2020
ANNUAL REVIEW OF PROGRAM DATA

UNIVERSITY of HAWAI'I®
MAUI
COMMUNITY COLLEGE

1. Program or Unit Description

Program or Unit Mission or Purpose Statement

Mission: The UHMC nursing program provides a collaborative learning experience with access to multiple levels of nursing education, offering personal enrichment and career opportunities for our students. We provide a learning milieu in which faculty, staff, and students from diverse backgrounds work together with the community to create state of the art nursing education and practice

Vision: We envision a nursing education program that produces caring, competent, and professional nurse leaders prepared to meet the healthcare demands of a diverse community and the challenges of a dynamic healthcare environment.

What is the target student or service population?

Students who have demonstrated /proven aptitudes in math, English, and science through prerequisite courses, and TEAS testing, and have an interest in a healthcare career in Nursing.

2. Analysis of the Program/Unit

Discuss the Program's or Unit's strengths and areas to improve in terms of Demand, Efficiency, and Effectiveness based on an analysis of the program's Quantitative Indicators or comparable unit-developed measures or program-developed metrics. Include a discussion of relevant historical-trend data on key measures (i.e., last three years).

Demand: "Healthy".

Year Admitted ADN	Total applicants	Qualified applicants	Admitted
F17	109	98	40
F18	93	84	40
F19	99	68	30 (+10 LPNs)
F20	101	85	30 (+10 LPNs)

Efficiency: "Healthy". NURS 261, 363, and 366 are electives so not all students take these. Since we open seats for all to take, this dilutes the class fill rate to 83.2% in 2019-20 rather than in the 90's for the core program courses.

Effectiveness: "Cautionary". For our accrediting organization, successful completion of the program is defined as finishing within 150% of time on the program map; for 2019-20 we had 3 students who decelerated; 2 have rejoined and are progressing, the third will rejoin in Spring; all 3 are on track to complete within 150% time; so overall retention for the cohort beginning in F18 and graduating this SPR20 will be 40/41=97.6% (currently 37/41, 90%). Our effectiveness is **healthy**.

The action plan for the next academic year is to complete the approval process for implementing a Bachelors of Science in Nursing (BSN). This program will generate >$300K in new revenue once fully implemented. The UHMC faculty are doctoral and masters prepared already, and the Hawaii Statewide Nursing Consortium (HSNC) curriculum affords us access to a proven program plan for the fourth year. An additional faculty will be needed upon implementation of the fourth year. The formal ATP1 is awaiting approval from the UH President.

Discuss significant program or unit actions (new certificate(s), stop outs, gain/loss of position(s), results of prior year's action plan, etc.). Include external factors affecting the program or unit.

- 1 retirement in F20; not yet replaced
- BSN implementation has been delayed related to COVD-19; now targeting F22 admission; switch to smaller cohorts is linked to implementation of BSN
- Implementation of class offerings by lab and clinical sections so faculty workload is documented in Banner in in progress; it is under review by the Campus Curriculum Committee and plan for implementation in F21
- Nursing PCC submitted TE Memo to Deans; will be reflected in Banner changes ● Added virtual simulations to suite of simulation offered d/t COVID-19; applied for Perkins Grant to fortify simulation lab but COVID-19 changed funding priorities
- the COVID-19 pandemic impacted the program heavily; abrupt change to online courses in mid March, suspension of all clinical practicum activities and on-campus labs in Spring; summer almost entirely online (1 day on campus for skills practice and testing in final week of summer session)

Perkins Indicators 1P1, 2P1, 3P1, and 4P1 were met.
5P1 Nontraditional Participation (under-represented gender groups): we had 22 men in the program out of 77 students in F19, for 28.6% males so goal was met and surpassed
5P2 Nontraditional Completion: goal was 23.25%; in SP20 there were 7 men out of 37 graduates, only 18.9%. The class before made it and the next graduating class looks promising, with > 30% men enrolled.

==Provide high school and/or 4-year or graduate pathways articulation?== Nursing is not applicable for high school, but the HSNC provides a 4-year articulation with UH Manoa; 1 SPR19 graduates went to UH Manoa, 3 went to UH Hilo (which does not have a 4-year articulation); participation is low because of high employment rates- most students choose a job offer as a nurse over an additional year of schooling.

Relationship of HSNC BSN Degrees to MHS Hiring

What effect has this program had on closing equity gaps? We have a pretty well diversified set of cohorts as it stands. Going forward, holistic admission, which is linked to the BSN program implementation, is designed to address equity gaps; diversity and inclusiveness are goals of holistic admissions. Currently we have a blind admissions process based on points from pre-req courses, the TEAS entrance test score, and related healthcare experience..

What is the industry/higher ed path value of the certificate versus degree level? Maui healthcare providers, particularly Maui Memorial Medical Center, state their preference for BSN prepared grads, but want to hire local nurses so continue to hire the ASN grads as that is all that is available. The ASN degree authorizes grads to take the licensure exam which is required to practice and our students are successful at passing this exam.

