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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 believe 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 coursesResources: 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 decreased each year from 2004 to 2008 with an overall averaged application decline of 33.5%. The average number of students admitted to the program was 33 per year; however, the number of students starting the program continued to be constant at 20 students each year.

 This occurrence 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. The number of LPN approved programs by the State of Illinois Board of Nursing has outnumbered ADN programs annually since 2006. LPN employability and proposed legislation can also be a factor. Representative Mary Flowers has staffing ratio legislation proposed for hospitals that would eliminate LPNs in the hospital setting. One local hospital is already moving toward an all RN nursing staff due to the risk of this proposed legislation. 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 picking up extra shifts for extra money, or part-time employed nurses have moving to full-time employment. Nurses already employed have also postponed retirement.LPN

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|  | Qualified Applicants | Started | Waiting List |

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1. There has been a steady decline in the number of qualified applicants. However, each year there has been a waiting list of students ranging from 111 students in 2004 to 20 students in 2008. The Men in Nursing initiative that was implemented in order to attract male high school students into the nursing profession has resulted in one male starting the program in 2004 and another in 2005. Two male students started the program in 2007.
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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. From 2004 to 2008 there was an average LPN original enrollee completion rate of 75%. This is a measure of the students enrolled in a given year and whether completion of the program occurred. It is noted that completion may not have occurred in the same year as enrollment. As students withdraw or fail, their vacancies are filled by ADN students moving into the LPN program and by returning LPN students. Therefore, out of 20 students in a given year an average of 89% complete the program. From 2004 to 2008 15 to 19 students completed the LPN program annually.
2. Students may return to the LPN program after unsuccessfully completing one nursing course. ADN students who have not been successful in the ADN program may fill vacancies left by LPN students leaving the program. This has resulted in overall higher completion rates. 100% of the ADN students who have moved from the ADN curriculum to the LPN have successfully completed LPN and passed the NCLEX exam. This is a total of 10 students.
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1. Describe what can be done to improve these trends during the next five years.

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| Beginning this year students who apply to the LPN program must take a TEAS exam which assesses student Reading, English, Mathematics, and Science abilities. The results will identify strengths for which points will be awarded toward admission scores. Weaknesses will also be identified so that early intervention can be initiated in areas where there are deficits. The Assessment Technologies Institute, LLC (ATI) program is being implemented this year in order to build theory and nursing skills and for the purpose of testing and remediation and, ultimately, for the purpose of improving student performance. |

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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|  Activities will be included in the operational plan. X 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. The five year successful completion rates for the LPN Program for FY 2004-2008 range from a low of 77% (15/20) in 2006 to a high of  97%(19/20) in 2005. In 2004, 87% (17/20) completed;  2007, 94% (18/20) completed; and 2008, 89% (17/20) completed.  Averaging the five years, this gives an 88.8% completion rate for the program.

The P-NCLEX (National Council Licensure Examination) is the exam all LPN’s must pass to secure licensure. The pass rates for those students who successfully completed the program have ranged from 93% to 100% over the past five years, with a five year average of 97.6%. These percentages exceed the state and national averages of 91% and 89% in 2005 and 91% and 87% in 2008. These pass rates indicate that completion of the program also is indicative of success on state boards for licensure. 1. 2007 and 2008 completion rates have increased since 2005’s rate of 77%. The increase in completion percentages is due in part to allowing students to take one of two classes in the second semester and to return the next year to complete.
 |

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 (2008) |

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: 60 %Percent of students employed after exiting WIA: 100 %Average starting hourly wage: $ 9.00 - 14.37 (<http://mi.ides.state.il.us/lmem/lmem4.htm> |

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.)
	1. The number of Licensed Practical Nurses employed in Illinois in 2006 was 25,381. It is projected that in 2016, there will be a need for 30,323. This represents an annual average growth rate of 1.79%, faster than the 1.11 % growth rate for all occupations in Illinois.

The number of Licensed Practical Nurses employed in Whiteside County in 2006 was 155. It is projected that in 2016 there will be a need for 165. This represents an annual growth rate of 8.9%, faster than the 0.3% growth rate for all occupation in Whiteside County.

