

## SVCC CTE Program Review Template

**This program review template will be used to review the following program and courses.**

**Program (degree and related certificates):** Licensed Practical Nurse Certificate E91

**Related program courses:** NRS 102, NRS 108, NRS 109, NRS 110, NRS 111, NRS 113, NRS 115

### CTE Program Objectives

**Prompts:** *What are the objectives of this program and the courses related to this degree/certificate?*

**Response to prompts:**

#### **General Objectives Of Nursing Program:**

Upon successful completion of the practical nursing program, the student will be able to:

1. utilize principles and concepts from the sciences, to assist the individual family and community to maintain health and to solve health problems. This will be assessed through written, ATI Comprehensive Predictor and NCLEX exams.
2. demonstrate the skills needed to give client care as a beginning practitioner on the health team in accordance with the rules and regulations of the Illinois Nurse Practice Act for practical nurses. This will be assessed through clinical evaluations, clinical competency exams, written work or other types of projects, ATI Comprehensive Predictor and NCLEX examinations.
3. demonstrate an awareness of the dignity and worth of all persons. This will be assessed through clinical evaluations.
4. communicate effectively with other members of the health care team. This will be assessed through clinical evaluations.
5. recognize the impact which social change and advancing technology have had and will continue to have on client care. This will be assessed through lab activities, clinical competency and written exams and clinical evaluations.
6. recognize the need for continued learning in order to be an effective nurse in a dynamic society. This will be assessed through clinical evaluations and written exams.

Students who have completed the prescribed required courses, achieved the required grade point average, and display nursing competence will receive a certificate and be able to wear the school pin. Upon completion of the program, the student will become eligible to file an

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application to write the NCLEX-PN Examination for licensure, either in Illinois or in the state in which he/she expects to practice.

### CTE Program Need

**Prompts:** *Is there a need for this program? Is the array of courses offered for this program appropriate to meet the needs of students? Are high quality jobs available for graduates of this program?*

**Possible topics to discuss:** Program enrollment, class enrollment, program/class enrollment by ethnic group, number of declared majors (total and by ethnic category), number of completions (total and by ethnic category), quality and number of jobs available to graduates.

**Data sources:** Table 1A, Table 1B, Table 2, Occupational Follow-up Survey data

For local data on wages use Illinois Department of Employment Security: find at [http://www.ides.illinois.gov/LMI/Pages/Occupational\\_Employment\\_Statistics.aspx](http://www.ides.illinois.gov/LMI/Pages/Occupational_Employment_Statistics.aspx)  
Use region #6 (NW) or by individual county.

For local data on occupational outlook use IDES: find at [http://www.ides.illinois.gov/LMI/Pages/Employment\\_Projections.aspx](http://www.ides.illinois.gov/LMI/Pages/Employment_Projections.aspx)  
Use LWA #4.

National data on wages and occupational outlook can be found at the U.S. Bureau of Labor Statistics. Use this link: <http://www.bls.gov/ooh/home.htm>. Select occupational group and determine entry level education. Then select occupation.

**Response to prompts (identify strengths and challenges):** In your narrative, please refer to the data sets or evidence you have chosen to support your case.

The occupational demand is not as strong as the RN level, but the LPN remains a viable role and need in the health care arena. The U.S. Nursing Workforce: Trends in Supply and Education report created by HRSA in April 2013 notes there is an increased demand for nursing due to aging populations and increased patient acuity. Nationally 17% of the population is in the rural areas. 24% of the LPN employment nationally are in rural areas, such as ours according to this report.  
<http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>

Our local population over the age of 65, which is where the majority of LPN nursing service is provided, ranges from the lowest in Ogle County at 16.8% to the highest in Bureau County with 19.5%. Mean over 65 population for our 4 county region is 17.95%. This is well above

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the state average of 13.5% in IL. (Ref: US Census Bureau. [www.census.gov](http://www.census.gov)) So, the need in our area is comparable to national needs.

