

**REPORT OF SURVEY VISIT
 ST. PHILIP'S COLLEGE
 ASSOCIATE DEGREE NURSING EDUCATION PROGRAM**

SUMMARY OF REQUEST:

Consider the report of the April 17, 2006 survey visit and the staff recommendation concerning commendations, requirements and recommendations to be met based on the outcome of the survey visit (See Attachment #1).

HISTORICAL PERSPECTIVE:

Year	Approval Status	NCLEX-RN® Pass Rate	Number of First-Time Candidates (Passed/Total)
2005	Full with Warning (January 2006)	69.57%	48/69
2004	Full	71.79%	28/39
2003	Full	88.24%	15/17

- The St. Philip's College Associate Degree Nursing Education Program (LVN Mobility Track) has been in operation since November 1997.
- The approval status of the program was changed from full to full with warning at the January 19, 2006 Board meeting related to two consecutive NCLEX-RN® examination pass rates below 80%.
- A Board authorized survey visit was conducted on April 17, 2006.

SUMMARY OF SURVEY VISIT:

Virginia Holmes, MSN, RN and Janice Hooper, PhD, RN conducted the survey visit on April 17, 2006 (Attachment #1).

Board staff:

- Met with Clara Wallace, MN, RN, Director, and Shirley Carson-Davis, MSN, RN, Nursing Education Chairperson
- Met with six nursing faculty who teach in the day and evening programs
- Met with Dr. Lanier E. Byrd, Vice President for Academic Affairs and Dr. John E. Carnes, Dean of Applied Science and Technology
- Interviewed students from day and evening programs
- Toured education facilities, library and nursing skills labs
- Observed teaching in RNSG 2213 Mental Health Nursing
- Reviewed records, student files, faculty files, contracts with affiliating agencies, student papers, tests, policies, test blueprints, syllabi, minutes, class schedules, book lists, budgets

PROS AND CONS:

Pros-

- As a result of the program's February 2005 Self-Study Report, the program has been implementing ongoing corrective measures to improve graduates' success on the NCLEX-RN® examination.
- The program has made progress in improving the Clinical Evaluation Tools to reflect progression in expected student behaviors across the program (Board issued requirement, January 19, 2006).
- Faculty have developed test blueprints for current courses.
- Nursing skills labs are very spacious and are furnished with numerous practice stations, mannequins of all types, computer stations, hospital-type equipment, etc. and are supervised by a competent lab

assistant.

- Faculty are very dedicated and accessible to students and provide individual assistance to students.

Cons-

- Sequencing of courses in the day program is different from the sequencing of courses in the evening program to accommodate the availability of clinical settings and the availability of supervising faculty. This creates some difficulty in using the same clinical evaluation tools in both programs to reflect progression across the curriculum.
- A current table indicating the ratio of classroom to clinical hours was received in board office on June 14, 2006 but a 3:1 ratio of clinical:classroom hours can be obtained when ONLY the clinical courses and their co-requisite didactic courses are figured into the equation. (If other nursing courses are figured into the equation, a ratio is 1.24.)
- The Faculty Handbook provides a faculty structure with faculty committees to handle program business, but most committees are only required to meet once each semester.
- Faculty meeting minutes do not reflect a decision-making process based on evaluation data.
- Enrollment has increased from 20 in 2002 to 70 in 2005. The 2005 Annual Report indicates the program employs seven (7) full time and twelve (12) part time faculty.
- Didactic and clinical courses are co-requisite courses but the failure of one does not require the student to take both courses over again.
- The Total Evaluation Plan provided to staff does not include current data and decision-making (outcomes) based upon data.

STAFF RECOMMENDATION:

Move to accept the report of the April 17, 2006 survey visit and issue the following commendations, recommendations and requirements to be met as indicated in the attached letter (Attachment #2).

**BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS
SURVEY VISIT PROGRAM REPORT
(RN and RN to BSN Education Programs)**

NAME OF NURSING PROGRAM: St. Philip's College, Associate Degree Program (LVN to ADN Track)

DEAN OR DIRECTOR: Clara Wallace, MN, RN, Director

DATE APPOINTED August 16, 2004

REASON FOR SURVEY: Program on Warning, Low NCLEX-RN Scores DATES: April 17, 2006

SURVEY VISITOR(S): Janice I. Hooper, PhD, RN, and Virginia Holmes, MSN, RN

VOLUNTARY ACCREDITATION:

NLNAC: YES _____ NO x__

STANDARD/CRITERIA	EVIDENCE	COMMENTS
§215.1 General Requirements		
(a) The dean or director and faculty are accountable for complying with the Board's rules and regulations and the Nursing Practice Act.		Criterion met.
§215.4 Pass Rate of Graduates on the NCLEX-RN		
(c)(2)(A) Eighty percent (80%) of first-time candidates who complete the program of study are required to achieve a passing score on the NCLEX-RN examination.	NCLEX-RN® Examination Pass Rates: 2005 - 69.57% 2004 - 71.79%	Program's approval status changed from full to full with warning at January 19-20, 2006 Board meeting.
§215.5 Mission and Goals (Philosophy and Objectives)		
(a) The philosophy/mission and objectives/outcomes of the professional nursing education program shall be consistent with the philosophy/mission of the governing institution. The shall reflect the diversity of the community served and shall be consistent with professional, educational, and ethical standards of nursing.		Criterion met.
(b) Program objectives/outcomes derived from the philosophy/mission shall reflect the <i>Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs, Vocational (VN), Diploma/Associate Degree (Dip/AND), Baccalaureate (BSN), September 2002.</i>		Criterion met.
(c) Clinical objective/outcomes shall be stated in behavioral terms and shall serve as a mechanism for evaluating student progression.	Revised Clinical Evaluation Tools were submitted to board staff in April 2006 in fulfillment of Board issued requirement. Comments will be provided to program prior to implementation.	In process.