* 1. The number of Licensed Practical nurses employed in Lee County in 2006 was 88. It is projected that in 2016 there will be a need for 95. This represents an annual average growth rate of 0.77%, faster than the 0.28% growth rate for all occupations in Lee County. [http://lmi.ides.state.il.us/projections/statewideproj.htm--IL0616LTOcc.xls](http://lmi.ides.state.il.us/projections/statewideproj.htm--IL0616LTOcc.xls%22%20%5Ct%20%22_blank)

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| **Illinois Fast Facts (seasonally adjusted)** |  |  |
|  |  |  |  |  |
|  | **Illinois September** | **Illinois August** | **United States** | **United States**  |
|  | **2009\*** | **2009** | **Oct-09** | **Sep-09** |
| **Labor Force** | 6,620,500 | 6,589,500 | 153,975\*\* | 154,006\*\* |
| **Unemployment** | 698,400 | 657,400 | 15,700\*\* | 15,142\*\* |
| **Unemployment Rate** | 10.50% | 10.00% | 10.20% | 9.80% |
|  |  |  |  |  |
| **\*Preliminary Calculation \*\*Data are in thousands**  |
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| **Illinois- Licensed Practical Nurses Employment Projections** |  |
|  |  |  |  |  |
|  | **Illinois 2006** | **Illinois 2016** | **Annual Average** | **Growth Rate For** |
|  |  |  | **Growth Rate \*** | **All Occupations\*** |
| **Licensed Practical Nurses**  | 25,381 | 30,323 | 1.79% | 1.11% |
|  |   |   |   |   |
| **Licensed Practical Nurses**  |   |   |   |   |
| **in Whiteside County** | 155 | 165 | 8.90% | 0.30% |
|  |   |   |   |   |
| **Licensed Practical Nurses**  |   |   |   |   |
| **in Lee County**  | 88 | 95 | 7.7% | 0.28% |
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| **\*Annual average growth in the state of Illinois; Whiteside and Lee Counties** |
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|  | **Illinois 2006** | **Illinois 2016** | **Annual Average** | **Annual Compound** |
|  |  |  | **Growth Rate\*** | **Growth\*** |
| **Computer Software Engineers** | 14,866 | 22,620 | 52.16% | 4.32% |
|  |  |  |  |  |
| **Computer & Information**  |   |   |   |   |
| **Systems** | 12,756 | 15,003 | 17.62% | 1.64% |
|  |  |  |  |  |
| **Farmers & Ranchers** | 58,876 | 54,528 | 0% | -0.63% |
|  |  |  |  |  |
| **Primary/Sec./Special Education** |   |   |   |   |
| **School Teachers**  | 202, 192 | 241,479 | 19.43% | 1.79% |
|  |  |  |  |  |
| **\*Annual average growth in the state of Illinois** |
|  |  |  |  |  |
|  |  |  |  |  |
| Source: Illinois Department of Employment Security, Economic Information & Analysis Division |
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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 program.
	2. Implementation of use of ATI Skill Modules, Practice Assessments and Focused Reviews.
	3. Use of ATI Proctored Exams for assessment of student mastery of course content.
	4. Use of ATI Proctored Exams to assess likelihood of student passing P-NCLEX.
	5. Use of ATI P-NCLEX review offerings to prepare students for The P-NCLEX.
	6. Physical Assessment changes to the LPN curriculum in the first semester.

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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 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. There has been a varying trend within the LPN program’s Total Expenses verses the program’s Net Income when reviewing the past five years of departmental data.
2. FY 07 and 08 saw, net income in the black. It should be noted that there was a decrease in salary of $31,951 being paid between these two fiscal years. We cannot explain the reason for this salary decrease as our faculty have remained stable the entire 5 years. Family benefit packages for insurance may be the factor for this variability. Total income has increase by 8 % over the past 4 years through enhanced student retention. Total expenses have risen 9% but are more variable due to “other expenses” that are undefined. Supply expenses have remained remarkably stable. When looking back at the past 5 year window, the 5 year totals are as follows: Total income: $544, 948, Total expenses: $551, 513, and Net Income: -$6, 565.