The Illinois Department of Financial and Professional Regulation's approved nursing programs and pass rates can be found at

<http://nursing.illinois.gov/education.asp#PRGMPASSRATES>

The data from this site lists 50 LPN programs in Illinois with 1,712 graduates as of December 2014. Since FY 10, 9 new LPN schools have been developed and approved in Illinois. Two - three established schools have decreased or eliminated their LPN option and are ADN only. FY 14 also saw the development of the military medic corpsman to LPN programming. This data along with the employability of our graduates supports SVCC LPN programming to be continued.

LPN's are shifting to nursing home, home health care and outpatient care centers instead of hospitals and physicians offices nationwide. We still see a demand for our LPN graduates in physician offices. This may change as medical assistants continue to grow in their role. Our LPN graduates continue to secure employment without difficulty upon graduation. We are seeing a shift in the number of LPN applications as of March 2014. SVCC's LPN applicants in **FY 10 though FY 12** had 3 times the number of LPN applicants than could be accepted. FY 13 and 14 LPN applications were double the number that could be accepted and for the first time the ADN program applications increased by the same number. FY 15 LPN applicants total 21 qualified applicants. Twenty students are accepted into the program. Nine of the 21 have also secured a slot in the ADN program and will likely choose that curriculum. FY 16 may be the first time in decades that LPN enrollment is not full. The department does not know if this trend will continue, but we believe it is due to the variance in employment projections for RN and LPN. The number of declared majors has dropped at both the RN and LPN level at SVCC. The decrease in LPN is most likely associated with the larger projected RN demand and BSN goals noted in the AAS 0052 RN program review document also submitted.

The Discover Nursing website, [www.discovernursing.com](http://www.discovernursing.com), references the Robert Wood Johnson Foundation (RWJF) data. RWJF predicts a 22% increased need in the nursing workforce by 2018 with the 2.6 million jobs in the US increasing to 3.2 million. This reference is really speaking to the RN need, but with the probable inability to secure those numbers the LPN role will help balance the need. The aging nursing workforce referenced in this data is also applicable to the LPN population.

Link to the April 2013 HRSA report:

<http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>

The Illinois WIA 4 outlook referenced at

[http://www.ides.illinois.gov/LMI/Pages/Employment\\_Projections.aspx](http://www.ides.illinois.gov/LMI/Pages/Employment_Projections.aspx)

projects a 6.68% increase for LPNs from 2010 – 2020.

U.S. Bureau of Labor Statistics data found at <http://www.bls.gov/ooh/home.htm>.

notes a median pay for LPN's at \$19.97 per hour or \$41,540 per year and 738,400 jobs with the 25% projected increase need by 2022.

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All of this data supports the program need. The Illinois Department of Employment Security: found at

[http://www.ides.illinois.gov/LMI/Pages/Occupational\\_Employment\\_Statistics.aspx](http://www.ides.illinois.gov/LMI/Pages/Occupational_Employment_Statistics.aspx)

for the NW Region Number 6 lists wages as follows:

### LPN

Entry - \$29,906/year

Median - \$38,563/year

Experienced - \$42,895/year |

## CTE Program Cost Effectiveness

**Prompts:** *Is the program cost effective? What steps can be taken to offer courses more cost effectively? Does the program need additional resources?*

**Possible topics to discuss:** Has the program remained within its allocated budget? Is the budget adequate to supply necessary services? Is the program's net income positive or negative? Does the program need additional resources? If so, what resources are needed?

**Available Data Sources:** Table 3A, Table 3B

**Response to prompts (identify strengths and challenges).** In your narrative, please refer to the data sets or evidence you have chosen to support your case.

The program has been within its allocated budget during this program review period. We have been able to meet program needs of disposable supplies despite no increase in the budget over the last 5 years by bulk ordering of supplies and movement towards simulation experiences in all labs.

FY 14 data tables show a significant change in the apportionment awarded. Apportionment dollars decreased by \$43,729 dollars from FY 13. The number of students did not decrease, so review lends itself to believe this decrease must be from changes in support from the State of Illinois. This is a reasonable thought as the trend has been such in all areas of state funding. The reason for this drop in apportionment dollars is not known to the nursing department so it is an assumption only. The loss of this funding has created the variance to a negative fund balance in overall revenue and expenditure totals as of FY 14.