(d) The conceptual framework shall provide the organization of major concepts from the philosophy/mission of the program that provides the underlying structure or theme of the curriculum and facilitates the achievement of the program objectives/outcomes.		Criterion met.
(e) The faculty shall periodically review the philosophy/mission and objectives/outcomes and shall make revisions to maintain currency.		Criterion met.
§215.6 Administration and Organization		
(a) The governing institution shall be accredited by a Board-recognized agency. (b) There shall be an organizational chart which demonstrates the relationship of the professional nursing education program to the governing institution, and indicates lines of responsibility and authority.	SACS visit for reaccreditation of St. Philip's College occurred in January 2006. Administration reported a satisfactory visit with a recommendation for reaccreditation. The final decision from the Commission has not posted.	Criterion met.
(c) In colleges and universities, the program shall have comparable status with other academic units in such areas as rank, promotion, tenure, leave, benefits and professional development.	Nursing faculty follow same policies as faculty in other disciplines at St. Philip's College. Nursing Department Chair holds 12 month contract and Program Director holds 10-1/2 month contract.	Criterion met.
(d) Salaries shall be adequate to recruit, employ, and retain sufficient qualified faculty members with graduate preparation and expertise necessary for students to meet program goals.	Program and administration stated that teaching salaries do not compete with nursing salaries in health care settings. It has been suggested that stipends should be provided for nursing faculty to increase recruitment potential.	Criterion met.
(e) The governing institution shall provide financial support and resources needed to operate a program which meets the legal and educational requirements of the Board and fosters achievement of program goals. The financial resources shall support adequate educational facilities, equipment and qualified administrative and instructional personnel.	Director and faculty agreed that St. Philip's College provides adequate financial support and resources.	Criterion met.
(f) Each professional nursing education program shall be administered by a qualified individual who is accountable for the planning, implementation and evaluation of the professional nursing education program. The dean or director shall: (1) hold a current license or privilege to practice as a registered nurse in the State of Texas; (2) hold a master's degree in nursing; (3) hold a doctoral degree, if administering a baccalaureate or master's degree program; (4) have a minimum of three years teaching experience in a professional nursing education program; and (5) have demonstrated knowledge, skills and abilities in administration within a professional nursing education program.	Clara Wallace was approved as Director of the ADN Program in August 2004. She works closely with the Chair of Nursing Education, Shirley Carson-Davis. Program was required to conduct a Self-Study following low NCLEX-RN® examination pass rate in 2004 and submitted the report to board staff in March 2005. Program identified areas of concern and corrective measures to be implemented. Program was required to submit an evaluation of corrective measures with the 2005 Annual Report in November 2005. Several of the corrective measures planned were implemented beginning in Spring 2006 and their ongoing effectiveness has not been evaluated.	REQUIREMENT #1: Program Director shall be responsible for the implementation and continuing evaluation of ongoing corrective measures identified in the Self-Study Report of March 2005 and shall submit an evaluation of the effectiveness of the corrective measures with the 2006 Annual Report. See Requirement #5 below.

<p>§215.7 Faculty Qualifications and Faculty Organization</p>		
<p>(a) There shall be written personnel policies for nursing faculty that are in keeping with accepted educational standards and are consistent with those of the governing institution. Policies which differ from those of the governing institution shall be consistent with nursing unit mission and goals (philosophy and outcomes).</p> <p>(1) Policies concerning workload for faculty and the dean or director shall be in writing.</p> <p>(2) Sufficient time shall be provided faculty to accomplish those activities related to the teaching-learning process.</p> <p>(3) Teaching activities shall be coordinated among full-time, part-time faculty, clinical preceptors and clinical teaching assistants.</p> <p>(4) If the dean or director is required to teach, he or she shall carry a teaching load of no more than three clock hours per week.</p>	<p>Reviewed Faculty Handbooks for the Nursing Department and for St. Philip's College. Faculty workload is 18-24 hours/week, but most faculty are engaged in the 18 hour workload. The program does not use preceptors or teaching assistants.</p>	<p>Criterion met.</p>
<p>(b) A professional nursing education program shall employ sufficient faculty members with graduate preparation and expertise necessary to enable the students to meet the program goals. The number of faculty members shall be determined by such factors as:</p> <p>(1) The number and level of students enrolled;</p> <p>(2) The curriculum plan;</p> <p>(3) Activities and responsibilities required of faculty;</p> <p>(4) The number and geographic locations of affiliating agencies and clinical practice settings; and</p> <p>(5) The level of care and acuity of clients.</p>	<p>There are 6 full time faculty at the present time with one open full time faculty position. A qualified adjunct faculty member is a potential candidate for the full time position. In addition, there are about 12 adjunct faculty employed by the program who supervise clinicals. There are 70 students enrolled in the day and evening programs.</p> <p>In August 2005 Dr. Bess Stewart joined the full time faculty and was allowed release time for assisting with development of clinical evaluation tools, total program evaluation, and other curriculum/program materials in preparation for NLNAC accreditation. She also has teaching responsibilities.</p>	<p>Criterion met.</p> <p>RECOMMENDATION # 1: Administration is encouraged to allow additional release time for Dr. Stewart for curriculum development and program evaluation.</p>

