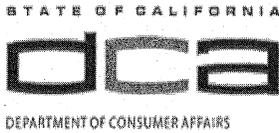


Agenda Item #13.A.2



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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DATE: February 6, 2013

TO: Board Members

FROM: Suellen Clayworth, M.N., R.N.
Nursing Education Consultant, Retired Annuitant

SUBJECT: Central Nursing College Vocational Nursing Program – Consideration of Placement on Provisional Approval¹; Consideration of Request to Admit Students (Director: Andrew Cha, Los Angeles, Los Angeles County, Private)

Central Nursing College Vocational Nursing Program is presented to the Board for consideration of placement on provisional approval.

In accordance with Section 2526.1(c) of the Vocational Nursing Rules and Regulations,

“The Board may place any program on provisional accreditation when a program does not meet all requirements as set forth in this chapter and in Section 2526...”

Section 2530(l) of the Vocational Nursing Rules and Regulations states:

“The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (1) Failure to maintain the required yearly average minimum pass rate for two years or eight consecutive quarters may be cause to place a program on provisional accreditation.”

History of Prior Board Actions

(See Attachment A, History of Prior Board Action, April 14, 2004 – October 23, 2012)

¹ Prior to January 1, 2012, references in article 4 of the Vocational Nursing Practice Act and article 4 of the Psychiatric Technicians Law provided that the Board accredits all vocational nursing and psychiatric technicians programs. Pursuant to Business and Professions Code Sections 2883 and 4532 (Senate Bill 539, Chapter 338, Statutes of 2011), **accredit** was changed to **approve**. There was no change to the Board’s authority or jurisdiction.

Enrollment

The program is approved for ongoing admissions to replace graduating classes only. The program's current pattern of admissions includes admission of four (4) full-time classes of 30 students per year, and two (2) part-time classes of 30 students, every 15 months.

The following table represents **current and projected** student enrollment based on current and proposed class starts and completions. The table indicates a **maximum enrollment of 100 students** for the period from August 2009 through November 2013.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Complete			
2/12 FT		14	12	12
4/12 FT		14	12	12 + 12 = 24
7/12 PT		14	12	24 + 12 = 36
9/12 PT		19	17	36 + 17 = 53
12/12 FT		8	8	53 + 8 = 61
	1/13 (9/11 PT Class)		-8	61 - 8 = 53
	1/13 (2/12 FT Class)		-12	53 - 12 = 41
2/13 FT		15 (Projected)		41 + 15 = 56
	4/13 (4/12 FT Class)		-12	56 - 12 = 44
4/13 FT		15 (Projected)		44 + 15 = 59
5/13 PT		15 (Projected)		59 + 15 = 74
9/13 FT		15 (Projected)		74 + 15 = 89
	9/13 (7/12 PT Class)		-12	89 - 12 = 77
11/13 FT		15 (Projected)		77 + 15 = 92

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Complete			
	11/13 (9/12 PT Class)		-17	92 - 17 = 75
	11/13 (12/12 PT Class)		-8	75 - 8 = 67

Licensing Examination Statistics

The following statistics, furnished by Pearson VUE, and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction," for the period April 2007 through December 2012, specify the pass percentage rates for graduates of Central Nursing College Vocational Nursing Program on the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN®).

Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate	Variance From State Average Annual Pass Rate
Apr-Jun 2007	4	3	75%	74%	91%	77%	+14
Jul-Sep 2007	5	3	60%	76%	86%	76%	+10
Oct-Dec 2007	10	5	50%	76%	74%	76%	-2
Jan-Mar 2008	5	5	100%	75%	67%	75%	-8
Apr-June 2008	4	3	75%	70%	67%	74%	-7
July-Sep 2008	6	4	67%	74%	68%	74%	-6
Oct-Dec 2008	3	2	67%	73%	78%	73%	+5
Jan-Mar 2009	4	2	50%	70%	65%	72%	-7
Apr - Jun 2009	3	1	33%	71%	56%	70%	-14
Jul - Sep 2009	8	5	63%	74%	56%	72%	-16
Oct - Dec 2009	1	1	100%	76%	56%	73%	-17
Jan - Mar 2010	4	4	100%	76%	69%	74%	-5
Apr - Jun 2010	8	6	75%	74%	76%	75%	+1
Jul - Sep 2010	13	9	69%	75%	77%	75%	+2
Oct -Dec 2010	10	8	80%	77%	77%	76%	+1
Jan - Mar 2011	13	5	38%	80%	64%	77%	-13
Apr - Jun 2011	6	3	50%	71%	60%	76%	-16
Jul - Sep 2011	11	3	27%	74%	48%	75%	-27

Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate	Variance From State Average Annual Pass Rate
Oct – Dec 2011	11	3	27%	74%	34%	75%	-41
Jan – Mar 2012	9	5	56%	77%	38%	74%	-36
Apr – Jun 2012	13	6	46%	72%	39%	74%	-35
Jul – Sep 2012	10	7	70%	74%	49%	74%	-25
Oct – Dec 2012	9	3	33%	70%	51%	74%	-23

The Annual Pass Rate changes every quarter. It is calculated by dividing the number of candidates who passed during the current and previous three-quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available.

Based on the most recent data available (October to December 2012), the program's average annual pass rate is 51%. The California average annual pass rate for graduates from accredited vocational nursing programs who took the NCLEX-PN® for the first time during the same period is 74%. The pass rate for the Central Nursing College Vocational Nursing Program is twenty-three (23) percentage points **below** the state average annual pass rate.

Faculty and Facilities

Section 2534(d) of the Vocational Nursing Rules and Regulations states:

"For supervision of clinical experience, there shall be a maximum of 15 students for each instructor."

The total number of Board-approved faculty is 17, including the program director. The director has full-time administrative responsibility. Fifteen instructors are approved to teach in the clinical area. For a maximum enrollment of 92 students, seven instructors are needed; therefore, the number of current faculty is adequate for the current and proposed enrollment.

Section 2534(b) of the Vocational Nursing Rules and Regulations states:

"Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2533. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experiences consistent with competency-based objectives and theory being taught."

The program's clinical facilities are adequate as to type and variety of patients treated to enable current and proposed students to meet clinical objectives in accordance with Section 2534(b) of the Vocational Nursing Rules and Regulations. This has been verified by the consultant.

Other Considerations

Documentation of correspondence between the program director and the assigned Nursing Education Consultant regarding the program's low licensure examination pass rates follows:

February 22, 2012: Letter informing the school of four quarters of pass rates more than 10 percentage points below the state average pass rate and requesting a plan for improving the pass rates. (Attachment B)

March 8, 2012: Assessment of program and action plan to improve licensure examination pass rates was submitted by George Evans, the director of the program at that time. (Attachment C)

May 7, 2012: Letter informing the school of five quarters of pass rates more than 10 percentage points below the state average pass rate and requesting a plan for improving the pass rates. (Attachment D)

August 2, 2012: Certified letter informing the school of six quarters of pass rates more than 10 percentage points below the state average pass rate and requesting a status report regarding the plan for improving the pass rates. (Attachment E)

November 2, 2012: Certified Letter informing the program of seven quarters of pass rates more than 10 percentage points of the state average pass rate and requesting information from the director in preparation for being considered for provisional approval at the February 2013 Board Meeting. (Attachment F)

That information was to be submitted by December 15, 2012. The information was received from the new director on December 4, 2012. (See Attachment G for current director's analysis of plan of improvement.)

The current director reports that the successful changes that have occurred as a result of the plan of improvement submitted in March 2012 include:

- Improved admission standards leading to an improved caliber of students.
- Rigorous adherence to academic and behavior policies has led to fewer attendance problems, and fewer violations of policies. Additionally, students have an open dialogue with faculty members regarding violations of policies.
- Clinical site visits by director has led to increased respect from facilities and increased interest in hosting students.
- Electronic test creation has led to decreased student cheating on tests.
- Introduction of ATI increases students' familiarity with computer-based testing.
- Introduction of a Graduation/Pinning Ceremony has increased student morale and established student solidarity.
- New faculty hiring and evaluation practices have increased sense of faculty accountability.

One of the most important elements of the program's action plan is to revise the program curriculum. That curriculum revision was started by a previous program director, edited by the last program director and is now being completed by the current program director.

One issue identified with the program is the frequent turnover in program directors. There have been seven different program directors since 2007 leading to a lack of continuity of leadership in this program. That is evidenced in the time and number of directors that have been involved in the curriculum revision.

Recommendations:

1. Place the Central Nursing College Vocational Nursing Program on provisional approval for the two – year period from February 22, 2013, through February 28, 2015, and issue a notice to the program to identify specific areas of noncompliance and requirements for correction, as referenced in Section 2526.1 (e) of the California Code of Regulations. (See Attachment I for draft of Notice)
2. Require the program to bring its average annual pass rate to no more than ten (10) percentage points below the state average annual pass rates.
3. Rescind the program's approval for ongoing admissions and require the program to obtain approval by the full Board prior to the admission of additional students.
4. Approve the admission of the full-time class of 30 students projected to start on February 25, 2013
5. Approve the admission of the full-time class of 30 students projected to start on April 29, 2013.
6. Require the program to submit follow-up reports in nine (9) months, but no later than **November 1, 2013**, and 21 months, but no later than **November 1, 2014**. The reports must include a comprehensive analysis of the program, specific actions to improve program pass rates, timeline for implementation, and expected outcomes. The following elements must be addressed in the analysis.
 - a. Admission Criteria.
 - b. Screening and Selection Criteria.
 - c. Terminal Objectives.
 - d. Curriculum Objectives.
 - e. Instructional Plan.
 - f. Theory and Clinical Objectives for Each Course.
 - g. Lesson Plans for Each Course.
 - h. Textbooks.
 - i. Attendance Policy.
 - j. Remediation Policy.
 - k. Evaluations of Theory and Clinical Faculty.
 - l. Evaluations of Theory Presentations.
 - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
 - n. Evaluation of Student Achievement.
 - o. Current Enrollment.
7. Require the program to comply with all approval standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code Section 2880, and

Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, Section 2526.

8. Require the program to demonstrate incremental progress in correcting the violation. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's approval. Failure to take any of these corrective actions may cause the full Board to revoke the program's approval.
9. Place the program on the **February 2015** Board agenda for reconsideration of provisional approval.

Rationale: The Board has serious concerns relative to the program's performance as reported under *Other Considerations*. The demonstrated noncompliance with regulatory requirements supports the recommendation to place the program on provisional approval. The program has proposed several actions to address the lack of student achievement and improve program pass rate; however, the results have thus far been minimal. More time is needed to ascertain whether these measures will ultimately be successful.

In order to allow time to assess the program's progress, approval of two full-time classes in February and April 2013, respectively, is recommended. All class admissions after the April 2013 class must be approved by the full Board prior to admission.

The program has demonstrated that it has sufficient resources, including faculty and facilities, to support the current and proposed enrollment. Board staff will continue to monitor the program's effectiveness by tracking class admissions, the effectiveness of employed interventions, and the program's licensure examination pass rates each quarter.

- Attachment A: History of Prior Board Actions
- Attachment B: Board Correspondence Dated February 22, 2012
- Attachment C: Analysis of Program and Plan of Action March 2012
- Attachment D: Board Correspondence Dated May 7, 2012
- Attachment E: Board Correspondence Dated August 2, 2012
- Attachment F: Board Correspondence Dated November 2, 2012
- Attachment G: Analysis of Implementation of Plan of Action and Revised Plan of Action December 4, 2012
- Attachment H: Request for copies of pertinent documents for Board members, dated December 26, 2012
- Attachment I: Draft Notice of Change in Approval Status
- Attachment J: Documents received from program on January 9, 2013, in response to Board's request dated December 26, 2012

Agenda Item #13.A.2, Attachment A

History of Prior Board Actions

- On April 14, 2004, the Executive Officer approved Central Nursing College to begin a vocational nursing program with an initial class of 15 students on May 17, 2004, only; and approved the program curriculum for 1616 hours, including 604 theory, and 1012 clinical hours.
- On May 13, 2005, the Executive Officer approved initial full accreditation for the Central Nursing College Vocational Nursing Program for the period May 13, 2005, through May 12, 2009, and issued a certificate accordingly; approved the program's request to replace students graduating August 26, 2005, with 15 students beginning September 5, 2005, only; and approved the program's request to admit a part-time class of 15 students on May 16, 2005, only. Following the Board meeting, the director informed the consultant that the start of the May 2005 part-time class would be postponed to June 2005.
- On August 17, 2005, the Executive Officer approved the program's request to admit two additional full-time classes of 15 students, one on October 20, 2005, and one on February 6, 2006.
- On November 17, 2005, the Executive Officer approved the program's request to admit an additional part-time class of 15 students on February 1, 2006, only. Subsequently, the director informed the Board that the program did not start a part-time class on February 1, 2006, because there were not sufficient applicants for the class.
- On April 12, 2006, the Executive Officer approved the program's request to admit an additional full-time class of 15 students on June 12, 2006, only. Subsequently, the director informed the Board that the program did not start a full-time class on June 12, 2006, because there were not sufficient applicants at that time. The full-time class started on July 17, 2006, with 15 students.
- On September 8, 2006, the Executive Officer approved the program's request to admit a full-time class of 30 students on October 2, 2006, only; and a part-time class of 15 students on October 16, 2006, only. On December 19, 2006, the director informed the Board that the full-time class approved to start on October 2, 2006, did not start until November 13, 2006 and the part-time class approved to start on October 16, 2006, did not start at all. The program is planning to start that class on January 7, 2007. Both classes were delayed because the program could not recruit students for the classes.
- On February 2, 2007, the Board denied the program's request to admit a full-time class of 15 students on February 5, 2007; and required the director to submit an analysis and status report regarding the following issues: the problem of recruiting and retaining students and faculty, ongoing friction between the director of the vocational nursing program and the administrator of the school, the students' perception regarding the poor quality of the education they are receiving, the fees that are being charged for make-up theory and clinical sessions, and the program's poor pass rate. Additionally, the Board required that the director appear at the May 2007 Board Meeting to respond to questions from Board Members.