The program equipment is functional and current due to institutional support, workforce partner donations and exploration of high fidelity manikins being shared in the hospital setting. \$19,000 towards equipment expenses over these past 5 years also seen in the ADN equipment costs is listed in the data tables for LPN under expenditures as well. This expense should probably be pro-rated between the LPN and ADN program as the equipment is used by both. This equipment cost added to the LPN program alone accounts for almost the entire (82.9%) of the negative fund. The change in apportionment is also a significant factor. Prior to the apportionment changes the LPN program was in a positive fund balance.

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Accreditation criteria met for the ADN program will benefit the LPN program as well via up to date technology and faculty development support. The LPN program also utilizes a wide array of web based materials and testing. Devices to access these in the classroom and lab environment are a desire.

### CTE Program Quality

**Prompts:** *Do the program and the program's courses provide quality and pertinent educational opportunities for students? What steps, if any, need to be taken to update or improve the program or the program's courses? Describe any programmatic achievements including any accreditation, certifications, and licensures.*

**Possible topics to discuss:** Fulltime to part-time faculty ratio, amount of overload, class sizes, communication practices between full-time and part-time faculty (including dual credit), professional development of faculty, grade distributions, success of students in classes with prerequisites, course scheduling (sequencing), convenience of class schedule (day, evening, hybrid, online course availability), relevance of equipment. Any irregularities between ethnic groups or gender could be noted for many of the categories above.

The types of and quality of materials and equipment could also be discussed here along with facility quality.

**The following topics MUST be discussed in this section to satisfy ICCB and HLC guidelines:** retention rates, degree completion rates, proportion of faculty participating in assessment (FT and PT including dual credit) and the impact of academic assessment on the program.

**Available Data Sources:** Student surveys, Table 1A, Table 1B, Table 2, Table 4A, Table 4B, Table 5A, Table 5B, Table 6, Assessment Data Base, College Dashboard, Graduate follow-up data, program surveys, focus groups, interviews, etc.

**Response to prompt (identify strengths and challenges).** In your narrative, please refer to the data sets or evidence you have chosen to support your case.

The mean fall to spring retention rate for the past 5 years at 69.4% is not consistent with the NRS 108 course grade averages of 95% of students securing a passing grade. The student names will be reviewed to attempt to determine the data issue. The LPN program does see the inability of 1 – 2 students failing to progress on average during the spring semesters with NRS 109 and NRS 110 course work. The data table of completions will also need to be explored however as 19 students completed and took the NCLEX exam in FY 14 and a total of 16 is reflected in the data. However, the program certainly would like to see our students successfully complete at a higher rate if possible. The curriculum revision includes review of data for admission criteria and changes are expected for entry into the program. This may assist towards a trend increase.

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Student support has increased through a grant funded new part time position of health professions retention specialist in FY 14 (Feb 2014 start date) and FY 15. This role supports not only individual students and classroom activities but has provided enhanced use of technology via our charting system, ATI testing and remediation software and textbook support materials. The retention specialist collaborates with the Academic Advising offices and works toward student satisfaction and engagement via the Health Career Club and assisting with student attendance at professional venues or conferences. In the fall 2014 semester alone, the retention specialist provided services to 305 students. 173 students received information or assistance in a group setting, 67 students through Health Career Club and 65 individual students for specific academic assistance or interventions.

The data tables generated do not register the number of part time faculty. This most likely is due to adjunct faculty teaching in the lab and clinical setting rather than the classroom as would be listed on Banner. The LPN program has 2 full time faculty that teach course content and 2-3 adjunct instructors with the lab and clinical component. This ratio can continue to be supported and sustained. The level of mentoring for lab and clinical faculty is extensive and time consuming. Full time faculty interact not only by orienting adjunct faculty but via weekly contact. We have identified that further support or a more formal process is needed to assure consistent delivery to the students regarding course demands. Lack of consistent adjunct faculty is a major issue that increases the time commitment for orientation and mentoring for the department.