<p>(c) Faculty Qualifications and Responsibilities</p> <p>(1) Documentation of faculty qualifications shall be included in the official files of the programs. Each nurse faculty member shall:</p> <p>(A) Hold a current license or privilege to practice as a registered nurse in the State of Texas;</p> <p>(B) Show evidence of teaching abilities and maintaining current knowledge, clinical expertise, and safety in subject area of teaching responsibility;</p> <p>(C) Hold a master's degree, preferably in nursing. A nurse faculty member holding a master's degree in a discipline other than nursing shall hold a bachelor's degree in nursing from an approved or accredited baccalaureate program in nursing; and</p> <p>(I) if teaching in a diploma or associate degree nursing program, shall have at least six semester hours of graduate level content in nursing appropriate to assigned teaching responsibilities, or</p> <p>(ii) if teaching in a baccalaureate level program, shall have at least 12 semester hours of graduate-level content in nursing appropriate to assigned teaching responsibilities.</p>	<p>Reviewed faculty files.</p> <p>Students interviewed commented about the dedication and availability of faculty. When faculty determine that a student is having difficulty, they voluntarily offer individual help to the student for counseling, tutoring and remediation.</p> <p>Faculty demonstrated that they are continuing a personal evaluation of the program's effectiveness and have individually taken measures to help students succeed in the program. Their conversations indicated they are very aware of each student's progress in the program and voluntarily intervene to provide assistance.</p>	<p>Criterion met.</p> <p>COMMENDATION #1: Faculty are commended for their dedication to students and for the individual attention they render to help students succeed in the program, especially in remediation efforts.</p> <p>COMMENDATION #2: Faculty are commended for their introspection about the program and their implementation of corrective measures to improve student success.</p>
<p>(D) In fully approved programs, if an individual to be appointed as faculty member does not meet the requirements for faculty as specified in this subsection, the dean or director is permitted to petition for a waiver of the Board's requirements, according to Board guidelines, prior to the appointment of said individual.</p>		
<p>(E) In baccalaureate programs, an increasing number of faculty members should hold doctoral degrees appropriate to their responsibilities.</p>	<p>All full time faculty are enrolled in an online doctoral program.</p>	<p>Criterion met.</p>
<p>(2) All nursing faculty, as well as non-nursing faculty, who teach theory nursing courses, e.g., pathophysiology, pharmacology, research, management and statistics, shall have graduate level educational preparation verified by the program dean or director as appropriate to these areas of responsibility.</p>		<p>Criterion met.</p>
<p>(3) Non-nursing faculty assigned to teach didactic nursing courses shall be required to co-teach with nursing faculty in order to meet nursing course objectives.</p>		<p>N/A</p>
<p>(d) Teaching assignments shall be commensurate with the faculty member's education and experience in nursing.</p>		<p>Criterion met.</p>
<p>(e) The faculty shall be organized with written policies and procedures and/or bylaws to guide the faculty and program's activities.</p>	<p>Faculty bylaws are included in the Faculty Handbook.</p>	<p>Criterion met.</p>

<p>(f) The faculty shall meet regularly and function in such a manner that all members participate in planning, implementing and evaluating the nursing program. Such participation includes, but is not limited to the initiation and/or change of academic policies, personnel policies, curriculum, utilization of affiliating agencies, and program evaluation.</p> <p>(1) Committees necessary to carry out the functions of the program shall be established with duties and membership of each committee clearly defined in writing.</p> <p>(2) Minutes of faculty organization and committee meetings shall document the reasons for actions and the decisions of the faculty and shall be available for reference.</p>	<p>Faculty bylaws call for the meeting of the Faculty Organization and most committee meetings to be held only once a semester. Minutes do not document that faculty are engaged in planning, implementing and evaluating the nursing program in the meetings. Data and decision-making are not indicated in the minutes provided. Staff suggested that more frequent meetings would facilitate faculty participation in curriculum planning, decisions about implementation and revision related to evaluation data. Staff also suggested that the program develop a standard template for minutes and a process for recording minutes at the meetings.</p>	<p>REQUIREMENT #2: The faculty shall meet regularly and function in such a manner that all members participate in planning, implementing and evaluating the nursing program. In addition, the minutes of faculty organization and committee meetings shall document the reasons for actions and the decisions of the faculty. Copies of faculty meeting minutes which reflect these changes shall be submitted to board staff by December 15, 2006.</p>
<p>(g) There shall be written plans for faculty orientation, development, and evaluation.</p> <p>(1) Orientation of new faculty members shall be initiated at the onset of employment.</p> <p>(2) A program of faculty development shall be offered to encourage and assist faculty members to meet the nursing program's needs as well as individual faculty member's professional development needs.</p> <p>(3) A variety of means shall be used to evaluate faculty performance such as self, student, peer and administrative evaluation.</p>	<p>Written plans are included in the Faculty Handbook. New faculty discussed their orientation to teaching in the program. Staff noted that there have been a number of new faculty and the program uses a large number of adjunct faculty for clinical instruction. When questioned about how they insure interrater reliability in grading and evaluating students, the program director described the process. Board staff encouraged the process to be included in the Faculty Handbook.</p>	<p>RECOMMENDATION #2: The faculty are encouraged to take a strong initiative to insure interrater reliability among the full time and adjunct faculty especially in areas of grading classroom and clinical assignments and evaluating clinical performance.</p>
<p>§215.8 Students</p>		
<p>(a) Students shall have mechanisms for input into the development of academic policies and procedures, curriculum planning, and evaluation of teaching effectiveness.</p>	<p>Students have been advised of their opportunity to serve on committees and several have expressed an interest in representing the nursing students. Students indicated that they do evaluate teaching effectiveness in the end-of-course evaluations.</p>	<p>Criterion met.</p>
<p>(b) The number of students admitted to the program shall be determined by the number of qualified faculty, adequate educational facilities and resources, and the availability of appropriate clinical learning experiences for students</p>	<p>St. Philip's Mobility Program has increased enrollments from 20 in 2002 to 70 in 2005. This has dramatically increased the responsibilities of faculty. Administration discussed a future new building for health professions and future growth.</p>	<p>RECOMMENDATION #3: The program is encouraged to delay plans for growth in numbers of students admitted until the NCLEX-RN® examination pass rate is stable and ongoing curriculum document revisions are complete.</p>
<p>(c) Written policies regarding nursing student admission and progression shall be developed and implemented in accordance with the requirements that the governing institution must meet to maintain accreditation. Student policies which differ from those of the governing institution shall be in writing and shall be made available to faculty and students.</p>	<p>Reviewed Student Handbook which includes student policies. Students who were interviewed are well aware of progression policies regarding the HESI exams.</p>	<p>Criterion met.</p>
<p>(d) Policies shall facilitate mobility/articulation, be consistent with acceptable educational standards, and be available to students and faculty.</p>		<p>Criterion met.</p>