- On March 15, 2007, the director informed the Board that the part-time class that was approved to start on October 16, 2006, was not started until February 5, 2007, because the school could not recruit enough students for the class. That class started with eight students.
- **On March 15, 2007, a new director was approved; however, on April 4, 2007, that director resigned.**
- **On April 18, 2007, Susan Wood was approved as new program director.**
- On May 11, 2007, the Board accepted the program's status report; and approved the program's request to admit a full-time class of 15 students on June 4, 2007, to replace students who graduated on March 8, 2007.
- On October 26, 2007, the Board approved the Central Nursing College Vocational Nursing Program's request to admit a full-time class of 15 students on October 15, 2007, only.
- On January 9, 2008, the Board approved the Central Nursing College Vocational Nursing Program's request to admit 30 students on February 25, 2008, only, with an anticipated graduation date of February 20, 2009.
- On April 2, 2008, the Board approved the Central Nursing College Vocational Nursing Program's request to admit 30 students on June 16, 2008, only, with an anticipated graduation date of June 19, 2009.

The Board also approved the Central Nursing College Vocational Nursing Program's request to admit a part-time class of 15 students on June 16, 2008, with an anticipated graduation date of September 19, 2009.

- On August 13, 2008, the Executive Officer approved the Central Nursing College Vocational Nursing Program request to admit a full-time class of 30 students commencing September 15, 2008, with an anticipated graduation date of August 12, 2009; approved the program request to admit a full-time class of 30 students commencing December 15, 2008, with an anticipated graduation date of November 12, 2009; and approved ongoing admissions to replace graduating classes only, with the following stipulations:
 - a. No additional classes are added to the program's current pattern of admissions without prior approval. The program's current pattern of admissions includes admission of four (4) full-time classes of 30 students per year, and one (1) part-time class of 30 students, every 15 months.
 - b. The director documents that adequate resources, i.e. faculty and facilities, are available to support each admitted class of students.
- **On October 23, 2008, Sue Etter was approved as the new program director.**
- **On February 4, 2009, Linda Kim was approved as the new program director.**
- **On August 2, 2011, George Evans was approved as the new program director.**
- **On May 11, 2012, Lynne Barnum was approved as the new program director.**

- **On October 23, 2012, Andrew Cha was approved as the new program director.**
- On December 26, 2012, the assigned consultant forwarded correspondence requesting submission of eighteen (18) copies of pertinent documents, plan, and subsequent actions taken to correct identified problems that they desire Board members to consider.

Agenda Item #13.A.2, Attachment B



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February 22, 2012

CERTIFIED

Central Nursing College
Vocational Nursing Program
George N. Evans, Director
3550 Wilshire Boulevard, Suite 830
Los Angeles, CA 90010

Dear Mr. Evans:

The Board of Vocational Nursing and Psychiatric Technicians hereby informs you of your program's status related to Section 2530(l) of the Vocational Nursing Rules and Regulations which states:

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (1) Failure to achieve the required yearly average minimum pass rate within two years of initial approval may be cause to place a program on provisional accreditation.
- (2) Failure to maintain the required yearly average minimum pass rate for two years or eight consecutive quarters may be cause to place a program on provisional accreditation."

Statistics furnished by Pearson VUE, and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction", indicate that the pass rates for the Central Nursing College Vocational Nursing Program have fallen below 10 percentage points of the state average pass rate for the **past four quarters**.

Please provide the Board with your written plan for improving your program's NCLEX-PN® pass rates by **March 9, 2012**. The Board will continue monitoring the pass rates closely.

Should you have questions, please do not hesitate to contact the Board.

Sincerely,

Diane Oran, MN, RN, CNS-BC
Nursing Education Consultant

Agenda Item #13.A.2, Attachment C

Analysis of Program and Plan of Action Submitted March 8, 2012

On September 1, 2011 I became the new Director of Nursing here at Central Nursing College. I immediately started an assessment to determine the current state of faculty, curriculum and admission process. A comparison of attrition rate versus NCLEX-PN pass rate had to be determined. In order for Central Nursing College to reverse the trend that we are experiencing with falling NCLEX-PN pass rates we must focus on building:

1. *Strong faculty* that is knowledgeable, passionate about nursing and engaging to our students. It is my experience that students benefit the most when the theory instructor is also the student's clinical instructor.
2. An *admission process* that effectively selects those students who are most likely to succeed in Nursing School, pass the NCLEX-PN and ultimately become competent nurses in our community. This admission criteria must be selective enough to place only the students most capable of understanding and critically applying the material without rejecting those students who have untapped potential that may be unveiled under the right circumstances and conditions.
3. A *curriculum* that is comprehensive and in alignment with the NCLEX-PN test plan. The specific course, term and terminal objectives must be effectively presented by our instructors and achieved by our students.

Our plan to improve NCLEX-PN pass rates can be divided into 2 major categories:

1. Academic changes
2. Administrative changes

These 2 major categories have been further divided into:

1. Changes that have already been implemented
2. Changes that are in development/ awaiting approval.

I. PART 1: *Changes that have been implemented*

a. Academic

- i. **PROBLEM:** Noncompliance with the dress code and attendance policy. There appeared to be blatant disregard for the dress code and punctuality by several students in multiple cohorts. There were students who were absent from class/clinical several days in a single term. Although the hours were made up in accordance to the make-up policy, the fact that this was an ongoing problem indicated an underlying problem of accountability and perhaps unfamiliarity to the policy by faculty.

ii. **SOLUTION:** A comprehensive review of the conduct, dress and grading policy for all faculty and students. Strict adherence and enforcement of the policy.

1. I met with every CNC instructor during our September 2011 staff meeting and reviewed in detail the attendance, academic and dress code policy. Each teacher was also provided a summary of the conduct, attendance and grading policies.
2. I reminded the instructors that it is the responsibility of the instructor to enforce the policy. I encouraged every instructor to send any students with repeated incidences of noncompliance to be sent to me.
3. I met with each cohort and described in detail the attendance, conduct and academic policy. The students were provided another copy of our policy as well as the summary of the specific policies mentioned. A signed document of receipt was obtained from each student for his or her file.
4. I met with individual students who were currently out of compliance with the attendance policy. The meeting was documented and the students were placed on probation in accordance with the current policy.
5. The CNC attendance tracking system has been improved by replacing the former paper system with an Excel spreadsheet. This newer method allows for real-time alerts of any student approaching noncompliance. This information is now readily available to me improving accountability of both faculty and student.

iii. **PROBLEM:** The remediation procedure for test. The existing remediation process stated that when a student fails a test (<75%) that student would then be required to retake the test. The score on the retake was not counted. Usually this repeat test occurred on the same day or on the next scheduled class day. There are obvious flaws in this method. (1.) The retaking of an identical test was essentially a test of the student's memory and not an assessment of the student's comprehension of the failed material. (2.) There was neither concrete incentive nor time for the student to learn the material. Regardless if the student scored a 100% or 0% on the retake; it did not apply to the grade average. This hypothetical student, who is already struggling, knows that the class is moving on and therefore the next test would be the clear priority for that student. With that remediation system, the student would advance to the next class and most likely never master the "remediated material."

iv. **SOLUTION:** To address the observed problems, the updated remediation procedure is the following:

1. If a student fails a Test (<75%), the student is required to remediate the material that was on the test within 7 calendar days or before the last day of the term (whichever is shorter). This remediation consist of:

a. Meeting with instructor to review the test and determine possible reasons for the underperformance.

b. The teacher will administer a project that meets the objectives that were on the test. This project often is to complete several "ATI Remediation Templates." Examples of these ATI Templates include:

1. Diagnostic procedure templates
2. System Disorder templates
3. Therapeutic Procedure templates
4. Medication templates:

These tools require the student to read, research and comprehend the material to successfully finish. Many of these templates utilize a "concept map" method. A concept map is a diagram showing relationships among concepts. It is a true graphical tool for organizing and representing knowledge. It is an excellent tool to enhance metacognition.

- c. The teacher may administer an *alternative test* that covers all of the objectives from the original test. CNC now utilizes a new computer program that facilitates creating new test that I will discuss in a later section.
- d. When the student completes the assigned remediation and is determined to have met the objectives, the student will receive a grade replacing the original score with a maximum score of 75%.
- e. The student is then referred to the DON for a meeting to address any challenges or concerns of the student.

v. **PROBLEM:** Quizzes and Test. I was an instructor at CNC in 2009. I left for a couple years and when I returned as director in 2011. All CNC instructors were

using the same test from 2009. The tests are written by the authors of our text. Some copies had small pencil markings and in general appeared old. There were a few immediate concerns. (1.) There could be a security issue with the test. Because the same tests have been used term after term, I was concerned that there was a chance that some students had copies of the test or at the very least an idea of questions that would be on the test. (2.) The pencil markings on the test are distracting and misleading to a student taking that test. (3.) By having these prewritten tests, an instructor had no capability to add or remove questions. I saw that there were some questions that were simply incorrect and some that had no relevance to the objectives of the course. Further, I felt that these old, prewritten test conditioned the instructor to "teach to the test" rather than focusing on the objectives and allowing the test to serve its purpose: assessing the student's understanding of those objectives.

- vi. **SOLUTION:** Our new system allows teachers to *create* test that are specific to the objectives of the class. The computer program is called ExamView. This software allows instructors to pull questions from multiple sources (not just the author of our Text). It also allows instructors to create their own questions. This feature is invaluable because the instructor can now assess a student's understanding of material added in the lecture such as new medical and nursing research that may not be included in the text. Security problems are virtually zero now. Students never know the exact questions that will appear on the test. Furthermore, ExamView has a feature that scrambles test questions and choices. This allows a teacher to create two versions of the same test reducing any opportunities to cheat. As I expected, we did observe a significant drop in the grades of some students initially. This drop was more pronounced in the 3rd and 4th term students. We are now experiencing an overall improvement in not only scores but in students actively participating in classroom discussions.

The process of creating a test starts with the instructor. At the beginning of each course, the teacher presents the quiz/test to the DON. We review the questions together and revisions are made if necessary. A digital copy is saved in our server and paper copies are produced for the student. Unlike the previous system, the paper test or not reused and instead are filed. We are currently developing a method of statistical analysis to assess the test questions on each test. Through statistical analysis, we will be able to objectively distinguish "good questions" from "bad questions." In this way, our test will evolve and actually get better each time the test question is presented.

- vii. **Additional changes to improve the teaching/ learning experience.**

1. We now utilize a web based "cloud server" that contains PowerPoint presentations, nursing/medical videos and other course material such as calendars and term syllabi. Now, a CNC student can access the same PowerPoint presentations used in class at any time from any computer with internet access. So in addition to the paper copy provided by the instructor, a student can view the presentation in full color, at their own pace and from the comfort of their home. Students have reported that they appreciate this new service.
2. Implemented a web based secure online gradebook. This new gradebook allows for teachers to input grades at anytime. It is accessible to the student as well. It is also an additional check and balance that gets the students actively involved in their academic performance. Every graded quiz, homework and test is immediately reflected in this online gradebook. Therefore, in addition to mid-term evaluations, each student can verify their current class average at literally anytime during the term.

b. Administrative

- i. **Problem:** Admission procedure appears to have become relaxed over the last year. There are cases when a student was accepted into the program with the agreement to complete their GED by the end of the first term. This is not appropriate. In most cases, students who have not earned a basic GED prior to nursing school had difficulty throughout nursing school.
- ii. **Solution:** High school diploma or equivalent is a mandatory prerequisite for consideration into CNC. Use the objective data from the TABE admissions test as a strong indicator of a student's potential in nursing school. We are now enforcing a time limit on the entrance test of 1 minute per question (average). A cut off of 75% on the entrance is now strictly enforced. We are now comparing the score on the entrance test to the academic performance of the student in Term 1 to determine any trends. We may have to increase the minimum acceptable score to 80% in the future. The biggest change is that we are now strictly enforcing the admission requirements. There is less weight given to the interview and more given to the entrance test and essay. The admission process consist of:
 1. T.A.B.E. entrance examination
 2. Essay stating the reasons why they want to become a nurse.
 3. Interview with Director of Nursing

iii. **Problem:** Some instructors were uncommitted to their student's education and/or unwilling to adjust to the requirements of CNC employee policy and the CNC instructor job description.

iv. **Solution:**

1. After an in depth review of instructor attendance patterns, past evaluations (30 day / annual) and in-class performance evaluations, 75% of the theory instructors on the fulltime program were changed. In some situations, the former theory instructor was shuffled to another role within the CNC program that better suited the specific strengths of the teacher.
2. Updated our hiring/interview process for new instructors. In addition to verifying BVNPT requirements for instructors and interviewing the candidate, we now require each applicant to prepare a 5-10 minute classroom presentation. The presentation is evaluated by:
 - a. Director of Nursing
 - b. 1 Non-nursing staff
 - c. 1-2 CNC instructors
 - d. 1-2 CNC students

Each evaluator fills out an assessment that is then collected and reviewed by the DON. This has been especially useful in the selection of our last three new instructors.

