications systems are putting a great strain on the nursing faculty time. The student to faculty ratio should be changed to 1:8 instead of the current 1:10 to assure patient safety. |

**ACADEMIC DISCIPLINE PROGRAM REVIEW SUMMARY REPORT**

**Required ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

|  |  |
| --- | --- |
| **Discipline Area** | Nursing – Associate in Science (0825) |

**Improvements & Rationale for Action**

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| --- | --- |
| Nursing criteria for the AS degree is evaluated through the same mechanisms as the AAS degree in regards to nursing courses or criteria. As noted in the AAS degree summary, our NCLEX pass rates have exceeded national rates the past 4 out of 5 years. The program continues to work toward enhancing student’s knowledge and performance. Competency based testing has proven to be an effective measure. ATI (Assessment Technologies, Inc.) was added the fall of 2009 with the goal of enhancing the student’s knowledge base and critical thinking abilities. Simulation beyond the standard static manikin is a proposed future improvement. Moderate fidelity manikins have been purchased and will be utilized within the next calendar year. |  |

**Principle Assessment Methods Used in Quality Assurance for this Program**

X Standardized assessments

X Certification and licensure examination results

X Writing samples

⁭ Portfolio evaluation

X Course embedded questions

X Student surveys

X Analysis of enrollment, demographic and cost data

X Other, please specify: ATI and previous exit testing with HESI. Competency based examinations.

**Statewide Program Issues (if applicable)**

|  |
| --- |
| Issues addressed in AAS degree report are applicable here as well. |

**Best Practices Report**

**Optional ICCB Program Review Report**

**Sauk Valley Community College Academic Year 2009 – 2010**

**Title of Best Practice**

|  |
| --- |
| Significant Other Support Group |

**Programmatic Area**

⁭ Academic Discipline

X Career and Technical Education

⁭ Cross-Disciplinary

⁭ Student & Academic Support Services

**Description of the innovation/best practice (150 word limit)**

|  |
| --- |
| This program established in 2004 has a goal of fostering an atmosphere of support among all parties involved with our nursing students. A significant support system assists the students by offering attitudinal, emotional, behavioral and financial support. All students and the significant other of their choosing attend a meeting at the end of the first week of school. The 4 types of support are described and examples of each are identified. Previous graduates present varying ideas on how to be successful and we conclude with family goal setting and a tour of our nursing area. |

**What are the results/measurable outcomes?**

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| --- |
| By the end of the academic year:   * Examples of support systems utilized in the family structure are identified. 60 % or greater of the ADN Freshman and LPN nursing students will have a significant other support person attend two or more scheduled meetings. * 60% of the significant other support persons will be able to identify at least 3 ways they can provide attitudinal, financial, emotional or behavioral support. * 60% or greater of the significant other support persons and their nursing student will document the use of 3 or more interventions of support. |

**Contact Information**

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| --- |
| Sauk Valley Community College  Name & Title: Janet Lynch, Dean of Health Professions  Phone Number: 815-835-6376  E-mail Address: [lynchj@svcc.edu](mailto:lynchj@svcc.edu) |

|  |  |  |
| --- | --- | --- |
| **SIGNATURES and APPROVALS** | | |
| **Names and Signatures of the Program Review Team** Add lines if needed  Signatures indicate that team members concur with the findings of the program review | | | |
| **Names** (Indicate chair/co-chairs) | **Signatures** | | |
| Janet Lynch (chair) |  | | |
| Mary T. Heitmann |  | | |
| Sue Rowe |  | | |
| Pamela Cunningham |  | | |
| Penny Duncan |  | | |
| Jeanine Tufty |  | | |
| Chris Gehlbach |  | | |
| **Program Review Committee** | | | |
| This Program Review is complete and acceptable. | |  | |
| This Program Review is complete but the conclusions ***are not*** fully substantiated. | |  | |
| This Program Review is incomplete and unacceptable. | |  | |
| Comments are attached (optional) | |  | |
| Program Review Committee Chair/Co-Chair |  | | |
| Date |  | | |
| Program Review Committee Co-Chair |  | | |
| Date |  | | |
| **Administrative Approvals**  Administrative signatures indicate an acceptance of the program review. | | | |
| Program Administrator |  | | |
| Academic Vice President |  | | |
| President |  | | |