<p>(e) Students shall have the opportunity to evaluate faculty, courses, and learning resources and these evaluations shall be documented.</p>	<p>Course evaluations were not available for review.</p>	<p>Criterion met.</p>
<p>(f) Individuals enrolled in approved professional nursing education programs preparing students for initial licensure shall be provided verbal and written information regarding conditions that may disqualify graduates from licensure and of their rights to petition the Board for a Declaratory Order of Eligibility. Required eligibility information includes: (1) Texas Occupations Code 301.252, 301.257 and 301.452 - .469; and (2) Sections 213.27 - 213.30 of the Texas Administrative Code (relating to Good Professional Character, Licensure of Persons with Criminal Convictions, Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters, Declaratory Order of Eligibility for Licensure). (g) The professional nursing education program shall maintain written receipt of eligibility notification for up to six months after the individual enrolled completes the nursing education program or permanently withdraws from the nursing education program.</p>		<p>Criterion met.</p>

<p>§215.9 Program of Study</p>		
<p>(a) The program of study shall be: (1) at least the equivalent of two academic years and shall not exceed four calendar years; (2) planned, implemented, and evaluated by the faculty; (3) based on the philosophy/mission objectives/outcomes; (4) organized logically, sequenced appropriately; (5) based on sound educational principles; (6) designed to prepare graduates to practice according to the Standards of Nursing Practice as set forth in the Board's rules and Regulations; and (7) designed and implemented to prepare students to demonstrate the <i>Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs, Vocational (VN), Diploma/Associate Degree (Dip/ADN), Baccalaureate (BSN), September 2002.</i></p>	<p>St. Philip's ADN Program has day and evening tracks. Both tracks require the same courses but sequencing of courses is different in each track. Courses offered in the third semester for day students are offered in the second semester for evening students due to clinical and faculty availabilities. Students from the day and evening programs who were interviewed discussed this as a concern. Evening students also expressed dissatisfaction with the inclusion of Health Assessment in the second semester for the evening program rather than in the first semester (the case for day students). New faculty also indicated concerns about the differences in sequencing of courses for day and evening tracks. In addition, this creates a dilemma for establishing the required progression of students' achievements across the program in clinical evaluation tools since the same tools are used in both tracks. Students also indicated that if they had been told that they could take Health Assessment and Pharmacology before entering the nursing program, they would have done so in order to lighten their academic load.</p>	<p>RECOMMENDATION #4: The faculty are encouraged to reevaluate the sequence of nursing courses in the program and to consider matching the evening track with the day track. In addition, it is recommended that pre-nursing students are advised that they may take Health Assessment and Pharmacology prior to formally entering the nursing program.</p>
<p>(b) There shall be a reasonable balance between non-nursing courses and nursing courses which are offered in a supportive sequence with rationale and are clearly appropriate for collegiate study.</p>	<p>All non-nursing courses are pre-requisite to the program.</p>	<p>Criterion met.</p>
<p>(c) There shall be a rationale for the ratio of contact hours assigned to classroom and clinical learning experiences. The recommended ratio is three contact hours of clinical learning experiences for each contact hour of classroom instruction.</p>	<p>The program director was unable to provide a table documenting total classroom and total clinical hours, course by course. (A table was received in board office on June 14, 2006. Several different calculations of the ratio of clinical:classroom hours. A ratio of 3:1 could only be achieved when contact hours in clinical courses and the co-requisite courses were figured into the calculation.)</p>	<p>REQUIREMENT #3: The program director and faculty shall review the clinical requirements for the program to determine where additional clinical hours are needed for an acceptable ratio. In addition, faculty shall provide a rationale for the ratio of contact hours assigned to classroom and clinical learning experiences. This information shall be provided to board staff by October 1, 2006.</p>
<p>(d) The program of study should facilitate articulation among programs.</p>	<p>Several of the students interviewed had graduated from St. Philip's VN Program.</p>	<p>Criterion met.</p>