3. Director of nursing performs in-class instructor evaluations quarterly for every theory instructor. The results of the evaluation are reviewed with the instructor and a record is kept for the employee file. At faculty meetings, a summary of all positive and negative observations are discussed as a method to share excellent teaching methods between instructors and to improve the quality of every CNC instructor.

v. **PROBLEM:** No formal system to monitor the performance of our clinical instructors. Minimal communication between CNC and our clinical site directors/ administrators.

vi. **SOLUTION:** Unannounced (to students/instructor) clinical site visits. On September 27, 2011 I started my 1st clinical site visit. My visits are now scheduled at a frequency of once per term per cohort. Since September 27,

2011, I have visited all current clinical facilities. In addition to meeting the requirements of our accreditation, these visits:

1. Enhance accountability of our clinical instructors as well as CNC students.
2. Facilitate open communication with our clinical site's staff and administrators. The initial visit also gave me an opportunity to introduce myself as the new Director of Nursing of CNC.

We are developing a document that will standardize future assessments of clinical instructor performance during these site visits.

vii. **Problem:** Grading policy does not adequately assess a student's knowledge of the material learned in theory. 10% of a student's Final Term grade was determined by adherence to the dress code and attendance policy. 25% of the Term grade was determined by clinical performance. With 35% of the overall score determined by nonacademic variables, a student could theoretically fail a large number of test in the Theory portion and still pass to the next Term because they got the full 35 points given for dress code, attendance and clinical performance.

viii. **Solution:** Updated the grading policy. A student will receive a letter and percentage score for theory. A separate grade (pass/fail) will be assigned for clinicals. The updated grading policy allows for independent theory and clinical scores. It eliminated assigning a score for compliance with dress policy and attendance because these are areas that are mandatory and have no role in the assessment of a student's academic performance in theory or clinical. The addition of a quiz category allows for more frequent but lower point-value assessments that can be used in preparing the student for the test.

1. The updated Theory Grading Policy is determined by three factors:
 - a. Test – 50%
 - b. Quizzes / Assignments – 10%
 - c. Final Examination – 40%
2. The updated Clinical Grading Policy is still determined by the Clinical Instructor's evaluation of the student however the student will receive a Pass or Fail and not a numeric grade.

II. PART 2: *Changes that are in development/ awaiting approval*

- a. **Intensive ATI training** has begun with our instructors and I am getting positive feedback from the teachers who have already adopted the technology into their classroom. Since September, 2011 I have worked very closely with our ATI education consultant. She attended our faculty meeting to review many valuable tools that our teachers will be using in the near future. ATI tools such as the ability to run individual student and overall class reports has many benefits to both the student and the instructor. It clearly shows a student their personal academic weak and strong areas. For the teacher, the group report could help locate topics that should be stressed more during lecture. Ultimately, these reports will help Central Nursing College as we fine tune our biggest project- a new, updated curriculum.
- b. **Integration of ATI modules into current curriculum.** We have cross referenced the objectives of each day throughout our entire year-long curriculum and are beginning to implement ATI Text, Videos and online study modules in the daily theory classes. As a teacher, I have personally used the ATI system and seen excellent results. I also heard magnificent reports from the three Directors (Antelope Valley, Beaumont Adult and Santa Barbara College) who presented at the Directors Forum last September in Los Angeles. We are presently in a transition period that will take time for our students to adapt to. Ultimately the line between our current textbook material and ATI material will blur to the point that our students see ATI as simply another required reading/assignment of our nursing program.
- c. **New Central Nursing College Curriculum.** Our curriculum will be updated and in closer alignment with the latest NCLEX-PN test plan. The new curriculum will also be tightly aligned with the ATI Learning System. Our current curriculum consists of 4 terms. The first term is devoted entirely to what essentially is a CNA course. The text for term 1 is actually a CNA book. This would not be entirely bad if not for the fact that all of the objectives found in our Term 1 are repeated again in Term 2. With 25% of our curriculum and time allocated to term 1, we are extremely limited in the amount of time to teach the actual core nursing curriculum that begins with the Foundations of Nursing in Term 2. To address this we have been diligently working on our new curriculum. We will eliminate the current Term 1 and introduce those topics in the Fundamentals Course. This will free up nearly 3 months of our 1 year program and enable us to distribute our courses more efficiently, giving all of our instructors more time to spend teaching the material. The health care system is ever evolving. Nursing is also changing with the times. Our vision is that by eliminating the redundant material from our current curriculum, we will have the time & capability to add the newest and most relevant nursing material into our new curriculum. We project a version ready for submission to the BVNPT by May 2012.
- d. **"Big brother/Big sister" program:** We are developing a program to make the transition into nursing school less intimidating and more enjoyable. It will be a system of formally introducing a new Term 1 student to a student in Term 3. We hope that this will build

teamwork and leadership skills for all of our students. Each student will become a "big brother/big sister when they reach 3rd term. This cycle will repeat term after term.

- e. "Distinguished Nursing Students" Program: We are working on a list of requirements for students who wish to go "above and beyond" normal classroom requirements. In return for their exceptional dedication the student will be recognized at our pinning ceremony and given an award letter that can be presented during future job interviews. Some of our current students suggested a different color uniform that could be worn while on campus. Requirements to the program that we are considering include:

- i. Committing to tutor other students for (x) hours per month
- ii. Volunteer in some capacity in a community organization or health care facility
- iii. Developing a personal resume
- iv. Submitting a letter describing their short term and long term professional goals
- v. Membership in a professional organization
- vi. Nomination by a CNC Instructor.

I am encouraged by the results I am seeing and confident that as we apply this plan over the next 6 months we will see a substantial increase in NCLEX-PN pass rates for Central Nursing College

Agenda Item #13.A.2, Attachment D



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945
Phone (916) 263-7800 Fax (916) 263-7859 | Web www.bvnpt.ca.gov



May 7, 2012

Central Nursing College
Vocational Nursing Program
Lynne Barnum RN, MSN
3550 Wilshire Boulevard, Suite 830
Los Angeles, CA 90010

Subject: NCLEX-PN® Program Performance

Dear Ms. Barnum:

Mr. Evan's indicated that you would be assuming the duties of Director after his resignation. Furthermore, he indicated that a Director Application would be forthcoming. I have not yet received a Director Application for Central Nursing College.

The Board of Vocational Nursing and Psychiatric Technicians (Board) is providing you an update of your program's status related to Section 2530 (l) of the Vocational Nursing Rules and Regulations. The Board has reviewed your plan for improving your program's NCLEX-PN® pass rates and will continue monitoring the pass rates closely.

Section 2530 (l) of the Vocational Nursing Rules and Regulations states,

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (1) Failure to maintain the required yearly average minimum pass rate for two years or **eight consecutive quarters** may be cause to place a program on provisional accreditation."

Statistics furnished by Pearson VUE, and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction," indicate that the **pass rates** for the **Central Nursing College Vocational Nursing Program** have fallen below 10 percentage points of the state average pass rate for the **past five (5) quarters**.

Please provide the Board with the following information by **June 7, 2012**:

1. A Director Application
2. An improvement plan update regarding Part 2 changes indicated on your program's plan submitted March 8, 2012 (attached).

Should you have questions, please do not hesitate to contact the Board.

Sincerely,

Diane Oran MN, RN, NP-BC , CNS-BC
(916) 263-7838
Diane.Oran@dca.ca.gov
Nursing Education Consultant

Agenda Item#13.A.2, Attachment E



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
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CERTIFIED MAIL

August 2, 2012

Beverly Lynne Barnum, Director
Vocational Nursing Program
Central Nursing College
3550 Wilshire Blvd. Suite 830
Los Angeles, CA 90010

Dear Ms. Barnum:

The Board of Vocational Nursing and Psychiatric Technicians is providing you an update of your program's status related to Section 2530(l) of the Vocational Nursing Rules and Regulations. The Board has reviewed your plan for improving your program's NCLEX-PN® pass rates and will continue monitoring the pass rates closely.

Section 2530 (l) of the Vocational Nursing Rules and Regulations states,

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (1) Failure to achieve the required yearly average minimum pass rate within two years of initial approval may be cause to place a program on provisional accreditation.
- (2) Failure to maintain the required yearly average minimum pass rate for two years or **eight consecutive quarters** may be cause to place a program on provisional accreditation¹."

Statistics furnished by furnished by Pearson VUE, and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction", indicate that the pass rates for **Central Nursing College** Vocational Nursing Program have fallen below 10 percentage points of the state average pass rate for the past six quarters.

Please describe the status of your implementation of the revisions described in your plan of correction.

Should you have questions, please do not hesitate to contact me at 916-263-7826

Sincerely,

Suellen Clayworth

Suellen Clayworth, M.N., R.N.

¹ Prior to January 1, 2012, references in article 4 of the Vocational Nursing Practice Act and article 4 of the Psychiatric Technicians Law provided that the Board accredits all vocational nursing and psychiatric technicians programs. Pursuant to Business and Professions Code Sections 2883 and 4532 (Senate Bill 539, Chapter 338, Statutes of 2011), **accredit** was changed to **approve**. There was no change to the Board's authority or jurisdiction.

Agenda Item #13.A.2, Attachment F



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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November 2, 2012

Andrew Jinbang Cha, Director
Vocational Nursing Program
Central Nursing College
3550 Wilshire Blvd.
Los Angeles, CA 90010

Dear Mr. Cha:

Section 2530 (l) of the Vocational Nursing Rules and Regulations states,

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (1) Failure to achieve the required yearly average minimum pass rate within two years of initial approval may be cause to place a program on provisional accreditation.
- (2) Failure to maintain the required yearly average minimum pass rate for two years or **eight consecutive quarters** may be cause to place a program on provisional accreditation¹."

Statistics furnished by the Pearson VUE and published by the National Council of State Boards of Nursing as "Jurisdictional Summary of All First-Time Candidates Educated in Member Board Jurisdiction", indicate that the pass rates for **Central Nursing College Vocational Nursing Program** have fallen below 10 percentage points of the state average pass rate for the past seven quarters. **This means that on February 23, 2013, your program may be considered for provisional approval.**

Please submit the following information to me by December 15, 2012:

1. Current enrollment information.
2. Current faculty and facility information.
3. Documentation demonstrating the clinical rotation schedules for all current classes.
4. An analysis of your program's correctional plan indicating the elements that have been effective and those that have not. Describe alterations that you will make in the plan based on this analysis.
5. Any other pertinent information to be considered by the Board. (Note: Information submitted after the deadline may not receive due consideration by the Board.)

Should you have questions, please do not hesitate to contact me at **916-263-7826**.

Sincerely,

SUELLEN CLAYWORTH, M.N., R.N.
Nursing Education Consultant

¹ Prior to January 1, 2012, references in article 4 of the Vocational Nursing Practice Act and article 4 of the Psychiatric Technicians Law provided that the Board accredits all vocational nursing and psychiatric technicians programs. Pursuant to Business and Professions Code Sections 2883 and 4532 (Senate Bill 539, Chapter 338, Statutes of 2011), **accredit** was changed to **approve**. There was no change to the Board's authority or jurisdiction.

Agenda Item #13.A.2, Attachment G

Analysis of Implementation of Action Plan Submitted December 4, 2012

The narrative below establishes the analysis of the action plan submitted by the previous director, George Evans. The action plan outlined the school's strategies for improving the low pass rates. The analysis is the update to that action plan.

*The analysis has been organized using the suggested headings **SUCCESSFUL CHANGES**, **INEFFECTIVE CHANGES**, and **ALTERATIONS TO THE ACTION PLAN**. It ends with some final thoughts on the school's current status and makes some projections for the short and long term future.*

• **SUCCESSFUL CHANGES**

More Rigorous Admissions Standards

- The caliber of students has improved in general.
- The increased number of motivated students has resulted in improved classroom atmosphere (i.e. more academic, more conducive to learning).

Rigorous Adherence to Academic and Behavior Policies

- Fewer attendance issues across the board.
- Fewer instances of students arriving late or leaving early.
- Fewer violations of the dress code policy.
- Students are aware of their academic standing as well as any make-up hours to be resolved.
- Students have an open dialogue with faculty and administrative staff regarding any violations to school policy. They understand that consequences to any violations are not personal in nature and enforced only according to published policy.

Clinical Site Visitations

- Most positive result of the more frequent clinical site visits has been the reacquisition of Centinela Hospital Medical Center. This acute care facility is a major hospital with opportunities for valuable experience. The school previously had a clinical relationship with Centinela. It had degraded over the years and ultimately resulted in the Education Department refusing our students. Students are currently scheduled to begin clinical instruction at Centinela on December 5, 2012.
- Three additional clinical sites may be added to the school's roster in the coming months.

- Staff at clinical sites now recognize the school as a strong presence. They are also aware that the school emphasizes student and faculty accountability while at the clinical site. As a result, sites are motivated to continue hosting CNC students.

Quizzes/Tests

- Teachers create their own tests and quizzes based on their lectures using a software program called ExamView. This program allows teachers to create multiple versions of a test and even scramble the answer options.
- Tests are never reused from previous years or cohorts. They are destroyed (shredded) after they have been used. Students receive new and different tests for each course in each term.
- Cheating has been nearly eradicated. More importantly, motivation to cheat has been eliminated.

New Grading System

- Simpler grading policy makes comprehension of grades and performance much easier.
- Students maintain awareness of their academic standing.
- Pass/Fail grade for clinical performance resulted in students taking the clinical part of their nursing education more seriously.

Technological/Electronic Changes

- Engrade makes real-time grades on homework, quizzes and tests, GPA and overall academic performance available for viewing at any time by students and faculty. Because Engrade is an internet-based system, students and faculty can access the website at their leisure, on any device.
- ATI being introduced in Term I means students are familiar with computer-based testing by the time they complete the program. It is vital to NCLEX-PN success for students to be familiar with industry standard testing practices.
- The computer lab has been updated with new machines that run faster. They have also been locked down to prevent access to any other websites other than ATI.

Graduation/Pinning Ceremony

- Improved overall morale.
- Established student solidarity.

- Improved students' regard of the school; caused them to feel pride about where they got their nursing education.