We are constantly striving to remain current in technology, inviting and encouraging students to begin ATI remediation programs to help promote student success as retention increases revenue. Many of our nursing classes as well as classes that are associated with nursing, such as Pharmacology, are now offered online which decreases monetary costs such as classroom costs including lights, and other college expenses. Modifying the current Pharmacology courses to be offered at the LPN level will be an additional course to be explored for additional revenue. |

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

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| We have implemented many ways in our department to “Go Green” when able. Much of our syllabi are now found online in our Blackboard computer program |

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

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| We currently have a Dean that is very concerned with our current financial situation and we are constantly asked and encouraged as faculty, to be financially fiscal and responsible as well. As a department, we will annually review our revenue versus expenditures. Salaries account for 91% of the expenditures. This is excluded from departmental control. Program expansion would be a step to increase viability, but job opportunities for the LPN are more limited and therefore not a wise consideration. We will return to having our syllabi printed and placed in the bookstore for purchase. We have found our movement of these materials to Blackboard has created a strain on college resources as the students are using college paper and printer ink to print off volumes of material. This will not help the department’s budget, but will help the college as a whole as 50% or more of the documents are 400 pages or more.  |

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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|  X Activities will be included in the operational plan. 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 1: Summer Semester** | **Year 2: Spring Semester** |
| NRS 108 | X |  |  |  |
| NRS 113 | X |  |  |  |
| NRS 109 |  | X |  |  |
| NRS 110 |  | X |  |  |
| NRS 111 |  |  | X |  |

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

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| 3 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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| None |

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. Activities will not be included in the operational plan. X 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 move to a ladder program format.**CNA Admission requirement:** This change has been positive as we have been able to shift the curriculum to 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 just 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.**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. This is a positive change 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 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 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 criterion 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. |

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 (LPN faculty) 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 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) | None. | Conference or seminar curriculum. ($5,000) |
| Review of A & P repetition/effects on admission and retention | None | Data analysis | None |

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?

|  |
| --- |
| N/A |

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

|  |
| --- |
|  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). The equipment listed would be used by both the ADN and LPN programs.

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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 Aid:** 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 flier with job options and average wages based on discipline and specialty. Continue Men in Nursing day, presence at College night, new student orientation and at 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.”

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| 21 graduate follow up surveys were sent with 10 respondents for a 48% response rate in 2008. 50% of the LPN’s felt they were well prepared for practice. There were no ratings less than 4.0 on a 5.0 scale. This data did not lead to any major changes. The program looks forward to evaluating the effects of ATI on student success. These 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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| 9 Employer Follow up Surveys were sent and 7 responded for a 77% response rate. Employer follow up surveys demonstrated employers felt 29% of the LPNs preparation for practice was very good and 71% felt preparation for practice was good. The LPN pass rates for the past five years are: 100, 100, 100, 93 and 95%. All 5 years have been above the national average pass rate. 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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|  Growing need X Level need Declining needAcute care centers are no longer hiring LPNs or are asking their LPN’s to return for RN education. Area long term care, prisons and community services will continue to have need for LPN’s as many are reaching retirement age. Ultimately we feel this will balance for our district towards a level need. |

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

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| 1. Simulation lab and equipment.
2. Replacements for retiring faculty.
3. Fully incorporate ATI materials throughout the program.
4. Curriculum revision.
5. The possible addition of computerized charting into our individual nursing labs.
 |

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**

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| --- | --- |
| **6-digit CIP** | 12-511613 |

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| --- | --- |
| **Degree Type** 03 – AAS20 – Certs. 30ch >30 – Certs. <30ch | 20 Certificate |

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| **Program Title** | Licensed Practical Nursing (0E91) |

**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**

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| NCLEX pass rates have exceeded national rates for the past 5 years. 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

⁭ Other, please specify:

**Statewide Program Issues (if applicable)**

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| * 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.
* Patient acuity and the demands of computerized charting and medications systems are putting a great strain on the nursing faculty time. The faculty to student ratio should be changed to 1:8 instead of the current 1:10 to assure patient safety.
 |

**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)**

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| 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 CollegeName & Title: Janet Lynch, Dean of Health ProfessionsPhone Number: 815-835-6376E-mail Address: lynchj@svcc.edu |

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| **SIGNATURES and APPROVALS** |

|  |
| --- |
| **Names and Signatures of the Program Review Team** Add lines if neededSignatures indicate that team members concur with the findings of the program review |
| **Names** (Indicate chair/co-chairs) | **Signatures** |
|  Janet Lynch (chair) |  |
| Chris Gehlbach |  |
| Mary T. Heitmann |  |
| Pamela Cunningham |  |
| Sue Rowe |  |
| Penny Duncan |  |
| Jeanine Tufty |  |
| **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 |  |
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