<p>(e) The program of study shall include, but not be limited to the following areas:</p> <p>(1) non-nursing courses, clearly appropriate for collegiate study, offered in a supportive sequence.</p> <p>(2) nursing courses which include didactic and clinical learning experiences in the four content areas, medical-surgical, maternal/child health, pediatrics, and mental health nursing that teach students to use a systematic approach to clinical decision making and prepare students to safely practice professional nursing through promotion, prevention, rehabilitation, maintenance, and restoration of the health of individuals of all ages.</p> <p>(A) Course content shall be appropriate to the role expectations of the graduate.</p> <p>(B) Professional values including ethics, safety, diversity, and confidentiality shall be addressed.</p> <p>(C) The Nursing Practice Act, Standards of Nursing Practice, Unprofessional Conduct Rules, Delegation Rules, and other laws and regulations which pertain to various practice settings shall be addressed.</p>	<p>Staff visited one nursing class in session, Mental Health Nursing, being taught by Ms. Noel. She was presenting an organized lecture on group therapy using power point slides and following a blueprint. She engaged the students by asking questions and inviting their participation. She used examples, humor and connected the content to previous learning experiences.</p> <p>The faculty are developing test blueprints and matrices for all courses. Staff reviewed these documents.</p>	<p>Criterion met.</p>
<p>(e)(3) Nursing courses shall prepare students to recognize and analyze health care needs, select and apply relevant knowledge and appropriate methods for meeting the health care needs of individuals and families, and evaluate the effectiveness of the nursing care.</p>	<p>Reviewed student papers including care plans.</p>	<p>Criterion met.</p>
<p>(e)(4) Baccalaureate and entry-level master's degree programs in nursing shall include learning activities in basic research and management/leadership, and didactic and clinical learning experiences in community health nursing.</p>		<p>N/A</p>
<p>(f) The learning experiences shall provide for progressive development of values, knowledge, judgment, and skills.</p> <p>(1) Didactic learning experiences shall be provided either prior to or concurrent with the related clinical learning experiences.</p> <p>(2) Clinical learning experiences shall be sufficient in quantity and quality to provide opportunities for students to achieve the stated outcomes.</p> <p>(3) Students shall have sufficient opportunities in simulated or clinical settings to develop manual technical skills, using contemporary technologies, essential for safe, effective nursing practice.</p> <p>(4) Learning opportunities shall assist students to develop communication and interpersonal relationship skills.</p>	<p>Didactic and clinical courses are co-requisite courses. However, if a student fails one, he/she does not have to repeat the correlated course.</p> <p>Several students indicated the efficiency in the use of clinical time. Faculty involve students in role-playing and clinical activities when time allows in clinical.</p>	<p>Criterion met.</p>
<p>(g) Faculty shall develop and implement evaluation methods and tools to measure progression of students' cognitive, affective and psychomotor achievements in course/clinical objectives according to Board guidelines.</p>	<p>Revised clinical evaluation tools have been submitted to staff for review. Comments will be provided to the program for their implementation.</p>	<p>In process.</p>

<p>(h) Curriculum changes shall be developed by the faculty according to Board standards and shall include information outlined in the Board guidelines. The two types of curriculum changes are:</p> <p>(1) Minor curriculum changes not requiring prior Board staff approval, and may include: (A) editorial updates of philosophy/mission and objectives/outcomes; or (B) redistribution of course content or course hours</p> <p>(2) Major curriculum changes requiring Board staff approval prior to implementation, including: (A) changes in program philosophy/mission and objectives/outcomes which result in a reorganization or re-conceptualization of the entire curriculum, including but not limited to changing from a block to an integrated curriculum. (B) the addition of transition course(s), tracks/alternative programs of study, including MEEP, that provide educational mobility. (C) mobility programs desiring to establish a generic program are treated as a new program and the appropriate proposal should be developed.</p>	<p>The last changes in the program were to comply with Field of Study (THECB) in 2003.</p>	<p>Criterion met.</p>
<p>(i) All programs implementing a curriculum change shall provide an evaluation of the outcomes of these changes and submit with the Annual Report through the first graduating class.</p>		<p>N/A</p>
<p>(j) Documentation of Governing Institution approval or Texas Higher Education Coordinating Board approval must be provided to the Board prior to implementation of changes, as appropriate.</p>		<p>N/A</p>
<p>(k) Nursing education programs that have full approval and are undergoing major curriculum changes shall submit an abbreviated proposal to the office for approval at least four (4) months prior to implementation. The abbreviated proposal shall contain at least the following: (1) new and old philosophy/mission, major concepts, program objectives/outcomes, course objectives/outcomes; (2) new and old curriculum plans; (3) clinical evaluation tools for each clinical course; and (4) additional information as requested in order to provide clarity for Board staff.</p>		<p>N/A</p>
<p>(l) Nursing education programs not having full approval but proposing a major curriculum change shall submit a full curriculum change proposal and meet the requirements as outlined in 215.9(h).</p>		<p>N/A</p>

<p>§215.10 Management of Clinical Learning Experiences and Resources</p>		
<p>(a) In all cases faculty shall be responsible and accountable for managing clinical learning experiences and observational experiences of students.</p>	<p>Students discussed their clinical learning experiences indicating they receive appropriate faculty supervision. Students also said that faculty are very astute about their performance and competence. The skills lab and a lab coordinator are available to assist students to become competent with skills. Faculty indicated an interest in additional simulation activities where the student could access the activities on their own.</p>	<p>Criterion met.</p> <p>RECOMMENDATION #5: Program director and faculty are encouraged to investigate incorporating computer assisted instruction with an appropriate lab assistant to complement lab simulation.</p>
<p>(b) Faculty shall develop criteria for the selection of affiliating agencies/clinical facilities or clinical practice settings which address safety and the need for students to achieve the program outcomes (goals) through the practice of nursing care or observational experiences.</p>		<p>Criterion met.</p>
<p>(c) Faculty shall select and evaluate affiliating agencies/clinical facilities or clinical practice settings which provide students with opportunities to achieve the goals of the program.</p> <p>(1) Written agreements between the program and the affiliating agencies shall specify the responsibilities of the program to the agency and the responsibilities of the agency to the program.</p> <p>(2) Agreements shall be reviewed periodically and include provisions for adequate notice of termination.</p>	<p>Contracts with clinical agencies reviewed. Evaluations of clinical agencies not reviewed.</p>	<p>Criterion met.</p>
<p>(d) The faculty member shall be responsible for the supervision of students in clinical learning experiences.</p> <p>(1) When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than ten (10) students. Patient safety shall be a priority and may mandate lower ratios, as appropriate. The faculty member shall supervise that group in only one facility at a time, unless some portion or all of the clinical group are assigned to observational experiences in additional settings.</p> <p>(2) Direct faculty supervision is not required for an observational experience.</p> <p>(A) Observational experiences may be used to supplement, but not replace patient care experiences, and must serve the purpose of student attainment of clinical objectives.</p> <p>(B) Observational experiences shall comprise no more than 20% of the clinical contact hours for a course and no more than 10% of the clinical contact hours for the program of study.</p>		<p>Criterion met.</p>