New Faculty Practices

- New hiring system has standardized the process.
- The mock lecture/classroom presentation addition to the hiring process provides insight into a teacher's ability as opposed to throwing them into the classroom cold. It also reduced the number of frivolous applicants for faculty positions because it requires applicants to put work into their application process.
- In-class evaluations and peer reviews have improved the classroom atmosphere by increasing the teacher's sense of academic accountability.
- Improved faculty morale resulted from school's recognition of good teaching practices and performance as well as encouraging input on every aspect of the program.
- Faculty is a more cohesive unit: Clinical teachers know and communicate with theory teachers. Because theory and clinical are often taught by different people, it is important for all the teachers to maintain an open dialogue. It is not beneficial to students for faculty to remain their own islands.

Skills Lab

- The completely re-stocked and updated skills lab is geared toward pushing mastery of skills prior to contact with actual patients, and for brushing up as needed throughout the course.
- Videos have been updated and organized. The school has instituted a system of checking out these videos so they don't go missing.

• INEFFECTIVE CHANGES

The Lamplighter program, The Big Brother/Sister Mentorship program

- Criteria for eligibility were never developed.
- This resulted in loss of enthusiasm from the students in general.

- **ALTERATIONS TO THE ACTION PLAN**

Faculty Meetings

- Faculty Meetings will now be held more frequently and be shorter in duration. Previously, the faculty meetings lasted all day and were vastly comprehensive. They often included Professional Development and In-Service activities as well. As a result of all the material covered and the length of these meetings, people often did not absorb everything. This necessitated the previous director's having to conduct multiple sessions with each member of the faculty to answer individual questions and repeat content that was covered in the meeting. The shorter meetings will help us avoid these redundancies.
- Members of the administrative staff are encouraged to sit in for an hour at a time to be silent observers. Knowledge of faculty dynamics will assist administrative staff in their support of the faculty.
- Professional development and In-service activities will be conducted separate from faculty meetings.

The Lamplighter program

- The idea is a good one since it fosters self-motivation, pride and improved morale among the student body; however it is low on the priority list at the moment.
- Criteria and rules for the program will be developed next year with a projected start date of the program being fall of 2013.
- Strong academics will still be the core determinant of eligibility.
- Once the policies for the program have been established, a faculty member will be assigned the task of supervising the Lamplighter program, its benefits and eligibility.

Big Brother/Sister Mentorship program

- Another good idea like the Lamplighter program that fell to the bottom of the To-Do list.
- Like the Lamplighter program, rules and regulations will be developed and codified with a projected start date for the program being fall of 2013.
- A faculty member will be designated as the supervisor for the Mentorship program, its benefits and eligibility.

NCLEX Review

- The school has formalized an NCLEX review that is not part of the VN curriculum.
- The purpose of the review is for students to practice as many NCLEX style questions as they can over the 3 week period of the review. The materials come from ATI, review books, and curriculum content.
- This review occurs after students have submitted their Board Application paperwork and while they are waiting for their ATT. It was intended to refresh students after the program's conclusion, so they do not lose knowledge of core concepts during the processing time.
- The review is offered at no cost to all CNC students who have otherwise fulfilled requirements for graduation.

Graduation/Pinning Ceremony

- After experimenting with various methods of organizing and conducting the graduation/pinning ceremony, we decided the best way is for the school to supervise most of the activities and decisions for the ceremony.
- The school will determine the following (with some student input): venue, date and time, refreshment, invitations and programs.
- The students will collaborate on the following: audio/visual/multimedia show during the ceremony, speeches, nominations for awards, selection of pinners.

Skills Lab

- The skills lab will undergo regular inventory to prevent broken equipment from staying in circulation.
- New and better mannequins will be supplied in the next year.
- New posters depicting procedures will be obtained and posted on the walls of the skills lab. Students can use these as guidelines for practicing skills.

FINAL THOUGHTS

If the aim is to improve the NCLEX-PN pass rate, which it is, one of the obvious changes to make would be to the curriculum. Having reviewed my predecessor's Action Plan, Mr. Evans appeared to agree.

Prior to his departure, George Evans created the new curriculum. After the content was complete, it went through a series of edits with the replacement/interim director, Lynne Barnum. To date, the school has submitted the completely updated curriculum for approval by the BVNPT and we are currently awaiting feedback. Once the approval to move ahead with the revised curriculum is obtained, the school will then implement the most substantive change to the program. I believe this will result in the most dramatic improvement to the school's pass rate. However, one notable consideration is that the VN program is approximately one year at its shortest schedule. This means the school will not enjoy any benefits of the new curriculum until 16 months after the first class begins its first day of class with the revised curriculum. In the meantime, the school continues to fine-tune the other more immediate changes detailed in the Action Plan. After all, even the best curriculum needs to be supported and implemented in an appropriate manner if students are to benefit from it. This is why the original Action Plan was several pages instead of the sentence "We will revise the curriculum".

I have been monitoring the school's pass rate and am pleased to report that though we are still outside the acceptable range of 10 percentage points of the state average, we have been steadily improving. This is a reasonable outcome based on the changes that were made last year. We have made the word Accountability a beacon; doing so has made adherence to the action plan an easy task. The changes created a stable learning environment. Once the students became aware that their actions had direct consequences, they ceased to be in a state of confusion. All students were positively affected, including those who had gone through some or most of the VN program under the previous regime. The drastic change in atmosphere allowed students to focus on their studies with fewer distractions.

Some of the students who were introduced to the new practices late in their program went on to pass the NCLEX. The assumption is that a sizable number of these people who passed would have failed under the previous organization. Though it is impossible to prove this assumption, the higher pass rate supports the notion that we are at the least on the right path.

Agenda Item #13.A.2, Attachment H



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS

2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833-2945

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December 26, 2012

Andrew Jinbang Cha, Director
Vocational Nursing Program
Central Nursing College
3550 Wilshire Blvd.
Los Angeles, CA 90010

Subject: Consideration for Placement on Provisional Approval

Dear Mr. Cha:

On February 21, 2013, the Board of Vocational Nursing and Psychiatric Technicians (Board) is scheduled to consider the following items relative to the **Central Nursing College Vocational Nursing Program**.

➤ **Consideration for Placement on Provisional Approval.**

To ensure dissemination to individual Board members and relevant staff for timely consideration at the February 21, 2013 Board Meeting, please submit:

- Eighteen (18) copies of any pertinent documents that you desire Board members to consider. At a minimum, a copy of the most recent revision of the program's NCLEX-PN® Improvement Plan should be included. Please remember existing statutes require that any document considered by the Board will become a public record. Accordingly, please redact all names of students.
- In addition, please provide any information that you submit for the Board members on a compact disc (CD) for Board use. Again, please remember to redact any student names prior to copying information onto the CD.

To ensure dissemination and review by Board Members prior to the meeting, the deadline for submission of the requested documents and the CD is **Friday, January 11, 2013.**

Although the primary purpose of this letter is to convey the Board's need for the copies, please be assured that, if timely submitted, any correspondence and attachments will be reviewed and, if appropriate, information submitted may be included in the report of the assigned consultant.

Please do not hesitate to contact the Board at (916) 263-7843 should you have questions.

Sincerely,

Suellen Clayworth

SUELLEN CLAYWORTH, M.S., R.N.
Nursing Education Consultant – Retired Annuitant

Agenda Item #13.A.2, Attachment I



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
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CERTIFIED MAIL

February XX, 2013

Andrew Jinbang Cha, Director
Vocational Nursing Program
Central Nursing College
3550 Wilshire Blvd.
Los Angeles, CA 90010

Draft

Subject: Notice of Change in Approval Status

Dear Mr. Cha:

Pursuant to the action of the Board of Vocational Nursing and Psychiatric Technicians (Board) on February 21, 2013 the approval status of the Central Nursing College Vocational Nursing Program has been changed from full approval to provisional approval for the two-year period from February 21, 2013, through February 28, 2015. The purpose of this letter is to explain the areas of non-compliance found and the corrections required of your program to avoid losing accreditation completely.

Once you have reviewed this letter, please sign and return the enclosed "Acknowledgement of Change in Approval Status" form by **Friday, March 15, 2013**.

AREAS OF NON-COMPLIANCE [VIOLATION(S)]

In accordance with Section 2526.1(c) of title 16 of the California Code of Regulations,

"The Board may place any program on provisional accreditation² when that program does not meet all requirements as set forth in this chapter and in Section 2526..."

Section 2530(l) of title 16 of the California Code of Regulations states:

"The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the

² Prior to January 1, 2012, references in article 4 of the Vocational Nursing Practice Act and article 4 of the Psychiatric Technicians Law provided that the Board accredits all vocational nursing and psychiatric technicians programs. Pursuant to Business and Professions Code Sections 2883 and 4532 (Senate Bill 539, Chapter 338, Statutes of 2011), **accredit** was changed to **approve**. There was no change to the Board's authority or jurisdiction.

state average pass rate for first time candidates of accredited vocational nursing schools for the same period.

- (l) Failure to maintain the required yearly average minimum pass rate or two years or eight consecutive quarters may be cause to place a program on provisional accreditation.”

Section 2533(f) of the California Code of Regulations states:

“All curricular changes that significantly alter the program philosophy, conceptual framework, content, objectives, or other written documentation as required in Section 2526, shall be approved by the Board prior to implementation. Proposed curricular changes must be submitted to the Board in final form by the fifteenth day of the second month preceding the month preceding the month of the Board meeting at which the changes will be considered. Revisions should include:

- (1) Explanation of changes;
- (2) Rationale for proposed revision;
- (3) Description of revised curriculum materials; and
- (4) Changes to behavioral objectives, if applicable.”

Program pass rates of the Central Nursing College Vocational Nursing Program for the past eight quarters are set forth in the following table.

Quarterly Statistics					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Quarterly Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate	Variance From State Average Annual Pass Rate
Jan – Mar 2011	13	5	38%	80%	64%	77%	-13
Apr – Jun 2011	6	3	50%	71%	60%	76%	-16
Jul – Sep 2011	11	3	27%	74%	48%	75%	-27
Oct – Dec 2011	11	3	27%	74%	34%	75%	-41
Jan – Mar 2012	9	5	56%	77%	38%	74%	-36
Apr – Jun 2012	13	6	46%	72%	39%	74%	-35
Jul – Sep 2012	10	7	70%	74%	49%	74%	-25
Oct – Dec 2012	9	3	33%	70%	50%	74%	-23

The Annual Pass Rate changes every quarter. It is calculated by dividing the number of candidates who passed during the current and previous three-quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available.

Based on this data, the program failed to comply with the annual average pass rate requirement.

REQUIRED CORRECTION(S)

1. The Central Nursing College Vocational Nursing Program shall show documented progress satisfactory to the Board, to improve the effectiveness of instruction and program pass rates on the NCLEX/PN® by **February 1, 2015**. If no progress has been shown by then, the Board may revoke the program's accreditation completely.
2. The program shall admit no additional students unless specifically approved by the full Board.
3. The program shall submit follow-up reports in three (3) months, but no later than **June 1, 2013**, and nine (9) months, but no later than **November 1, 2013**, and twenty – one (21) months, but no later than **November 1, 2014**.. The report must include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timelines for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis:
 - a. Current Enrollment.
 - b. Admission Criteria.
 - c. Screening and Selection Criteria.
 - d. Terminal Objectives.
 - e. Curriculum Objectives.
 - f. Instructional Plan.
 - g. Theory and Clinical Objectives for Each Course.
 - h. Lesson Plans for Each Course.
 - i. Textbooks.
 - j. Attendance Policy.
 - k. Remediation Policy.
 - l. Evaluations of Theory and Clinical Faculty.
 - m. Evaluations of Theory Presentations.
 - n. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
 - o. Evaluation of Student Achievement.

The program shall notify all enrolled students of actions taken by the Board relative to the program's accreditation status, and expected time for resolution.

4. The program shall comply with all accreditation standards in Article 4 of the Vocational Nursing Practice Act, commencing at Business and Professions Code section 2880, and Article 5 of the Board's Regulations, commencing at California Code of Regulations, Title 16, section 2526.
5. The program shall demonstrate incremental progress in correcting its violations. If the program fails to satisfactorily demonstrate incremental progress, the full Board may revoke the program's accreditation.
6. Failure to take any of these corrective actions may cause the full Board to revoke the program's accreditation.
7. In the event additional violations of the accreditation standards are identified, such violations may result in further corrective action or revocation of provisional accreditation.

FUTURE BOARD ACTION

Your program will be placed on the **February 2015** Board Meeting agenda, at which point the Board may revoke or extend the program's accreditation. If you have additional information that you wish considered beyond the required corrections listed on page 3 and 4, you must submit this documentation by the fifteenth day of the second month prior to the Board meeting.

OTHER IMPORTANT INFORMATION

Please be advised that, pursuant to the Board's regulations, the program will not be authorized to admit new classes beyond the established pattern of admissions previously approved by the Board. The established pattern of admissions approved by the Board is as follows: **Based on the above corrections, the full Board's permission will be required for each future class admission.**

In the event your program is required to submit any report(s) as a corrective action pursuant to this notice, such reports are required in addition to any other reports required pursuant to 2527 of the Board's regulations.

The program may no longer advertise that it has full approval, and should take steps to correct any ongoing advertisements or publications in that regard.

A copy of title 16, California Code of Regulations, section 2526.1, regarding provisional accreditation is attached for your reference. A complete copy of the Board's laws and regulations can be found on the Board's web site at www.bvnpt.ca.gov.

Should you have questions, please do not hesitate to contact the Board.

Sincerely,

TERESA BELLO-JONES, J.D., M.S.N., R.N.
Executive Officer

Enclosures

cc: Board Members

TBJ:sc



CENTRAL NURSING COLLEGE

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2013 JAN -9 PM 2: 26

BVNPT Received
on 1/9/13 with EDU

Dear Suellen Clayworth:

Enclosed please find 18 copies of the documents to be considered for the upcoming BVNPT meeting. The materials have been burned to a CD. In addition, each packet of materials has been grouped together and put in individual folders.