UHMC NCLEX Pass Rates

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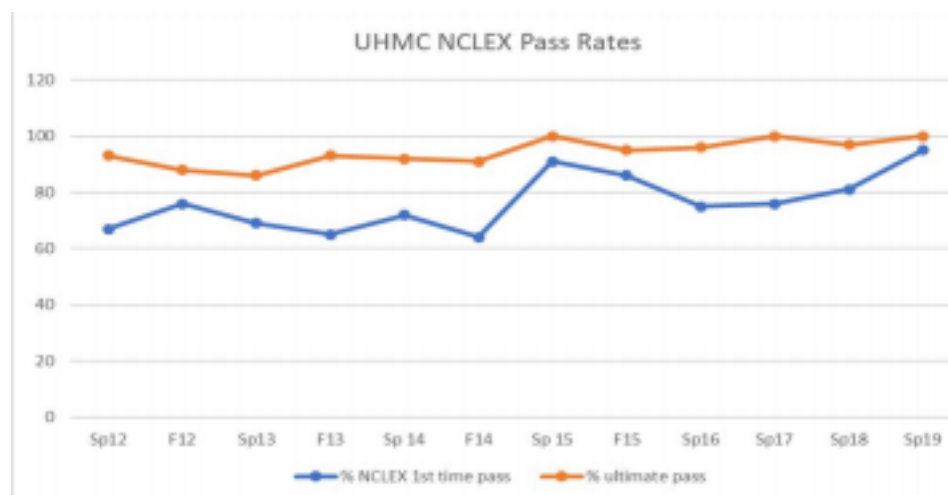
BSN students are more likely to be promoted and earn more across their career and BSN prepared nurses deliver better safety and quality outcomes to their patients (less morbidity and mortality); our industry partners are well aware of this. The ASN degree qualifies students to progress to BSN in innumerable formats but the recent grads have not chosen the UH options and instead use online offerings that send the tuition revenue out of state.

Provide graduate highlights based on recent graduate placement data.
The nurse residency program at Maui Memorial was delayed from October to January because of the delays in licensure testing due to the COVID-19 pandemic; the hospital anticipates hiring 30 new nurses. We had 37 graduates in May 2020. A few others have already been employed elsewhere on island and two moved to Washington state to take jobs there. The cohort before them are *all* working right now.

3. Program Student Learning Outcomes or Unit/Service Outcomes

a) List of the Program Student Learning Outcomes or Unit/Service Outcomes 1. A competent nurse's professional actions are based on core nursing values, professional standards of practice, and the law.
2. A competent nurse develops insight through reflective practice, self-analysis, and self-care.
3. A competent nurse engages in ongoing self-directed learning and provides care based on evidence supported by research.
4. A competent nurse demonstrates leadership in nursing and health care.
5. A competent nurse collaborates as part of a healthcare team.
6. A competent nurse practices within, utilizes, and contributes to the broader health care system
7. A competent nurse practices patient-centered care.
8. A competent nurse communicates effectively.
9. A competent nurse demonstrates clinical judgment/critical thinking in the delivery of care of patients while maintaining safety.
b) Program or Unit/Service Outcomes that have been assessed in the year of this Annual Review.
PLO#2: A competent nurse develops insight through reflective practice, self-analysis, and self-care.

c) Assessment Results. Include the method used for assessment i.e. exit project or capstone results, proficiency standards, stakeholders participating in the assessment process, how the data was collected/analyzed, and the results.

The clinical evaluation tool (CET) was used to evaluate this in the final clinical course of the program: NURS 360. For each clinical experience students are asked to cite a

specific example of how they met one of the student learning outcomes. This promotes reflection not just one what happened in clinical but how it informs the role of the nurse in the setting. By the final course, they demonstrate clear insightfulness into their own growth in becoming a practicing RN. The specific clinical instructor reads and comments on each entry to reinforce or redirect as needed. the students are required to perform at a 4 out of 5 level on the CET rubric. All but one of the 360 students passed this evaluation tool. The one had a medical issue and had to decelerate. WE anticipate her return in SPR21.

d) Changes that have been made as a result of the assessment results. Other questions that resulted from the assessment and how you will follow up?
This CET has an inherently active nature and is working well. It is based off a nationally validated tool that we have adapted, and requires the students to interact with the outcomes and articulate for themselves how they met them. WE plan to k

4. Action Plan

Based on findings in Parts 1-3, develop an action plan for your program or unit from now until your next Comprehensive Review date. Be sure to focus on areas to improve identified in ARPD data, student learning or unit/service outcomes, results of survey data, and other data used to assess your program or unit. This plan should guide your program/unit through to the next program/unit review cycle and must detail measurable outcomes, benchmarks and timelines. Include an analysis of progress in achieving planned improvements.
* CTE programs must include specific action plans for any Perkins Core Indicator for which the program did not meet the performance level.