<p>(e) Faculty may use clinical preceptors or clinical teaching assistants to enhance clinical learning experiences and to assist faculty in the clinical supervision of students.</p> <p>(1) Faculty shall develop written criteria for the selection of clinical preceptors and clinical teaching assistants.</p> <p>(2) When clinical preceptors or clinical teaching assistants are used, written agreements between the professional nursing education program, clinical preceptor or clinical teaching assistant, and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.</p> <p>(3) Faculty shall be readily available to students and clinical preceptors or clinical teaching assistants during clinical learning experiences.</p> <p>(4) The designated faculty member shall meet periodically with the clinical preceptors or clinical teaching assistants and student(s) for the purpose of monitoring and evaluating learning experiences.</p> <p>(5) Written clinical objectives shall be shared with the clinical preceptors or clinical teaching assistants prior to or concurrent with the experience.</p>	<p>Not presently used.</p>	<p>N/A</p>
<p>(f) Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after a student has received clinical and didactic instruction in the basic areas of nursing for that course or specific learning experience.</p> <p>(1) In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than 12 students in a clinical group.</p> <p>(2) In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than 24 students.</p> <p>(3) The preceptor may supervise student clinical learning experiences without the physical presence of the faculty member in the affiliating agency or clinical practice setting.</p> <p>(4) The preceptor shall be responsible for the clinical learning experiences of no more than two students per clinical day.</p>		<p>N/A</p>
<p>(5) Clinical preceptors shall have the following qualifications:</p> <p>(A) competence in designated areas of practice;</p> <p>(B) philosophy of health care congruent with that of the nursing program; and</p> <p>(C) current licensure or privilege as a registered nurse in the State of Texas; or</p> <p>(D) if not a registered nurse, a current license in Texas as a health care professional with a minimum of a bachelor's degree in that field.</p>		<p>N/A</p>
<p>(g) Clinical teaching assistants may assist qualified, experienced faculty with clinical learning experiences.</p>		<p>N/A</p>

<p>(1) In clinical learning experiences where a faculty member is supported by a clinical teaching assistant, the ratio of faculty to students shall not exceed 2:15 (faculty plus clinical teaching assistant: student).</p> <p>(2) Clinical teaching assistants shall supervise student clinical learning experiences only when the qualified and experienced faculty member is physically present in the affiliating agency or alternative practice setting.</p> <p>(3) When acting as a clinical teaching assistant, the RN shall not be responsible for other staff duties, such as supervising other personnel and/or patient care.</p>		N/A
<p>(4) Clinical teaching assistants shall meet the following criteria:</p> <p>(A) hold a current license or privilege to practice as a registered nurse in the State of Texas;</p> <p>(B) hold a bachelor's degree in nursing from an accredited baccalaureate program in nursing; and</p> <p>(C) have the clinical expertise to function effectively and safely in the designated area of teaching.</p>		N/A
<p>§215.11 Facilities, Resources, and Services</p>		
<p>(a) The governing institution shall be responsible for providing:</p> <p>(1) educational facilities,</p> <p>(2) resources, and</p> <p>(3) services which support the effective development and implementation of the nursing education program.</p>	<p>The designated classroom for the ADN program is crowded. A new building is in the planning stage and the Nursing Department is participating in the planning. They are presently developing a "wish list."</p>	<p>RECOMMENDATION #6: Administration is encouraged to honor requests from the Nursing Department for adequate nursing classrooms in the new Allied Health Building and to continue to involve nursing faculty in the planning process.</p>
<p>(b) The dean or director and faculty shall have adequate secretarial and clerical assistance to meet the needs of the program.</p>		Criterion met.
<p>(c) The physical facilities shall be adequate to meet the needs of the program in relation to the size of the faculty and the student body.</p> <p>(1) The dean or director shall have a private office.</p> <p>(2) Faculty offices shall be conveniently located and adequate in number and size to provide faculty with privacy for conferences with students and uninterrupted work.</p> <p>(3) Space for clerical staff, records, files, and equipment shall be adequate.</p> <p>(4) There shall be mechanisms which provide for the security of sensitive materials, such as examinations and health records.</p> <p>(5) Classrooms, laboratories, and conference rooms shall be conducive to learning and adequate in number, size, and type for the number of students and the educational purposes for which the rooms are used.</p>	<p>Except for the size of the dedicated classroom, other facilities are adequate. The nursing skills labs are exceptional! There are three separate lab areas, each at least with two rooms and ample storage. There are numerous nursing stations with dozens of mannequins, body parts, etc. The available equipment is exemplary. All has been made available through private and institutional funding.</p>	<p>Criterion met.</p> <p>COMMENDATION #3: The program is commended for the excellent facilities and supervision for nursing skills laboratories.</p>