The following is a table of contents for each packet.

1. BVNPT Plan of Action - George Evans 2-28-12
2. BVNPT RESPONSE #2 6-6-12
3. NARRATIVE RESPONSE 11-30-12
4. ENROLLMENT DATA and Data Table
5. VN30-34 DATA
6. VN FACULTY LIST
7. CURRENT CONTRACTED HOSPITAL SITES
8. Faculty/Student Clinical Assignments
9. Maternity and Pediatric Tracking Form

Please let me know if there is any additional information or documentation I can provide.

Thank you in advance,

On September 1, 2011 I became the new Director of Nursing here at Central Nursing College. I immediately started an assessment to determine the current state of faculty, curriculum and admission process. A comparison of attrition rate versus NCLEX-PN pass rate had to be determined. In order for Central Nursing College to reverse the trend that we are experiencing with falling NCLEX-PN pass rates we must focus on building:

1. *Strong faculty* that is knowledgeable, passionate about nursing and engaging to our students. It is my experience that students benefit the most when the theory instructor is also the student's clinical instructor.
2. An *admission process* that effectively selects those students who are most likely to succeed in Nursing School, pass the NCLEX-PN and ultimately become competent nurses in our community. This admission criteria must be selective enough to place only the students most capable of understanding and critically applying the material without rejecting those students who have untapped potential that may be unveiled under the right circumstances and conditions.
3. A *curriculum* that is comprehensive and in alignment with the NCLEX-PN test plan. The specific course, term and terminal objectives must be effectively presented by our instructors and achieved by our students.

Our plan to improve NCLEX-PN pass rates can be divided into 2 major categories:

1. Academic changes
2. Administrative changes

These 2 major categories have been further divided into:

1. Changes that have already been implemented
2. Changes that are in development/ awaiting approval.

I. PART 1: *Changes that have been implemented*

a. Academic

- i. **PROBLEM: Noncompliance with the dress code and attendance policy.** There appeared to be blatant disregard for the dress code and punctuality by several students in multiple cohorts. There were students who were absent from class/clinical several days in a single term. Although the hours were made up in accordance to the make-up policy, the fact that this was an ongoing problem indicated an underlying problem of accountability and perhaps unfamiliarity to the policy by faculty.

ii. **SOLUTION:** A comprehensive review of the conduct, dress and grading policy for all faculty and students. Strict adherence and enforcement of the policy.

1. I met with every CNC instructor during our September 2011 staff meeting and reviewed in detail the attendance, academic and dress code policy. Each teacher was also provided a summary of the conduct, attendance and grading policies.
2. I reminded the instructors that it is the responsibility of the instructor to enforce the policy. I encouraged every instructor to send any students with repeated incidences of noncompliance to be sent to me.
3. I met with each cohort and described in detail the attendance, conduct and academic policy. The students were provided another copy of our policy as well as the summary of the specific policies mentioned. A signed document of receipt was obtained from each student for his or her file.
4. I met with individual students who were currently out of compliance with the attendance policy. The meeting was documented and the students were placed on probation in accordance with the current policy.
5. The CNC attendance tracking system has been improved by replacing the former paper system with an Excel spreadsheet. This newer method allows for real-time alerts of any student approaching noncompliance. This information is now readily available to me improving accountability of both faculty and student.

iii. **PROBLEM: The remediation procedure for test.** The existing remediation process stated that when a student fails a test (<75%) that student would then be required to retake the test. The score on the retake was not counted. Usually this repeat test occurred on the same day or on the next scheduled class day. There are obvious flaws in this method. (1.) The retaking of an identical test was essentially a test of the student's memory and not an assessment of the student's comprehension of the failed material. (2.) There was neither concrete incentive nor time for the student to learn the material. Regardless if the student scored a 100% or 0% on the retake; it did not apply to the grade average. This hypothetical student, who is already struggling, knows that the class is moving on and therefore the next test would be the clear priority for that student. With that remediation system, the student would advance to the next class and most likely never master the "remediated material."

iv. **SOLUTION:** To address the observed problems, the updated remediation procedure is the following:

1. If a student fails a Test (<75%) the student is required to remediate the material that was on the test within 7 calendar days or before the last day of the term (whichever is shorter). This remediation consist of:

- a. Meeting with instructor to review the test and determine possible reasons for the underperformance.
- b. The teacher will administer a project that meets the objectives that were on the test. This project often is to complete several "ATI Remediation Templates." Examples of these ATI Templates include:

1. Diagnostic procedure templates
2. System Disorder templates
3. Therapeutic Procedure templates
4. Medication templates:

These tools require the student to read, research and comprehend the material to successfully finish. Many of these templates utilize a "concept map" method. A concept map is a diagram showing relationships among concepts. It is a true graphical tool for organizing and representing knowledge. It is an excellent tool to enhance metacognition.

- c. The teacher may administer an *alternative test* that covers all of the objectives from the original test. CNC now utilizes a new computer program that facilitates creating new test that I will discuss in a later section.
- d. When the student completes the assigned remediation and is determined to have met the objectives, the student will receive a grade replacing the original score with a maximum score of 75%.
- e. The student is then referred to the DON for a meeting to address any challenges or concerns of the student.

v. **PROBLEM: Quizzes and Test.** I was an instructor at CNC in 2009. I left for a couple years and when I returned as director in 2011. All CNC instructors were

using the same test from 2009. The tests are written by the authors of our text. Some copies had small pencil markings and in general appeared old. There were a few immediate concerns. (1.) There could be a security issue with the test. Because the same tests have been used term after term, I was concerned that there was a chance that some students had copies of the test or at the very least an idea of questions that would be on the test. (2.) The pencil markings on the test are distracting and misleading to a student taking that test. (3.) By having these prewritten tests, an instructor had no capability to add or remove questions. I saw that there were some questions that were simply incorrect and some that had no relevance to the objectives of the course. Further, I felt that these old, prewritten test conditioned the instructor to “teach to the test” rather than focusing on the objectives and allowing the test to serve its purpose: assessing the student’s understanding of those objectives.

- vi. **SOLUTION:** Our new system allows teachers to *create* test that are specific to the objectives of the class. The computer program is called ExamView. This software allows instructors to pull questions from multiple sources (not just the author of our Text). It also allows instructors to create their own questions. This feature is invaluable because the instructor can now assess a student’s understanding of material added in the lecture such as new medical and nursing research that may not be included in the text. Security problems are virtually zero now. Students never know the exact questions that will appear on the test. Furthermore, ExamView has a feature that scrambles test questions and choices. This allows a teacher to create two versions of the same test reducing any opportunities to cheat. As I expected, we did observe a significant drop in the grades of some students initially. This drop was more pronounced in the 3rd and 4th term students. We are now experiencing an overall improvement in not only scores but in students actively participating in classroom discussions.

The process of creating a test starts with the instructor. At the beginning of each course, the teacher presents the quiz/test to the DON. We review the questions together and revisions are made if necessary. A digital copy is saved in our server and paper copies are produced for the student. Unlike the previous system, the paper test or not reused and instead are filed. We are currently developing a method of statistical analysis to assess the test questions on each test. Through statistical analysis, we will be able to objectively distinguish “good questions” from “bad questions.” In this way, our test will evolve and actually get better each time the test question is presented.

- vii. **Additional changes to improve the teaching/ learning experience.**

1. We now utilize a web based “cloud server” that contains PowerPoint presentations, nursing/medical videos and other course material such as calendars and term syllabi. Now, a CNC student can access the same PowerPoint presentations used in class at any time from any computer with internet access. So in addition to the paper copy provided by the instructor, a student can view the presentation in full color, at their own pace and from the comfort of their home. Students have reported that they appreciate this new service.
2. Implemented a web based secure online gradebook. This new gradebook allows for teachers to input grades at anytime. It is accessible to the student as well. It is also an additional check and balance that gets the students actively involved in their academic performance. Every graded quiz, homework and test is immediately reflected in this online gradebook. Therefore, in addition to mid-term evaluations, each student can verify their current class average at literally anytime during the term.

b. Administrative

- i. **Problem:** Admission procedure appears to have become relaxed over the last year. There are cases when a student was accepted into the program with the agreement to complete their GED by the end of the first term. This is not appropriate. In most cases, students who have not earned a basic GED prior to nursing school had difficulty throughout nursing school.
- ii. **Solution:** High school diploma or equivalent is a mandatory prerequisite for consideration into CNC. Use the objective data from the TABE admissions test as a strong indicator of a student’s potential in nursing school. We are now enforcing a time limit on the entrance test of 1 minute per question (average). A cut off of 75% on the entrance is now strictly enforced. We are now comparing the score on the entrance test to the academic performance of the student in Term 1 to determine any trends. We may have to increase the minimum acceptable score to 80% in the future. The biggest change is that we are now strictly enforcing the admission requirements. There is less weight given to the interview and more given to the entrance test and essay. The admission process consist of:
 1. T.A.B.E. entrance examination
 2. Essay stating the reasons why they want to become a nurse.
 3. Interview with Director of Nursing

iii. **Problem:** Some instructors were uncommitted to their student's education and/or unwilling to adjust to the requirements of CNC employee policy and the CNC instructor job description.

iv. **Solution:**

1. After an in depth review of instructor attendance patterns, past evaluations (30 day / annual) and in-class performance evaluations, 75% of the theory instructors on the fulltime program were changed. In some situations, the former theory instructor was shuffled to another role within the CNC program that better suited the specific strengths of the teacher.
2. Updated our hiring/interview process for new instructors. In addition to verifying BVNPT requirements for instructors and interviewing the candidate, we now require each applicant to prepare a 5-10 minute classroom presentation. The presentation is evaluated by:
 - a. Director of Nursing
 - b. 1 Non-nursing staff
 - c. 1-2 CNC instructors
 - d. 1-2 CNC students

Each evaluator fills out an assessment that is then collected and reviewed by the DON. This has been especially useful in the selection of our last three new instructors.

3. Director of nursing performs in-class instructor evaluations quarterly for every theory instructor. The results of the evaluation are reviewed with the instructor and a record is kept for the employee file. At faculty meetings, a summary of all positive and negative observations are discussed as a method to share excellent teaching methods between instructors and to improve the quality of every CNC instructor.

v. **PROBLEM:** No formal system to monitor the performance of our clinical instructors. Minimal communication between CNC and our clinical site directors/ administrators.

vi. **SOLUTION:** Unannounced (to students/instructor) clinical site visits. On September 27, 2011 I started my 1st clinical site visit. My visits are now scheduled at a frequency of once per term per cohort. Since September 27,

2011, I have visited all current clinical facilities. In addition to meeting the requirements of our accreditation, these visits:

1. Enhance accountability of our clinical instructors as well as CNC students.
2. Facilitate open communication with our clinical site's staff and administrators. The initial visit also gave me an opportunity to introduce myself as the new Director of Nursing of CNC.

We are developing a document that will standardize future assessments of clinical instructor performance during these site visits.

vii. **Problem:** Grading policy does not adequately assess a student's knowledge of the material learned in theory. 10% of a student's Final Term grade was determined by adherence to the dress code and attendance policy. 25% of the Term grade was determined by clinical performance. With 35% of the overall score determined by nonacademic variables, a student could theoretically fail a large number of test in the Theory portion and still pass to the next Term because they got the full 35 points given for dress code, attendance and clinical performance.

viii. **Solution:** Updated the grading policy. A student will receive a letter and percentage score for theory. A separate grade (pass/fail) will be assigned for clinicals. The updated grading policy allows for independent theory and clinical scores. It eliminated assigning a score for compliance with dress policy and attendance because these are areas that are mandatory and have no role in the assessment of a student's academic performance in theory or clinical. The addition of a quiz category allows for more frequent but lower point-value assessments that can be used in preparing the student for the test.

1. The updated Theory Grading Policy is determined by three factors:
 - a. Test – 50%
 - b. Quizzes / Assignments – 10%
 - c. Final Examination – 40%
2. The updated Clinical Grading Policy is still determined by the Clinical Instructor's evaluation of the student however the student will receive a Pass or Fail and not a numeric grade.

II. PART 2: *Changes that are in development/ awaiting approval*

- a. **Intensive ATI training** has begun with our instructors and I am getting positive feedback from the teachers who have already adopted the technology into their classroom. Since September, 2011 I have worked very closely with our ATI education consultant. She attended our faculty meeting to review many valuable tools that our teachers will be using in the near future. ATI tools such as the ability to run individual student and overall class reports has many benefits to both the student and the instructor. It clearly shows a student their personal academic weak and strong areas. For the teacher, the group report could help locate topics that should be stressed more during lecture. Ultimately, these reports will help Central Nursing College as we fine tune our biggest project- a new, updated curriculum.
- b. **Integration of ATI modules into current curriculum.** We have cross referenced the objectives of each day throughout our entire year-long curriculum and are beginning to implement ATI Text, Videos and online study modules in the daily theory classes. As a teacher, I have personally used the ATI system and seen excellent results. I also heard magnificent reports from the three Directors (Antelope Valley, Beaumont Adult and Santa Barbara College) who presented at the Directors Forum last September in Los Angeles. We are presently in a transition period that will take time for our students to adapt to. Ultimately the line between our current textbook material and ATI material will blur to the point that our students see ATI as simply another required reading/assignment of our nursing program.
- c. **New Central Nursing College Curriculum.** Our curriculum will be updated and in closer alignment with the latest NCLEX-PN test plan. The new curriculum will also be tightly aligned with the ATI Learning System. Our current curriculum consists of 4 terms. The first term is devoted entirely to what essentially is a CNA course. The text for term 1 is actually a CNA book. This would not be entirely bad if not for the fact that all of the objectives found in our Term 1 are repeated again in Term 2. With 25% of our curriculum and time allocated to term 1, we are extremely limited in the amount of time to teach the actual core nursing curriculum that begins with the Foundations of Nursing in Term 2. To address this we have been diligently working on our new curriculum. We will eliminate the current Term 1 and introduce those topics in the Fundamentals Course. This will free up nearly 3 months of our 1 year program and enable us to distribute our courses more efficiently, giving all of our instructors more time to spend teaching the material. The health care system is ever evolving. Nursing is also changing with the times. Our vision is that by eliminating the redundant material from our current curriculum, we will have the time & capability to add the newest and most relevant nursing material into our new curriculum. We project a version ready for submission to the BVNPT by May 2012.
- d. **“Big brother/Big sister” program:** We are developing a program to make the transition into nursing school less intimidating and more enjoyable. It will be a system of formally introducing a new Term 1 student to a student in Term 3. We hope that this will build

teamwork and leadership skills for all of our students. Each student will become a “big brother/big sister when they reach 3rd term. This cycle will repeat term after term.