All full time faculty participated in assessment activities during this 5 year program review period. Adjunct faculty provide assessment by evaluating student performance in the lab or clinical settings. Full time faculty consistently record data but did not always speak to interventions for change or improving student performance. The department will need to discuss use of the SVCC Assessment tool towards opportunities for improvement. The SVCC assessment tool has led the department to verification of anecdotal thoughts or recognition of our student population strengths and weaknesses. A major issue for our students at both the ADN and LPN level is to accurately reference in APA format the resources used. We have also identified that LPN's returning for their RN need assistance in areas that the generic ADN student does not. An orientation and mentoring program is being set up for this population the summer of 2015 to see if we can assist students with the LPN to RN transition. A future projection is the need to allow more LPN's to bridge to the RN level. This development will support that trend.

Accreditation will prompt us to create additional assessment methods. Our clinical evaluation tools need more specific criteria listed to enhance communication of student performance expectations. It was noted that 97-98% of the RN students meet the capstone objectives and yet only 88% would be recommended for hire. We need to measure this at the LPN level as well. Soft skills and professional demeanor definitions need to be increased and measured for example.

Focus groups were completed in the fall 2014 semester with current students, graduates and workforce partners. The information received will be considered as the curriculum revision moves forward. The current students offered that the program needs to more clearly define

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expectations and provide more lab time. They pointed out a lack of consistency between adjuncts and full time faculty and strongly recommended electronic devices be used in the classroom, lab and clinical environments. They do not appreciate online course programming. Online programming does not occur at present in the LPN curriculum. This information from the students would be factored in our future directions. Students also recommended competency exams not be pass/fail and any issues noted through this exam be dealt with by remediation. The graduates were all ADN's. Their information regarding care plans, Virtual ATI and more experiences with non-verbal patients is valuable for LPN programming as well. The employer's recommendations lent themselves more to current practice issues: preventing readmissions, infection control, patient education, customer service, technology, political activism, cost effectiveness and professional communication. |

### Focused Questions from the Administrative Review Team (ART)

Question 1. Explain the loss of declared majors since 2010 (which contrasts with the stable number of certificate completers over the same time period)?

Response to question 1 (please refer to any data sets or evidence to support your case):

The national BSN initiative, 22% projected increase in RN need and increased number of nursing program admission slots at all entry points including LPN are all potential factors. The goal for 80% of nurses to be BSN prepared has been well published and accepted by the nursing community and the public. The BSN initiative, RN employment need and increased seats available to secure these degrees are the greatest factors. It is well known that LPN's are no longer employed in the hospital setting. This also creates a student's drive to move beyond the LPN level.

20 LPN admissions and the level of successful completions has not changed in 10 – 20 years. However FY 16 applicants are down to 21 qualified applicants for the 20 seats and 9 of those applicants also applied to the RN program. So, this issue has reached a critical time. Students are provided with information on how and why LPN is a viable option at nursing information meetings. Workforce Investment Agencies (WIA) support LPN admission due to the fact that LPN programming results in quicker employability. Tuition reimbursement is available through employers to advance to the RN level also. The advance placement process (LPN returning for their RN) requires the student to sit out only a year to bridge coursework while engaged in LPN employment. |

Question 2. Explain why student enrollment dropped so dramatically from the NRS 108 class to the NRS 109 class?

Response to question 2 (please refer to any data sets or evidence to support your case):

The first course in the LPN program in NRS 108. 20 students per year are admitted to the LPN program. The data tables list 40 students in NRS 108, which is incorrect. The reason for this numerical value of 40 is because NRS 108 is listed as two sections. This is due to the need to separate the students into clinical groups of no greater than 10 to meet Nurse Practice Act law requirements in regards to faculty/student ratios. NRS 108 is 14 credit hours. The attrition rate for NRS 108 is no greater than one student per year. |

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Question 3. Discuss the reasons that fall to spring retention is below the College average for this program? Can a plan be developed to remediate this low retention rate?

Response to question 3 (please refer to any data sets or evidence to support your case):

As noted in the previous area of the program review regarding quality: The mean fall to spring retention rate for the past 5 years at 69.4% is not consistent with the NRS 108 course grade averages of 95% of students securing a passing grade. The student names will be reviewed to attempt to determine the data issue. The data table of completions will also need to be explored however as 19 students completed and took the NCLEX exam in FY 14 and a total of 16 is reflected in the data.

The past two years have demonstrated a 95% completion rate. It is not reasonable to assume that can be improved upon, but the program will continue to support students in the hopes of maintaining this success.