Specify how the action plan aligns with the College's Mission and Strategic

Plan. Evaluation of last year's Program Review Action Plan:

1. The design of a UHMC BSN program. This includes bringing the Hawaii Statewide Nursing Consortium Curriculum into UHMC Kuali and bringing the many stakeholders into alignment. Planned implementation for F21 admission.
    a. curriculum is designed; 4th year is not in Kuali yet; stakeholders are in alignment but COVID has slowed approval; outside chance for F21 implementation (would benefit from the increased revenue generated by the program - see graphic below), but likely F22.

Result - Cost to UHMC

ASN Program

$1,102,081 in faculty salary costs

$354,195 in tuition revenue (2,300+ SSH per AY)
- Includes lower tuition on upper division courses

$747,886 total subsidy on program

BSN Program

$1,102,081 in faculty salary costs

$690,545 in tuition revenue (3,000+ SSH per AY)
- 700 SSH for BSN completion
- **Removes** lower tuition on upper division courses in year 2.

$411,536 total subsidy on program

2. Twice a year admission of smaller cohorts and create faculty teams who stay with a course. This will facilitate curriculum improvement as faculty are afforded continuity in their teaching assignments. It will also ease the transition of new faculty into the program (we will have 7 probationary faculty by F20) by not requiring them to teach different material every semester.
    a. reconsidering due to increase in administrative workload and decreased flexibility of faculty
3. Implement class offerings by lab and clinical sections so faculty workload is documented in Banner.
    a. Changes have been added into Kuali and presented to the Curriculum Committee and we plan to present to the Academic Senate this F20 for start in F21.
4. Nursing PCC to submit TE Memo to Deans.
    a. submitted in SPR20
5. Strengthen the Simulation Program.
    Sim lab affords students specific experiences in specialty areas, and in high risk situations, that not every student may see during regular clinical rotations. This increases the level of safety in the new graduate nurse as proven by a large nationwide study completed by the National Council of State Boards of Nursing (NCSBN). In our small community with one one hospital, the specialty experiences are limited, as well.

a. In response to the COVID-19 pandemic and the need to replace lost clinical with online delivery in the last half of SPR20, all of SUM20, and largely in F20 we implemented the use of virtual simulation (done synchronously online with the instructor and the clinical group - 10 or less students) with several tools with documented progress in the student's clinical judgment. These virtual simulation tools will now become a permanent part of our lab and clinical program delivery.

<mark>Address opportunities for re envisioning your program? How does your plan address emerging or future economic opportunities? What is the projected industry/community demand in 5-6 years?</mark>

*Program Review Action Plan for this year:

1. Add more structure and rigor around unit exams; rolling out a test blueprint that will support our Testing Policy; aiming for consistency across the program and producing ever improving assessment. Will assess exam psychometrics to determine improvement.
2. We will intentionally replace some clinical time with virtual simulation we just learned and replace some classroom teaching with online because it increases flexibility (rooms, logistics, etc.). Will compare exit scores with the previous years.
3. Possibly need to continue to use "pods" to do lab and clinical scheduling. Typically we rotate groups and instructors for lab and clinical experience; now due to infection control we are aiming to limit F2F interactions and instead maintain fixed groups. Will assess if exit performance in collaboration or communication was hindered by having same groups versus having a variety of team members and instructors.
4. Next year eval clinical judgment, PLO #9: A competent nurse demonstrates clinical judgment/critical thinking in the delivery of care of patients while maintaining safety. This will give us a formal assessment of the new tools we have implemented during COVID particularly Linda Caputi's "Think Like a Nurse" curriculum.
5. NCLEX & Comp Predictor Results for Cohort 13, will be analyzed and compared to identify potential areas to focus improvement efforts on.
6. BSN

*The action plan may be amended based on new initiatives, updated data, or unforeseen external factors.

5. Resource Implications

Detail any resource requests, including reallocation of existing resources (physical, human, financial)

With the loss of one C5 in 12/19 and the loss of another C5 in 12/20, the program has lost both the high level work they accomplished (the 12/19 faculty was not replaced), and their leadership. With several Probationary faculty now in the tenure track, and with the pandemic, there were unexpected gaps in the program process, for example in the testing policy, that came up and have been instrumental in the mentoring of the new faculty and our action planning. Along with the decreasing

funds to hire lecturers, it will be important to replace the next faculty who retires so as not to jeopardize the goals and results of the program.

A replacement faculty will save money as the retiring faculty is at a high pay level that a new faculty member will not be at.

We have met as a PCC to brainstorm and share solutions as we have gone though COVID, and as we look ahead to needing to reduce costs. Though sharing resources is not as realistic, sharing ideas and pedagogy is essential.

X I am NOT requesting additional resources for my program/unit. I am asking to replace the faculty member we are losing.