- e. **“Distinguished Nursing Students” Program:** We are working on a list of requirements for students who wish to go “above and beyond” normal classroom requirements. In return for their exceptional dedication the student will be recognized at our pinning ceremony and given an award letter that can be presented during future job interviews. Some of our current students suggested a different color uniform that could be worn while on campus. Requirements to the program that we are considering include:
- i. Committing to tutor other students for (x) hours per month
 - ii. Volunteer in some capacity in a community organization or health care facility
 - iii. Developing a personal resume
 - iv. Submitting a letter describing their short term and long term professional goals
 - v. Membership in a professional organization
 - vi. Nomination by a CNC Instructor.

I am encouraged by the results I am seeing and confident that as we apply this plan over the next 6 months we will see a substantial increase in NCLEX-PN pass rates for Central Nursing College

BVNPT #2 RESPONSE due 6/6/12 by 1700 at Central Nursing College in LA, CA.

Dear Diane,

I have been a nursing instructor in theory and clinical for almost 12 years in LVN programs. My background prior to teaching was as an Oncology Certified Nurse, a Forensic Nurse Examiner, a Public Health Nurse, staff RN in UCLA in high-risk obstetrics, an auditor for health care agencies – the list goes on and I've enjoyed each challenge. I began teaching clinical and theory at CNC in Oct., 2012. When Mr. George Evans decided to leave CNC in May, 2012, I assumed the position as DON.

After thoroughly reading through George Evans' original submission, I came across a couple of points that bear revision or rethinking. For example, the student population in many LVN programs in and around Los Angeles is quite diversified. How, what and by whom a nursing school is run can either positively or negatively affect SVNs' success in the long run as far as passing the state board exam and securing employment.

This response has been outlined using the numbers that correspond to the original document with the title of the section included and underlined.

1. Intensive ATI Training:

Student Vocational Nurses (SVNs) at CNC now have full access to all ATI materials, both in hard copy, on their personal computers and will be given copies of individual pages upon their request. (Their reason for asking for individual copies is because they like to make handwritten notes.)

Per Mr. Evans (RN, former DON) the exit exam will no longer be given. After careful consideration upon reviewing an exam that was given recently, I noticed that we cannot identify which subjects the SVNs are failing. Therefore, I plan to prepare and administer comprehensive exams after EACH term to ascertain problem areas that need to be addressed. I have recently hired highly qualified nursing instructors for both theory and clinical positions who are accustomed to using ATI material. We will meet at least once every two weeks, or more often as necessary, to go over course material and quizzes, tests and examinations and sort out what sort of problems SVNs are encountering. We will also stress to students the importance of what and when to read and will also give additional assignments they can work on using both ATI materials and their text books.

2. Integration of ATI modules into current curriculum.

Instructors continue to integrate ATI material with NCLEX materials in theory and clinical settings by reading ATI objectives from the curriculum alignment they performed on the school's existing curriculum and CNC's Adult Health text. SVNs report that they like having access at home as well as on campus as it allows them to study at any time. They also report that they like the breakdown of subjects regarding

ATI subjects, questions and rationales. CNC faculty members are working closely with ATI contact, Lisa Heinbach (Partner Support Specialist and educator) to ensure that we are gaining information about how to use ATI to the maximum. Ms. Heinbach, also an educator, is always available by phone and attended the last Faculty Meeting to share new information. She will attend the next faculty meeting in about two weeks.

Each term has a calendar/syllabus with assignments from both the Adult Health text book and ATI chapters that match specific subjects (or disorders). Students know in advance what they should be reading/studying. The chapters parallel Learning Objectives for individual terms. We encourage SVNs to read ahead of the scheduled classes, and we then show them how ATI and NCLEX questions overlap. We are incorporating ATI and text when we prepare tests, quizzes and examinations. Students have expressed satisfaction now that they have the ATI material and report that they recognize supplemental information in ATI chapters.

3. “Big brother/Big sister” program.

CNC’s students derive from many countries, ethnicities and cultures; for example, Africa, Central and S. America, Russia, Armenia, Ethiopia, China and Japan to name a few. Ages, belief systems, and languages of the SVNs also vary. To build camaraderie and enhance teamwork, we now pair up a student from Term 1 with a student from Term 3 or 4. Hopefully, this will encourage the new students when they realize, firsthand, that others have indeed succeeded through a rigorous, often-stressful, fast-paced professional nursing school. Pairing is done through the mixing of groups in lunches, get-togethers on campus to share ethnic foods and traditions, sharing experiences from their home countries, and writing about their newly-learned skills and customs. It also involves role playing among students and faculty members. Another purpose of the Big Brother/Big Sister program is to instill the notion of accountability. When a student is paired with a newer student, they will develop a sense of responsibility for the mentee. It is not a unidirectional influence however, the student being mentored will feel comfortable speaking to a peer who has experienced a lot of what the new student is experiencing. Although it is primarily intended as a social vehicle to achieve cohesion among the entire student body; it also serves to teach interpersonal relationship building skills, accountability and a sense of community.

4. “Distinguished Nursing Students” Program

This program is currently in the working stage. It involves recognizing students who have gone “above and beyond” normal classroom requirements; for example, SVNs who had no absences during their education at CNC, those with the highest academic standing, those whose actions during clinical or public have saved a stranger’s life because of the SVN’s ability to recognize a state of emergency because of their education at CNC for such emergencies.

CNC has had two formal graduations so far this year. At the most recent one on May 26, 2012, the new graduates proudly wore traditional white caps and gowns and stated “Now we really feel like graduates.”

Students have participated in health fairs, tutored their peers and classmates from Terms 1-3. Each one was tutored by faculty about how to prepare a resume and received a separate grade for the finished product. Resume preparation was mandatory as part of their Leadership and Management class and the finished product was satisfactory for a job interview.

After reviewing the developing curriculum and having identified some deficiencies, I feel that there should be much more focus on pathologies and interventions. These changes can be implemented as we work through the program together over time.

The changes that George Evans started to implement are therefore progressing as planned with some minor changes occurring on an as-needed basis. The changes that are still being developed are progressing as planned and the Distinguished Students program has a tentative start date of the end of 2012.

The goal however – to improve CNC's NCLEX pass rates – remains unchanged. Ideally these changes should also ensure that the rate stays high for the future, not just for the immediate or the short term.

Adhering to proposed changes, making other changes when necessary along the way, working together as a cohesive faculty along with students, will allow CNC to reach it's intended goal. CNC may not see immediate results; however, the goal is attainable through diligence, contributions from staff and students, and a continual re-assessment of progress that has been made.

The narrative below establishes the analysis of the action plan submitted by the previous director, George Evans. The action plan outlined the school's strategies for improving the low pass rates. The analysis is the update to that action plan.

*The analysis has been organized using the suggested headings **SUCCESSFUL CHANGES**, **INEFFECTIVE CHANGES**, and **ALTERATIONS TO THE ACTION PLAN**. It ends with some final thoughts on the school's current status and makes some projections for the short and long term future.*

• **SUCCESSFUL CHANGES**

More Rigorous Admissions Standards

- The caliber of students has improved in general.
- The increased number of motivated students has resulted in improved classroom atmosphere (i.e. more academic, more conducive to learning).

Rigorous Adherence to Academic and Behavior Policies

- Fewer attendance issues across the board.
- Fewer instances of students arriving late or leaving early.
- Fewer violations of the dress code policy.
- Students are aware of their academic standing as well as any make-up hours to be resolved.
- Students have an open dialogue with faculty and administrative staff regarding any violations to school policy. They understand that consequences to any violations are not personal in nature and enforced only according to published policy.

Clinical Site Visitations

- Most positive result of the more frequent clinical site visits has been the reacquisition of Centinela Hospital Medical Center. This acute care facility is a major hospital with opportunities for valuable experience. The school previously had a clinical relationship with Centinela. It had degraded over the years and ultimately resulted in the Education Department refusing our students. Students are currently scheduled to begin clinical instruction at Centinela on December 5, 2012.
- Three additional clinical sites may be added to the school's roster in the coming months.

- Staff at clinical sites now recognize the school as a strong presence. They are also aware that the school emphasizes student and faculty accountability while at the clinical site. As a result, sites are motivated to continue hosting CNC students.

Quizzes/Tests

- Teachers create their own tests and quizzes based on their lectures using a software program called ExamView. This program allows teachers to create multiple versions of a test and even scramble the answer options.
- Tests are never reused from previous years or cohorts. They are destroyed (shredded) after they have been used. Students receive new and different tests for each course in each term.
- Cheating has been nearly eradicated. More importantly, motivation to cheat has been eliminated.

New Grading System

- Simpler grading policy makes comprehension of grades and performance much easier.
- Students maintain awareness of their academic standing.
- Pass/Fail grade for clinical performance resulted in students taking the clinical part of their nursing education more seriously.

Technological/Electronic Changes

- Engrade makes real-time grades on homework, quizzes and tests, GPA and overall academic performance available for viewing at any time by students and faculty. Because Engrade is an internet-based system, students and faculty can access the website at their leisure, on any device.
- ATI being introduced in Term I means students are familiar with computer-based testing by the time they complete the program. It is vital to NCLEX-PN success for students to be familiar with industry standard testing practices.
- The computer lab has been updated with new machines that run faster. They have also been locked down to prevent access to any other websites other than ATI.

Graduation/Pinning Ceremony

- Improved overall morale.
- Established student solidarity.

- Improved students' regard of the school; caused them to feel pride about where they got their nursing education.

New Faculty Practices

- New hiring system has standardized the process.
- The mock lecture/classroom presentation addition to the hiring process provides insight into a teacher's ability as opposed to throwing them into the classroom cold. It also reduced the number of frivolous applicants for faculty positions because it requires applicants to put work into their application process.
- In-class evaluations and peer reviews have improved the classroom atmosphere by increasing the teacher's sense of academic accountability.
- Improved faculty morale resulted from school's recognition of good teaching practices and performance as well as encouraging input on every aspect of the program.
- Faculty is a more cohesive unit: Clinical teachers know and communicate with theory teachers. Because theory and clinical are often taught by different people, it is important for all the teachers to maintain an open dialogue. It is not beneficial to students for faculty to remain their own islands.

Skills Lab

- The completely re-stocked and updated skills lab is geared toward pushing mastery of skills prior to contact with actual patients, and for brushing up as needed throughout the course.
- Videos have been updated and organized. The school has instituted a system of checking out these videos so they don't go missing.

• INEFFECTIVE CHANGES

The Lamplighter program, The Big Brother/Sister Mentorship program

- Criteria for eligibility were never developed.
- This resulted in loss of enthusiasm from the students in general.

- **ALTERATIONS TO THE ACTION PLAN**

Faculty Meetings

- Faculty Meetings will now be held more frequently and be shorter in duration. Previously, the faculty meetings lasted all day and were vastly comprehensive. They often included Professional Development and In-Service activities as well. As a result of all the material covered and the length of these meetings, people often did not absorb everything. This necessitated the previous director's having to conduct multiple sessions with each member of the faculty to answer individual questions and repeat content that was covered in the meeting. The shorter meetings will help us avoid these redundancies.
- Members of the administrative staff are encouraged to sit in for an hour at a time to be silent observers. Knowledge of faculty dynamics will assist administrative staff in their support of the faculty.
- Professional development and In-service activities will be conducted separate from faculty meetings.

The Lamplighter program

- The idea is a good one since it fosters self-motivation, pride and improved morale among the student body; however it is low on the priority list at the moment.
- Criteria and rules for the program will be developed next year with a projected start date of the program being fall of 2013.
- Strong academics will still be the core determinant of eligibility.
- Once the policies for the program have been established, a faculty member will be assigned the task of supervising the Lamplighter program, its benefits and eligibility.

Big Brother/Sister Mentorship program

- Another good idea like the Lamplighter program that fell to the bottom of the To-Do list.
- Like the Lamplighter program, rules and regulations will be developed and codified with a projected start date for the program being fall of 2013.
- A faculty member will be designated as the supervisor for the Mentorship program, its benefits and eligibility.

NCLEX Review

- The school has formalized an NCLEX review that is not part of the VN curriculum.
- The purpose of the review is for students to practice as many NCLEX style questions as they can over the 3 week period of the review. The materials come from ATI, review books, and curriculum content.
- This review occurs after students have submitted their Board Application paperwork and while they are waiting for their ATT. It was intended to refresh students after the program's conclusion, so they do not lose knowledge of core concepts during the processing time.
- The review is offered at no cost to all CNC students who have otherwise fulfilled requirements for graduation.