Question 4. The fall to fall retention rate for 2014 seems precariously low. Is there an explanation?

Response to question 4 (please refer to any data sets or evidence to support your case):

LPN students begin programming in the fall semester and graduate the end of June the subsequent year. The summer enrollment may be offsetting the data collection. 19 students have graduated and successfully completed the NCLEX in FY 13 and 14 so the numbers in this data table cannot be correct. Student names will be reviewed in this case as well in an attempt to determine the problem.

**Responses to Program Challenges.** Every program has challenges it must overcome. This program review process allows Sauk employees to identify those challenges and then create a plan to overcome those challenges. Please describe the program's challenges and the purposed response below. These responses will be added to the Operational Planning matrix found below.

### **Response to Challenges:**

Curriculum and admission standards revision: The program will develop a new mission, philosophy statement and student/graduate learning outcomes based on the ADN language already developed. We continue to finalize admission criteria. It is doubtful that significant change will be needed at this LPN level. We will work towards leveling of course outcomes based on the LPN detailed NCLEX test plan. Our goal is to present our new curriculum to the SVCC Curriculum Committee in September 2015.

Resources: Web access in the classroom, lab and clinical settings will continue to be pursued.

Formalized mentoring program for adjunct faculty: A detailed plan and check list will be created for use in FY 16.

Assessment follow up:

Revisit SVCC Assessment data for NRS.

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|---|
| <p>Assure recommended interventions for improvement are documented and re-measured.<br/>         Create detail clinical evaluation form. Define soft skill and all expectations clearly.<br/>         Develop LPN orientation and mentoring program for bridging students</p> <p>ATI data use and policy review: Remediation policy for student completion to be instituted.</p> <p>Simulation: Continue nursing labs towards simulation focus. Assure performance skills also developed.</p> <p>Faculty: Continue professional development in curriculum, test item analysis, test blueprinting and accreditation standards.</p> <p>Test item analysis/Test blueprinting: Develop plan with accreditation criteria</p> |
|---|

### Program Bookkeeping Tasks

| Task List                   | Description of Task   | Is the task complete?  |
|-----------------------------|---|--|
| <b>Course outlines</b>      | Please review all course outlines for the courses listed at the top of this document and send it to Curriculum Committee for approval. ALL outlines must go through Curriculum Committee even if no or few changes were made. | Not complete. Will submit new curriculum.                        |
| <b>Catalog descriptions</b> | Please review catalog descriptions of the program. If there are changes to the program description, please send it to the Curriculum Committee for approval.  | Yes. No changes will be made until new curriculum moves forward. |
| <b>Course descriptions</b>  | Please review course descriptions found in the catalog that are listed at the top of this document. If there are changes to the course descriptions please send them to the Curriculum Committee for approval.                | No changes.  |

### Reviewer's Final Recommendation

| Recommendation                    | Check only one           | List program name (if more than one is being reviewed or make additional copies of this table for each program) |
|-----------------------------------|--------------------------|---|
| Continued with minor improvements | <input type="checkbox"/> | <input type="checkbox"/>  |

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|                                  |                          |                                     |
|----------------------------------|--------------------------|-------------------------------------|
| Significantly modify the program | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Discontinued/Eliminated          | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other, please specify:           | <input type="checkbox"/> | <input type="checkbox"/>            |

| <b>Signature/Date</b> | <b>Program Review Team Member</b> |        |
|-----------------------|-----------------------------------|--------|
|                       | Janet Lynch                       | Chair  |
|                       | Christine Vincent                 | Member |
|                       | Kim Cole                          | Member |

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**Program Review.** Items from the program review will be entered here. *After this program review is complete and approved, transfer (paste and copy) the items below to your FY 2016 Operational Plan.*

*\* Use the origination code PR 2015.*

| <b>Origination Code*</b> | <b>Date Activity was Added to this OP (MM/DD/YYYY)</b> | <b>Name(s) of Individual(s) Responsible</b> | <b>Description/Purpose/Justification of Proposed Activity</b> | <b>Goal/Desired Result from Activity (measurable and under department's control)</b> | <b>Target Completion Date for This Activity (MM/DD/YYYY)</b> | <b>Actual Results from this Activity</b> | <b>Actual Completion Date for this Activity (MM/DD/YYYY)</b> |
|--------------------------|--|---|---|--|--|--|--|
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|                          |  |   |   |  |  |  |  |
| <b>Comments:</b>         |  |   |   |  |  |  |  |