<p>(d) The learning resources, library, and departmental holdings shall be current, use contemporary technology appropriate for the level of the curriculum, and be sufficient for the size of the student body and the needs of the faculty.</p> <p>(1) Provisions shall be made for accessibility, availability, and timely delivery of information resources.</p> <p>(2) Facilities and policies shall promote effective use, i.e. environment, accessibility, and hours of operation.</p>	<p>Tour of library revealed a number of outdated nursing holdings.</p>	<p>REQUIREMENT #4: The nursing faculty and the Librarian shall collaborate in developing a weeding policy for nursing holdings. This policy shall be provided to BNE staff with the Annual Report for 2006.</p>
<p>§215.12 Records and Reports</p>		
<p>(a) Accurate and current records shall be maintained in a confidential manner and be accessible to appropriate parties. These records shall include, but are not limited to:</p> <p>(1) records of current students;</p> <p>(2) transcripts/permanent record cards of graduates</p> <p>(3) faculty records;</p> <p>(4) administrative records, which include minutes of faculty meetings for the past three years, annual reports, and school catalogs;</p> <p>(5) the current program of study and curriculum including mission and goals (philosophy and outcomes), and course outlines;</p> <p>(6) agreements with affiliating agencies; and</p> <p>(7) the master plan of evaluation with most recent data collection.</p>	<p>Selected student files reviewed. Faculty records reviewed.</p>	<p>Criterion met.</p>
<p>(b) Records shall be safely stored to prevent loss, destruction, or unauthorized use.</p>		<p>Criterion met.</p>
<p>(c) Copies of the program's Annual Reports and important Board communication shall be maintained as appropriate.</p>		<p>Criterion met.</p>
<p>§215.13 Total Program Evaluation</p>		
<p>(a) There shall be a written plan for the systematic evaluation of the total program. The plan shall include evaluative criteria, methodology, frequency of evaluation, assignment of responsibility, and indicators (benchmarks) of program and instructional effectiveness. The following broad areas shall be periodically evaluated:</p> <p>(1) organization and administration of the program;</p> <p>(2) philosophy/mission and objectives/outcomes;</p> <p>(3) program of study, curriculum, and instructional techniques;</p> <p>(4) education facilities, resources, and services;</p> <p>(5) affiliating agencies and clinical learning activities;</p> <p>(6) students' achievement;</p> <p>(7) graduates' performance on the licensing examination;</p> <p>(8) graduates' nursing competence;</p> <p>(9) faculty members' performance; and</p> <p>(10) extension programs.</p>	<p>A revised Program Evaluation Plan was submitted to board staff in fulfillment of Board requirement issued on April 25, 2005. The plan has been formatted using NLNAC standards since the program plans to seek NLNAC accreditation in the future. At this point the plan does not include current data and decisions or revisions (outcomes) based upon data.</p>	<p>REQUIREMENT #5: The faculty shall continue to refine the Program Evaluation Plan to include current data and revisions (outcomes) based upon the evaluation data. An updated Program Evaluation Plan with current data shall be submitted with the 2006 Annual Report. The evaluation of ongoing corrective measures mentioned in Requirement #1 above may be included in the revised Program Evaluation Plan.</p>

(b) All evaluation methods and instruments shall be periodically reviewed for appropriateness.		
(c) Implementation of the plan for total program evaluation shall be documented in the minutes.		See Requirement # 2 and #5.
(d) Major changes in the nursing education program shall be evidence-based and supported by rationale.		See Requirement # 2 and #5.

Meeting with the Director

1. Short-term goals:
2. Long-term goals:
3. New projects/changes initiated:

Meeting with Students:

1. Program strengths: Tutoring program in Science courses.
 Individual attention from faculty, especially in remediation.
2. Areas for improvement:
3. Areas emphasized in the curriculum:

Meeting with faculty:

1. Program strengths
2. Areas for program development/improvement:
3. New projects/changes initiated:

July 24, 2006

Clara Wallace, MN, RN, Director
Associate Degree Nursing Program
St. Philip's College
1801 Martin Luther King Drive
San Antonio, Texas 78203-2098

Dear Ms. Wallace:

At the July 20-21, 2006 meeting, members of the Board of Nurse Examiners discussed the report of the April 17, 2006 survey visit of the St. Philip's Associate Degree Nursing Program. The Board wishes to thank for being present to answer questions.

Based upon the discussion and review of documents, it was the decision of the Board to accept the survey visit report and issue the following commendations, recommendations and requirements to be met.

COMMENDATIONS:

1. Faculty are commended for their dedication to students and for the individual attention they render to help students succeed in the program, especially in remediation efforts.
2. Faculty are commended for their introspection about the program and their implementation of corrective measures to improve student success.
3. The program is commended for the excellent facilities and supervision for nursing skills laboratories.

RECOMMENDATIONS:

1. In August 2005 Dr. Bess Stewart joined the full time faculty and was allowed release time for assisting with the development of clinical evaluation tools, total program evaluation, and other curriculum/program materials in preparation for future NLNAC accreditation. She also has teaching responsibilities. **Therefore**, administration is encouraged to allow additional release time for Dr. Stewart for curriculum development and program evaluation.
2. Staff noted that there have been a number of new faculty and the program uses a large number of adjunct faculty for clinical instruction. **Therefore**, the faculty are encouraged to take a strong initiative to insure interrater reliability among the full time and adjunct faculty especially in areas of grading classroom and clinical assignments and evaluating clinical performance.
3. St. Philip's Mobility Program has increased enrollments from 20 in 2002 to 70 in 2005. This has dramatically increased the responsibilities of faculty. Administration discussed a future new building for health professions and future growth. **Therefore**, the program is encouraged to delay plans for growth in numbers of students until the NCLEX-RN® examination pass rate is stable and ongoing curriculum document revisions are complete.