Graduation/Pinning Ceremony

- After experimenting with various methods of organizing and conducting the graduation/pinning ceremony, we decided the best way is for the school to supervise most of the activities and decisions for the ceremony.
- The school will determine the following (with some student input): venue, date and time, refreshment, invitations and programs.
- The students will collaborate on the following: audio/visual/multimedia show during the ceremony, speeches, nominations for awards, selection of pinners.

Skills Lab

- The skills lab will undergo regular inventory to prevent broken equipment from staying in circulation.
- New and better mannequins will be supplied in the next year.
- New posters depicting procedures will be obtained and posted on the walls of the skills lab. Students can use these as guidelines for practicing skills.

FINAL THOUGHTS

If the aim is to improve the NCLEX-PN pass rate, which it is, one of the obvious changes to make would be to the curriculum. Having reviewed my predecessor's Action Plan, Mr. Evans appeared to agree.

Prior to his departure, George Evans created the new curriculum. After the content was complete, it went through a series of edits with the replacement/interim director, Lynne Barnum. To date, the school has submitted the completely updated curriculum for approval by the BVNPT and we are currently awaiting feedback. Once the approval to move ahead with the revised curriculum is obtained, the school will then implement the most substantive change to the program. I believe this will result in the most dramatic improvement to the school's pass rate. However, one notable consideration is that the VN program is approximately one year at its shortest schedule. This means the school will not enjoy any benefits of the new curriculum until 16 months after the first class begins its first day of class with the revised curriculum. In the meantime, the school continues to fine-tune the other more immediate changes detailed in the Action Plan. After all, even the best curriculum needs to be supported and implemented in an appropriate manner if students are to benefit from it. This is why the original Action Plan was several pages instead of the sentence "We will revise the curriculum".

I have been monitoring the school's pass rate and am pleased to report that though we are still outside the acceptable range of 10 percentage points of the state average, we have been steadily improving. This is a reasonable outcome based on the changes that were made last year. We have made the word Accountability a beacon; doing so has made adherence to the action plan an easy task. The changes created a stable learning environment. Once the students became aware that their actions had direct consequences, they ceased to be in a state of confusion. All students were positively affected, including those who had gone through some or most of the VN program under the previous regime. The drastic change in atmosphere allowed students to focus on their studies with fewer distractions.

Some of the students who were introduced to the new practices late in their program went on to pass the NCLEX. The assumption is that a sizable number of these people who passed would have failed under the previous organization. Though it is impossible to prove this assumption, the higher pass rate supports the notion that we are at the least on the right path.

Please complete the following Enrollment Data Table for all classes currently enrolled and for those that are proposed.

ENROLLMENT DATA			
CLASS DATES		#Students Admitted at time of class start	#Students who are still in the class
Date class started or will start	Date class will Complete		
8/17/09	6/25/10	15	10 Graduated
11/9/09	10/5/10	25	16 Graduated
9/9/09	12/9/10	12	5 Graduated
11/30/09	3/11/11	13	7 Graduated
2/23/10	1/27/11	21	10 Graduated
5/7/10	4/14/11	16	11 Graduated
8/16/10	7/14/11	10	9 Graduated
9/13/10	1/12/12	7	1 Graduated
11/17/10	10/15/11	15	12 Graduated
3/4/11	2/10/12	15	13 Graduated
6/13/11	5/4/12	16	9 Graduated
4/20/11	8/3/12	12	2 Graduated
9/6/11	10/24/12	24	4 Graduated
9/26/11	1/14/13	11	8 Currently Enrolled
2/7/12	1/25/13	14	12 Currently Enrolled
4/30/12	4/25/13	14	12 Currently Enrolled
7/16/12	9/20/13	14	12 Currently Enrolled
9/24/12	11/20/13	19	17 Currently Enrolled
12/17/12	11/20/13	8	8 Currently Enrolled
02/25/13	02/25/14	15	N/A
04/29/13	04/29/14	15	N/A
05/28/13	08/28/14	15	N/A
09/03/13	09/03/14	15	N/A

ENROLLMENT DATA			
CLASS DATES		#Students Admitted at time of	#Students who are still in the class
11/18/13	11/18/14	15	N/A

Enrollment Data

Class	Start Date	End Date	# Students Admitted at time of class start	# Students who are still in the class
VN0030	9/26/11	1/14/13	11	7
VN0031	2/7/12	1/25/13	14	12
VN0032	4/30/12	4/25/13	14	12
VN0033	7/16/12	9/20/13	14	12
VN0034	9/24/12	11/27/13	19	17

Central Nursing College

Class: VN0030

Dates of enrollment: 9/26/11 – 1/11/13

Term	# of Students	Term Dates	Clinical Site
Term I	11	9/26/11 – 11/13/11	Imperial Crest
Term II	13	11/14/11 – 4/1/12	Imperial Crest
Term III	6	4/14/12 – 8/12/12	Hollywood Community Hosp.
Term IV	7	8/20/12 – 1/11/13	Hollywood Community Hosp OB: John Koh., MD (3 Students) Beverly Birthing Center (1 Student) Mee Sook Kim., MD (2 Students) Soon M Cha., MD (1 Student) PE: Yoon Sam., MD (2 Students) White Memorial Pediatric Medical Group (1 Student) Don Joon Yi., MD (2 Student) Bong Sook Chang., MD (1 Student) Sung Sub Choi., MD (1 Student)

Term I	Term II	Term III	Term IV
1. Gilbert, Mahogany 2. Lee, Bo Kyung 3. Lee, Esther 4. Maye, Dechell 5. Ortiz, Sandra 6. Zavala, Natalie 7. Watkins, Unique 8. Archer, Kiana 9. Hampton, Sylvia 10. Leon, Felipe 11. Saldana, Claudia	1. Gilbert, Mahogany 2. Lee, Bo Kyung 3. Lee, Esther 4. Maye, Dechell 5. Ortiz, Sandra 6. Zavala, Natalie 7. Watkins, Unique 8. Archer, Kiana 9. Hampton, Sylvia 10. Leon, Felipe 11. Saldana, Claudia <u>Transfer from other Class</u> 12. Batiste, Desiree 13. Taylor, Eugene	1. Gilbert, Mahogany 2. Archer, Kiana 3. Hampton, Sylvia 4. Saldana, Claudia 5. Batiste, Desiree 6. Tayolor, Eugene	1. Gilbert, Mahogany 2. Archer, Kiana 3. Hampton, Sylvia 4. Saldana, Claudia 5. Batiste, Desiree 6. Tayolor, Eugene 7. Nieto, Veronica

Central Nursing College

Class: VN0031

Dates of enrollment: 2/7/12 – 1/25/13

Term	# of Students	Term Dates	Clinical Site
Term I	14	2/7/12 – 4/24/12	Avalon Villa Center
Term II	15	5/7/12 – 7/30/12	Rehabilitation Center of Beverly Hills
Term III	15	8/6/12 – 10/24/12	Hollywood Community/Del Mar Conv
Term IV	12	11/5/12 – 1/28/13	LightHouse/Centinela Hosp OB: John Koh., MD (3 Students) Mee Sook Kim., MD (1 Students) Shobhana Gandhi., MD (2 Students) PE: Yoon Sam., MD (2 Students) White Memorial Pediatric Medical Group (1 Student) Don Joon Yi., MD (1 Student) Clinica Msr. Oscar Romero (2 Students)

Term I	Term II	Term III	Term IV
1. Adane, Eleni	1. Adane, Eleni	1. Adane, Eleni	1. Adane, Eleni
2. Belete, Abaynesh	2. Belete, Abaynesh	2. Belete, Abaynesh	2. Belete, Abaynesh
3. Clarke, Adedolapo	3. Clarke, Adedolapo	3. Clarke, Adedolapo	3. Clarke, Adedolapo
4. Estrada, Brenda	4. Gibson, Sheric	4. Morales, Anahi	4. Morales, Anahi
5. Gibson, Sheric	5. Maldonado, Olivia	5. Pigeo, Sandrika	5. Pigeo, Sandrika
6. Maldonado, Olivia	6. Morales, Anahi	6. Taye, Getachew	6. Taye, Getachew
7. Morales, Anahi	7. Pigeo, Sandrika	7. Velazquez, Manuel	7. Velazquez, Manuel
8. Pigeo, Sandrika	8. Taye, Getachew	8. Velez, Michelle	8. Velez, Michelle
9. Smith, James	9. Velazquez, Manuel	9. Wakjira, Tsion	9. Wakjira, Tsion
10. Taye, Getachew	10. Velez, Michelle	10. Workneh, Helen	10. Workneh, Helen
11. Velazquez, Manuel	11. Wakjira, Tsion	<u>Transfer from other Class</u>	<u>Transfer from other Class</u>
12. Velez, Michelle	12. Workneh, Helen	11. Martinez, Regina(VN29)	11. Lee, Esther(VN30)
13. Wakjira, Tsion	<u>Transfer from other Class</u>	12 Park, Andy(VN29)	12. Zavala, Natalie(VN30)
14. Workneh, Helen	13. Martinez, Regina(VN29)	13. Lee, Esther(VN30)	
	14. Tabuchi, Kimiyo(VN29)	14. Ortiz, Sandra(VN30)	
	15 Park, Andy(VN29)	15. Zavala, Natalie(VN30)	

Central Nursing College

Class: VN0032

Dates of enrollment: 4/30/12 – 4/24/13

Term	# of Students	Term Dates	Clinical Site
Term I	14	4/30/12 – 7/19/12	Avalon Villa Center
Term II	15	7/30/12 – 10/22/12	Rehabilitation Center of Beverly Hills
Term III	12	10/29/12 – 1/29/13	Hollywood Community
Term IV	12	2/11/13 – 4/24/13	<p>Potential: Centinela Hosp.</p> <p>OB: Potential</p> <p>John Koh., MD (3 Students)</p> <p>Mee Sook Kim., MD (2 Students)</p> <p>Shobhana Gandhi., MD (2 Students)</p> <p>PE: Potential</p> <p>Yoon Sam., MD (2 Students)</p> <p>White Memorial Pediatric Medical Group (1 Student)</p> <p>Don Joon Yi., MD (1 Student)</p> <p>Green Cross Medical Center (2 Students)</p>

Term I	Term II	Term III	Term IV
1. Cabaong, Robbie	1. Cabaong, Robbie	1. Demery-Bowen, Tiffany	1. Demery-Bowen, Tiffany
2. Daniels, Janea	2. Daniels, Janea	2. Gevorgyan, Lilit	2. Gevorgyan, Lilit
3. Demery-Bowen, Tiffany	3. Demery-Bowen, Tiffany	3. Green Violet	3. Green Violet
4. Gevorgyan, Lilit	4. Gevorgyan, Lilit	4. Ispiryan, Marina	4. Ispiryan, Marina
5. Green Violet	5. Green Violet	5. Kirakosyan, Violet	5. Kirakosyan, Violet
6. Ispiryan, Marina	6. Ispiryan, Marina	6. Petrosyan, Astghik	6. Petrosyan, Astghik
7. Kirakosyan, Violet	7. Kirakosyan, Violet	7. Song, Chong	7. Song, Chong
8. Petrosyan, Astghik	8. Petrosyan, Astghik	8. Tsujimoto, Yuri	8. Tsujimoto, Yuri
9. Song, Chong	9. Song, Chong	9. Yagima, Yumi	9. Yagima, Yumi
10. Tsujimoto, Yuri	10. Tsujimoto, Yuri	10. Huang, Yi	10. Huang, Yi
11. Yagima, Yumi	11. Yagima, Yumi	11. Otar, Rotimi	11. Otar, Rotimi
12. Wang, Qinghua	12. Wang, Qinghua	<u>Transfer from other Class</u>	<u>Transfer from other Class</u>
13. Huang, Yi	13. Huang, Yi	12. Maldoanado, Olivia(VN30)	12. Maldoanado, Olivia(VN30)
14. Otar, Rotimi	14. Otar, Rotimi		
	<u>Transfer from other Class</u>		
	15. Maldoanado, Olivia(VN30)		

Central Nursing College

Class: VN0033

Dates of enrollment: 7/16/12 – 9/20/13

Term	# of Students	Term-Dates	Clinical Site
Term I	14	7/16/12 – 10/8/12	Avalon Villa Center
Term II	13	11/5/12 – 3-6-12	Rehabilitation Center of Beverly Hills
Term III	13	4/1/13 – 7/11/13	Hollywood Community
Term IV	13	7/16/13-9/20/13	<p>Potential: Hollywood Presbyterian</p> <p>OB: Potential</p> <p>John Koh., MD (3 Students)</p> <p>Mee Sook Kim., MD (2 Students)</p> <p>Shobhana Gandhi., MD (2 Students)</p> <p>PE: Potential</p> <p>Yoon Sam., MD (2 Students)</p> <p>White Memorial Pediatric Medical Group (1 Student)</p> <p>Don Joon Yi., MD (1 Student)</p> <p>Green Cross Medical Center (2 Students)</p>

Term I	Term II	Term III	Term IV
1. Calixto, Rosalinda	1. Calixto, Rosalinda	1. Calixto, Rosalinda	1. Calixto, Rosalinda
2. Choe, JuYoung	2. Choe, JuYoung	2. Choe, JuYoung	2. Choe, JuYoung
3. Chung, Stacy	3. Chung, Stacy	3. Chung, Stacy	3. Chung, Stacy
4. Copeland, Guinisha	4. Haseo, Kyong Hee	4. Haseo, Kyong Hee	4. Haseo, Kyong Hee
5. Haseo, Kyong Hee	5. Ji, Lina	5. Ji, Lina	5. Ji, Lina
6. Ji, Lina	6. Kim, Yeon Young	6. Kim, Yeon Young	6. Kim, Yeon Young
7. Kim, Yeon Young	7. Laidley, Latanya	7. Laidley, Latanya	7. Laidley, Latanya
8. Laidley, Latanya	8. Luu, Deanne	8. Luu, Deanne	8. Luu, Deanne
9. Luu, Deanne	9. Masuyoshi, Katunori	9. Masuyoshi, Katunori	9. Masuyoshi, Katunori
10. Masuyoshi, Katunori	10. Mixon, Raven	10. Mixon, Raven	10. Mixon, Raven
11. Mixon, Raven	11. Okparaocha, Kennedy	11. Okparaocha, Kennedy	11. Okparaocha, Kennedy
12. Okparaocha, Kennedy	12. Onodera, Yukie	12. Onodera, Yukie	12. Onodera, Yukie
13. Onodera, Yukie	13. Wilson, Victoria	13. Wilson, Victoria	13. Wilson, Victoria
14. Wilson, Victoria			