## Licensed Practical Nurse Certificate E91

### CTE PROGRAM REVIEW SUMMARY REPORT

#### Required ICCB Program Review Report

Sauk Valley Community College (506)

Academic Year 2014 - 2015

#### Program Identification Information (only one CIP per template)

|             |         |
|-------------|---------|
| 6-digit CIP | 51.3901 |
|-------------|---------|

| Career Cluster                          | Career Pathway   |
|---|--|
| Health professions and related programs | Practical Nursing, Vocational Nursing and Nursing Assistants |

| Program of Study                             | SVCC's Program Title                       |
|--|--|
| Licensed Practical/Vocational Nurse Training | Licensed Practical Nurse Certificate (E91) |

| Degree or Certificate Type                          | Check only one |
|---|----------------|
| 03 – AAS  |                |
| 20 – Occupational Certificate of 30-50 credits      | <b>X</b>       |
| 30 – Occupational Certificate of 29 or less credits |                |

#### SVCC Action

| Possible Actions                  | Check only one           |
|-----------------------------------|--------------------------|
| Continued with minor improvements | <b>X</b>                 |
| Significantly modified            | <input type="checkbox"/> |
| Discontinued/Eliminated           | <input type="checkbox"/> |
| Placed on inactive status         | <input type="checkbox"/> |
| Scheduled for further review      | <input type="checkbox"/> |
| Other, please specify:            | <input type="checkbox"/> |

**Need, cost-effectiveness & quality.** Create a short summary paragraph for each question below.

*Need: Is program enrollment sufficient to justify this program? Are the majority of students in this program completing degrees or certificates? Are the students within this program marketable and employable?*

We are seeing a shift in the number of LPN applications as of March 2014. SVCC's LPN applicants in **FY 10 through FY 12** had 3 times the number of LPN applicants than could be accepted. FY 13 and 14 LPN applications were double the number that could be accepted and for the first time the ADN program applications increased by the same number. FY 15 LPN applicants total 21 qualified applicants. Twenty students are accepted into the program. Nine of the 21 have also secured a slot in the ADN program and will likely choose that curriculum. FY 16 may be the first time in decades that LPN enrollment is not full. The department does not know if this trend will continue, but we believe it is due to the variance in employment projections for RN and LPN. The number of declared majors has dropped at both the RN and LPN level at SVCC. The decrease in LPN is most likely associated with the larger projected RN demand and BSN goals noted in the AAS 0052 RN program review document also submitted.

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Greater than 80% of the admitted students are completing the LPN certificate on time and we have had 93 – 100% pass rates for NCLEX for 8 of the past 9 years. This despite the national and state averages trending downward for LPN NCLEX pass rates.

The occupational demand is not as strong as the RN level, but the LPN remains a viable role and need in the health care arena. The U.S. Nursing Workforce: Trends in Supply and Education report created by HRSA in April 2013 notes there is an increased demand for nursing due to aging populations and increased patient acuity. Nationally 17% of the population is in the rural areas. 24% of the LPN employment nationally are in rural areas, such as ours according to this report.

<http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>

Our local population over the age of 65, which is where the majority of LPN nursing service is provided, ranges from the lowest in Ogle County at 16.8% to the highest in Bureau County with 19.5%. Mean over 65 population for our 4 county region is 17.95%. This is well above the state average of 13.5% in IL. (Ref: US Census Bureau. [www.census.gov](http://www.census.gov)) So, the need in our area is comparable to national needs.

The Illinois Department of Financial and Professional Regulation's approved nursing programs and pass rates can be found at

<http://nursing.illinois.gov/education.asp#PRGMPASSRATES>

The data from this site lists 50 LPN programs in Illinois with 1,712 graduates as of December 2014. Since FY 10, 9 new LPN schools have been developed and approved in Illinois. Two - three established schools have decreased or eliminated their LPN option and are ADN only. FY 14 also saw the development of the military medic corpsman to LPN programming. This data along with the employability of our graduates supports SVCC LPN programming to be continued.