4. St. Philip's ADN Program has day and evening tracks. Both tracks require the same courses but sequencing of courses is different in each track. Courses offered in the third semester for day students are offered in the second semester for evening students due to clinical and faculty availabilities. Students and faculty expressed concern about course sequencing. Students also said that if they had known they could take Health Assessment and Pharmacology prior to entering the nursing program, they would have done so to facilitate their course load in the nursing program. **Therefore**, faculty are encouraged to reevaluate the sequence of nursing courses in the program and to consider matching the evening track with the day track. **In addition**, it is recommended that pre-nursing students be advised that they may take Health Assessment and Pharmacology prior to formally entering the nursing program.
5. Students discussed their clinical learning experiences indicating they receive appropriate faculty supervision. The skills lab and a lab coordinator are available to assist students to become competent with clinical skills. Faculty indicated an interest in additional simulation activities where the students could access activities on their own. **Therefore**, the program director and faculty are encouraged to investigate incorporating computer assisted instruction with an appropriate lab assistant to complement lab simulation.
6. The designated classroom for the ADN program is crowded. A new building is in the planning stage and the Nursing Department is participating in the planning. **Therefore**, administration is encouraged to honor requests from the Nursing Department for adequate nursing classrooms in the new Allied Health Building and to continue to involve nursing faculty in the planning process.

REQUIREMENTS:

1. Rule 215.6(f) related to Administration and Organization requires in pertinent part that "Each professional nursing education program shall be administered by a qualified individual who is accountable for the planning, implementation and evaluation of the professional nursing education program." Program submitted a Self-Study Report to board staff in March 2005 in which areas of concern and corrective measures to be implemented were identified. Several of the corrective measures were ongoing or were to begin implementation in 2006. **Therefore**, the program director shall be responsible for the implementation and continuing evaluation of ongoing corrective measures identified in the Self-Study Report of March 2005 and shall submit an evaluation of the effectiveness of corrective measures with the 2006 Annual Report. (See Requirement #5 below.)
2. Rule 215.7(f) related to Faculty Qualifications and Faculty Organization requires in pertinent part that "The faculty shall meet regularly and function in such a manner that all members participate in planning, implementing and evaluating the nursing program. Such participation includes, but is not limited to the initiation and/or change of academic policies, personnel policies, curriculum, utilization of affiliating agencies, and program evaluation....(2) Minutes of faculty organization and committee meetings shall document the reasons for actions and the decisions of the faculty and shall be available for reference." Faculty bylaws call for the meeting of the Faculty Organization and most committee meetings to be held only once each semester. Minutes do not document that faculty are engaged in planning, implementing and evaluating the nursing program in the meetings. Data and decision-making are not indicated in the minutes provided. **Therefore**, the faculty shall meet regularly and function in such a manner that all members participate in planning, implementing and evaluating the nursing program. **In addition**, the minutes of faculty organization and committee meetings shall document the reasons for actions and the decisions of the faculty. Copies of faculty meeting minutes which reflect these changes shall be submitted to board staff by December 15, 2006.

3. Rule 215.9(c) related to Program of Study requires that “There shall be a rationale for the ratio of contact hours assigned to classroom and clinical learning experiences. The recommended ratio is three contact hours of clinical learning experiences for each contact hour of classroom instruction.” The program director provided a table documenting total classroom and total clinical hours with several different calculations of the ratio of clinical to classroom hours. A ratio of 3:1 cannot be calculated unless only clinical courses and their co-requisite didactic courses are included in the equation. **Therefore**, the program director and faculty shall review the clinical requirements for the program to determine where additional clinical hours are needed for an acceptable ratio. **In addition**, faculty shall provide a rationale for the ratio of contact hours assigned to classroom and clinical learning experiences. This information shall be provided to board staff by October 1, 2006.
4. Rule 215.11(d) related to Facilities, Resources, and Services requires in pertinent part that “The learning resources, library, and departmental holdings shall be current, use contemporary technology appropriate for the level of the curriculum...” **Therefore**, the nursing faculty and the Librarian shall collaborate in developing a weeding policy for nursing holdings. This policy shall be provided to BNE with the 2006 Annual Report.
5. Rule 215.13(a) related to Total Program Evaluation requires in pertinent part that “There shall be a written plan for the systematic evaluation of the total program. The plan shall include evaluative criteria, methodology, frequency of evaluation, assignment of responsibility, and indicators (benchmarks) of program and instructional effectiveness.” A revised Program Evaluation Plan was submitted to board staff in fulfillment of Board requirement issued on April 25, 2005. The plan has been formatted using NLNAC standards since the program plans to seek NLNAC accreditation in the near future. At this point the plan does not include current data and decisions or revisions (outcomes) based upon data. **Therefore**, the faculty shall continue to refine the Program Evaluation Plan to include current data and revisions (outcomes) based upon the evaluation data. An updated Program Evaluation Plan with current data shall be submitted with the 2006 Annual Report. The evaluation of ongoing corrective measures mentioned in Requirement #1 above may be included in the revised Program Evaluation Plan.

If you have any questions or if we may be of assistance, please contact board staff at (512) 305-6814.

Sincerely,

Linda R. Rounds, PhD, RN, FNP
President

Janice I. Hooper, PhD, RN
Nursing Consultant for Education

copy: Angie S. Runnels, PhD, President, St. Philip's College
Shirley Carson-Davis, RN, MSN, CNS, FNP, Chair, Nursing Department, St. Philip's College