Central Nursing College

Class: VN0034

Dates of enrollment: 9/24/12 – 11/26/13

Term	# of Students	Term Dates	Clinical Site
Term I	17	9/24/12 – 12/20/12	Avalon Villa Center / Rehab of Beverly Hills
Term II	17	1/14/13 – 5/1/13	Rehabilitation Center of Beverly Hills / Del Mar Conv.
Term III	17	6/10/13 – 8/29/13	Hollywood Community / Hollywood Presbyterian
Term IV	17	9/9/13 – 11/26/13	<p>Potential: Hollywood Presbyterian / Centinela Hosp.</p> <p>OB: Potential</p> <p>John Koh., MD (3 Students)</p> <p>Mee Sook Kim., MD (2 Students)</p> <p>Shobhana Gandhi., MD (2 Students)</p> <p>Beverly Birthing Center (1 Student)</p> <p>Grand Medical Center (1 Student)</p> <p>PE: Potential</p> <p>Yoon Sam., MD (2 Students)</p> <p>White Memorial Pediatric Medical Group (1 Student)</p> <p>Don Joon Yi., MD (1 Student)</p> <p>Green Cross Medical Center (2 Students)</p> <p>Bong Sook Chang., MD (1 Student)</p> <p>Sung Jang Kim., MD (1 Student)</p>

Term I	Term II	Term III	Term IV
1. Achonduh, Nelson	1. Achonduh, Nelson	1. Achonduh, Nelson	1. Achonduh, Nelson
2. Borden, Tokiko(LOA)	2. Chen, Xi	2. Chen, Xi	2. Chen, Xi
3. Chen, Xi	3. Chi, Meizi	3. Chi, Meizi	3. Chi, Meizi
4. Chi, Meizi	4. De Lara, Irene	4. De Lara, Irene	4. De Lara, Irene
5. De Lara, Irene	5. Flores, Maria	5. Flores, Maria	5. Flores, Maria
6. Flores, Maria	6. Gasparyan, Liana	6. Gasparyan, Liana	6. Gasparyan, Liana
7. Gasparyan, Liana	7. Hattori, Nagisa	7. Hattori, Nagisa	7. Hattori, Nagisa
8. Hattori, Nagisa	8. Hirata, Akiko	8. Hirata, Akiko	8. Hirata, Akiko
9. Hirata, Akiko	9. Hsueh, Jennifer	9. Hsueh, Jennifer	9. Hsueh, Jennifer
10. Hsueh, Jennifer	10. Lie, Rudy	10. Lie, Rudy	10. Lie, Rudy
11. Lie, Rudy	11. Pak, Gin Ju	11. Pak, Gin Ju	11. Pak, Gin Ju
12. Pak, Gin Ju	12. Shin, Eun Suk	12. Shin, Eun Suk	12. Shin, Eun Suk
13. Quan, Guang	13. Simpson, Carrie	13. Simpson, Carrie	13. Simpson, Carrie
Hua(LOA)	14. Shum, Makie	14. Shum, Makie	14. Shum, Makie
14. Shin, Eun Suk	15. Yokoyama, Yukiko	15. Yokoyama, Yukiko	15. Yokoyama, Yukiko
15. Simpson, Carrie	16. Zhao, Dan	16. Zhao, Dan	16. Zhao, Dan
16. Shum, Makie	17. Palacio, Beverly	17. Palacio, Beverly	17. Palacio, Beverly
17. Yokoyama, Yukiko			
18. Zhao, Dan			
19. Palacio, Beverly			

Central Nursing College

Class: VN0030

Dates of enrollment: 9/26/11 – 1/11/13

Term	# of Students	Term Dates	Clinical Site
Term I	11	9/26/11 – 11/13/11	Imperial Crest
Term II	13	11/14/11 – 4/1/12	Imperial Crest
Term III	6	4/14/12 – 8/12/12	Hollywood Community Hosp.
Term IV	7	8/20/12 – 1/11/13	Hollywood Community Hosp OB: John Koh., MD (3 Students) Beverly Birthing Center (1 Student) Mee Sook Kim., MD (2 Students) Soon M Cha., MD (1 Student) PE: Yoon Sam., MD (2 Students) White Memorial Pediatric Medical Group (1 Student) Don Joon Yi., MD (2 Student) Bong Sook Chang., MD (1 Student) Sung Sub Choi., MD (1 Student)

Term I	Term II	Term III	Term IV
1. Gilbert, Mahogany 2. Lee, Bo Kyung 3. Lee, Esther 4. Maye, Dechell 5. Ortiz, Sandra 6. Zavala, Natalie 7. Watkins, Unique 8. Archer, Kiana 9. Hampton, Sylvia 10. Leon, Felipe 11. Saldana, Claudia	1. Gilbert, Mahogany 2. Lee, Bo Kyung 3. Lee, Esther 4. Maye, Dechell 5. Ortiz, Sandra 6. Zavala, Natalie 7. Watkins, Unique 8. Archer, Kiana 9. Hampton, Sylvia 10. Leon, Felipe 11. Saldana, Claudia <u>Transfer from other Class</u> 12. Batiste, Desiree 13. Taylor, Eugene	1. Gilbert, Mahogany 2. Archer, Kiana 3. Hampton, Sylvia 4. Saldana, Claudia 5. Batiste, Desiree 6. Tayolor, Eugene	1. Gilbert, Mahogany 2. Archer, Kiana 3. Hampton, Sylvia 4. Saldana, Claudia 5. Batiste, Desiree 6. Tayolor, Eugene 7. Nieto, Veronica

Maternity and Pediatric Tracking Form

Central Nursing College

The purpose of this form is to delineate the program's presentation of theory instruction and clinical experience in Maternity Nursing and Pediatric Nursing to enrolled students and to ensure that every student receives the number of hours of theory instruction and clinical training consistent with the Board - approved curriculum.

List each student assignment for Maternity Nursing and Pediatric Nursing. Include both theory instruction and clinical experience, according to the program's instructional plan. Fill in the corresponding week of theory instruction and clinical experience from the program's instructional plan (IP). Modify the form as needed to show the number of students you are requesting and the number of weeks in your terms.

Students	IP Wk #42(C-Monday Th-W.,Th.)	IP Wk #43(C-Monday Th-W.,Th.)	IP Wk #44(C-Monday Th-W.,Th.)	IP Wk #45(C-Monday Th-W.,Th.)	IP Wk #44(C-Tue, Fr. Th-W.,Th.)	IP Wk #45(C-Tue, Fr. Th-W.,Th)	IP Wk #46(C-Tue, Fr. Th-W.,Th)
1.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
2.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
3.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
4.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
5.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
6.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
7.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
8.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
9.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
10.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
11.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.
12.	M Theory 14hrs. M Clinical 12hrs.	M Theory 14hrs. M Clinical 12hrs.	M Clinical 12hrs.	M Clinical 12hrs.	PE Theory 14hrs. PE Clinical 16hs.	PE Theory 14hrs. PE Clinical 16hs.	PE Clinical 16hs.

VN FACULTY

1. Cha, Andrew MSN, RN-BC, PHN
Nursing Director
2. Carter, Cheryl RN
VN Instructor
3. Farhoumand, Chekameh RN
VN Instructor
4. Havron, Sidette RN
VN Instructor
5. Lee, Julia RN
VN Instructor
6. Rabizvanesian, Ramoun RN
VN Instructor
7. Johnson, Janet RN
VN Instructor

Central Nursing College

CURRENT CONTRACTED HOSPITAL SITES

	Clinical Sites
1	Avalon Villa Care Center 12029 Avalon Blvd. Los Angeles, CA. 90061 323-756-8191 (Katherine)
2	The Rehabilitation Center of Beverly Hills 580 S. San Vicente Blvd. Los Angeles, CA. 90048 323-782-1500 (Janet)
3	Hollywood Community Hospital 6245 De Longpre Ave. Hollywood, CA. 90028 323-785-1227 (Natalya Karayan)
4	Light House Healthcare Center 2222 Santa Ana Blvd. Los Angeles, CA. 90059 323-564-4461 (Sherita Gray)
5	Centinela Hospital Medical Center 555 E. Hardy St. Inglewood, CA. 90301 310-680-8705 (Cora Price)
6	Del Mar Convalescent 3136 Del Mar Ave. Rosemead, CA. 91770 626-288-8353 (Kitti Wan)
7	Hollywood Presbyterian Hospital 1300 N. Vermont Ave. Los Angeles, CA. 90027 323-913-4582 (Elizabeth Borregard)
8	Country Villa University Park 230 E. Adams Blvd. Los Angeles, CA. 90011 213-748-0491 (Karen Borro)
9	Country Villa Rehabilitation Center 340 S. Alvarado St. Los Angeles, CA. 90057 213-484-9730 (Richard)
10	Imperial Crest Healthcare Center 11834 Inglewood Ave Hawthorne, CA 90250 310-679-1461 (Margie Linder)
11	Keiro Nursing Home 2221 Lincoln Park Ave. Los Angeles, CA 90036 323-276-5700 (Lynn Higashi)

7b. Central Nursing College

OB:

- A:** Kim, Mee Sook, MD 818-781-8970 15243 Vanowen St. #504 Van Nuys, CA 91405 Jackie
- B:** Soo Y. Song, MD 323-733-0121 3323 W. Olympic Blvd.,#201-Joan
- C:** Beverly Birthing Center 323-462-6423 4620 W. Beverly Blvd-Joyce
- D:** Moon S. Chang, MD 213-383-8497 8671 W. 6th Street-Helena Kim
- E:** Lee, Sang Joon, MD 323-735-0100 3130 W. Olympic Blvd..#360 LA, CA 90006-June
- F:** Park, Sang H., MD 323-730-0200 945 Western Ave., Ste100
- G:** Park, Min S., MD 213-382-0031 3000 W. 6th Street., Ste#202 Los Angeles, CA 90020 –Nancy Yoon
- H:** Koh, John, MD 805-527-8055 1147 Red Tail Way., Simi Valley, CA 93065-Noelle Kropman
- I:** Dr. Cha 213-368-6020 1058 S. Vermont Ave.Ste#204 Los Angeles, CA 90006
- J:** Dr. Lee 562-804-4443 10230 E. Artesia Blvd., Ste 111 Bellflower, CA 90706 Griselda
- K:** Shobhana Gandhi., MD Inc. 323-953-8821 1300 N. Vermont Ave LA, CA 90027 Cecilia
- L.** Advanced Family Care Medical Group 323-588-0084 1201 E. Florence Ave Los Angeles, CA 90001 Martha
- M.** Clinica Msr. Oscar Romero 213-201-2737 123 S. Alvarado St. Los Angeles, CA 90053
Oscar Lopez(Laura DON M,W,F 213-201-2784, T,Th 323-987-1405)
- N.** Grand Medical CTR. 213-380-5975 520 S. Virgil Ave #201. LA,CA 90020 David Kim
- O:** Green Cross Medical Clinic 323-750-7354 5832 S. Vermont Ave LA,CA 90044 Hatch Kourkasav.(OB,PE)

- PE:** **A:** Sung, Jang Kim, MD 213-365-6161 2015 W. Olympic Blvd.,#101-Mrs. Kim, Marian(9am-5:30)
- B:** Won Chul Kim, MD 213-388-3334 2405 W. 8th Street.,#205-Ms. Jeong, Kim(9am-5:30)
- C:** Sung Sub Choi, MC 323-733-0127 3323 W. Olympic Blvd.,#210-Jackie(9am-5:30pm)
- D:** Bong Sook Chang MD 213-383-8497 3671 W. 6th Street-Adriana(Eric new)(9am-5:30pm)
- E:** Insook A. Rhee, MD 213-386-0183 4220 W. 3rd Street., Ste 205-Yolanda(9am-5pm)
- F:** Yoon Sam, MD 310-214-1407 4177 Redondo Beach Lawndale, CA 90260 Sylvia(M,T,Th. 9am-5pm: W, F 9am-1pm)
- G:** Don Joon Yi, MD 213-368-6025(C:213-700-1011)1058 S. Vermont Ave.Ste#227 Los Angeles, CA 90006(9am-5pm)
- H:** Lee, Ha Sung, MD 213-387-8177 903 S. Crenshaw Ste104 Los Angeles, CA Theresa (9:30am-6pm)
- I:** Lee, Mi Jung, MD 213-252-0036 3030 W. Olympic #217 Lisa (9:30am-5pm)
- J:** White Memorial Pediatric Medical Group. Vasanti Voleto, MD 323-987-1200 1701 E. Cesar Chavez Ave #456 L.A, CA 90033
Michi Yano (New Contact Ingrid Onsueto or Iris (8:30am-5pm)
- K:** Clinica Msr. Oscar Romero 213-201-2737 123 S. Alvarado St. LA CA 90053
Oscar Lopez(Laura DON M,W,F213-201-2784, T,Th 323-987-1405)
- L:** Green Cross Medical Clinic 323-750-7354 5832 S. Vermont Ave LA,CA 90044 Hatch Kourkasav.(OB,PE)