*Cost-effectiveness: Is the program cost effective? Does the program require additional resources?*

The LPN program costs the student approximately \$9000 to complete. This is a cost effective educational track especially when considering that starting income averages are approximately \$30,000 per year according to the Department of Labor and median earnings are listed at \$38,500.

The program equipment is functional and current due to institutional support, workforce partner donations and exploration of high fidelity manikins being shared in the hospital setting. \$19,000 towards equipment expenses over these past 5 years also seen in the ADN equipment costs is listed in the data tables for LPN under expenditures as well. This expense should probably be pro-rated between the LPN and ADN program as the equipment is used by both. This equipment cost added to the LPN program alone accounts for almost the entire (82.9%) of the negative fund. The change in apportionment is also a significant factor. Prior to the apportionment changes the LPN program was in a positive fund balance.

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Accreditation criteria met for the ADN program will benefit the LPN program as well via up to date technology and faculty development support. The LPN program also utilizes a wide array of web based materials and testing. Devices to access these in the classroom and lab environment are a desire. |

*Quality: Describe any program improvements since the last program review. What steps need to be taken to update or improve instruction or the program as a whole? How does the program work with local businesses to meet their needs? How does the program faculty remain up-to-date with their professional training and/or certification?*

|95% of LPN students complete the first semester. The students do need additional support in the second semester and the Health Professions Retention Specialist is key to providing that assistance. We have also identified that LPN's returning for their RN need assistance in areas that the generic ADN student does not. An orientation and mentoring program is being set up for this population the summer of 2015 to see if we can assist students with the LPN to RN transition. A future projection is the need to allow more LPN's to bridge to the RN level. This development will support that trend.

Curriculum revision in the LPN program will not generate as much change as it will at the ADN level, but we believe curriculum and accreditation will prompt us to create additional assessment methods. The program conducted a focus group with our local business partners in December 2014 for curriculum direction. We meet annually as a workforce council with our vocational training center, major employers and graduates. The dean has at least quarterly contact with the vice presidents of nursing at our local hospitals and the faculty have started to attend unit meetings at the hospital sites to enhance communication even further.

All nursing faculty assure continuing education is met on an annual basis. One LPN faculty member has completed her Master's degree in Nursing this academic year and our lab assistant is completing course work for BSN. We also all work to stay current with website and literature review as well as staying abreast of statewide initiatives. |

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| <b>Program Review Committee Recommendations</b>   |                                     |
|---|-------------------------------------|
| <b>This Program Review is considered complete.</b>  | <input checked="" type="checkbox"/> |
| <p><b>The following are the recommendations from the Program Review Committee:</b><br/>                     These nursing program recommendations are for all degrees and certificates. The same recommendations will be found in each program review.</p> <ol style="list-style-type: none"> <li>1. Work with the Marketing Department to create a new brochure/campaign to focus on quality of the program (high retention rates, high success rates on NCLEX, and high job placement). This is in response to increased competition for students.</li> <li>2. Continue with preparation for the Med Tech certificate (an add-on to CNA).</li> <li>3. Anticipate the addition of a B.S.N. in the next five years.</li> <li>4. As accreditation preparation continues and requisite and prerequisite courses are examined for applicability to the nursing programs, create an impact study on social and natural science enrollment.</li> </ol> |                                     |
| <b>Signature of the Program Review Committee Chair</b>  | Dr. Steve Nunez                     |

| <b>Dean of Academics and Student Services Recommendations</b>                                 |                          |
|---|--------------------------|
| <b>The Program Review has been reviewed.</b>  | <input type="checkbox"/> |
| <p><b>The following are the recommendations from the Dean:</b><br/>                      </p> |                          |
| <b>Dean's Signature/Date</b>  | Dr. Jon Mandrell         |

| <b>President's Recommendation</b>  |                          |
|--|--------------------------|
| <b>The Program Review has been reviewed.</b>   | <input type="checkbox"/> |
| <p><b>The following are the recommendations from the President:</b><br/>                      </p> |                          |
| <b>President's Signature/Date</b>  | Dr. George Mihel         |

**Licensed Practical Nurse Certificate E91**

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