1. Faculty position being proposed
Pediatric Nursing Faculty

2. Proposal Being Made by (List Name(s) and Title(s))
Sally Scofield, Director, Registered Nursing Program

3. Summary description of the position
Responsible for teaching the pediatric nursing content in lecture, lab and clinical setting. Responsible and accountable for the development, implementation and evaluation of the pediatric nursing curriculum and evaluates how the content fits in the total curriculum plan. Serves as the pediatric content expert as required by the California Board of Registered Nursing (BRN) California Code of Regulations, Title 16, Chapter 14, Article 3, section 1425(f) (1) (2) (A) (B). Supervises and evaluates students to ensure delivery of safe patient care in the clinical area. Prepares and administers exams, counsels students on their progress, and maintains records of student classroom and clinical experience. Participates in developing program goals and objectives, overall curriculum development and evaluation, development of policies and procedures, participates in decision making regarding the direction and nature of the nursing program, and facilitates and ensures individual/collective faculty compliance with specified regulations governing continuing approval of the program. Contributes to yearly BRN and Accreditation Commission for Education in Nursing, (ACEN, formally NLNAC) mandatory written evaluations. Participates in program review. Participates in nursing and college committees.

4. Rationale for filling this position: include examples of how this position impacts students, program needs, and college goals

The Registered Nursing Program is one of Ohlone College’s CTE programs. This faculty position is one of three vacant full time positions in the nursing program. The California Board of Registered Nursing (BRN), the accrediting body for all the nursing programs in the state, requires that a nursing program must be able to demonstrate that nursing students possess clinical competence in each required content area: medical-surgical, pediatric, obstetric, geriatric, and psychiatric/mental health nursing. Article 3, Title 16, Chapter 14, California Code of Regulations (CCR), Section 1424(h) requires that each program must identify a content expert who possesses theoretical and clinical competence in the required content area. “Content expert” means an instructor who has the responsibility to review and monitor the program’s entire curricular content for the designated nursing area of geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics or pediatrics (CCR, section 1420(F)). Because pediatric nursing is a specialty which practice differs from other nursing specialty, only RNs with recent clinical experience in this field are board-qualified to teach pediatric content, skills lab and clinical. Without the pediatric content, the nursing program will be deemed non-compliant and thus will not receive accreditation and graduates will not be allowed to take the national RN licensing exam (NCLEX-RN).

In the last BRN continuing approval visit in October, 2012, while there were no areas of non-compliance found, one of the recommendations the nursing program received was related to the lack of qualifications of one of our designated content expert: CCR 1424(h) with reference to CCR 1420(f) and CCR 1425(f): Develop and implement a policy for content expert roles, responsibilities and qualifications consistent with the BRN definition and requirements. This 2014-2015 academic year, pediatric instruction is shared by three (3) adjunct faculty; one (1) adjunct teaching theory only; two (2) adjuncts teaching in the clinical setting. While our current pediatric nursing adjuncts are qualified clinically, their experience in academia and curriculum development is very limited. Only one (1) adjunct holds a Master’s degree in Nursing; the other two (2) has baccalaureate degrees only. As seasoned faculty, we are aware that it takes a few years to socialize to the educator role and truly understand the complexities of the program curriculum. To maintain our BRN and ACEN accreditations, the nursing curriculum and program outcomes must be evaluated on a yearly basis to meet the needs of a dynamic healthcare system. We find it very challenging to accomplish these requirements without a full time pediatric nursing instructor “who has the responsibility to review and monitor the program’s entire pediatric curricular content.” In the last four years, we’ve had 4 different
pediatric adjuncts who have helped us meet the educational needs of our students in theory and had to hire three (3) other adjuncts to teach clinical. But their role has been limited to teaching and these adjunct faculty have not contributed to curriculum development. Adjunct faculty do not stay long enough to truly understand the curriculum and participate in curriculum evaluation. Because our adjuncts work at other jobs when they don’t teach for Ohlone, they cannot attend our bi-weekly faculty and curriculum meetings to get fully involved in the curriculum design, planning, implementation and evaluation. Needless to say, because of the frequent turnover of the pediatric nursing adjuncts, the curriculum is in dire need of a comprehensive review by a qualified content expert with clinical and academia experience. None of the other faculty in the program is qualified to teach pediatric nursing and thus cannot be fully responsible for the pediatric content. Like the medical profession, nursing is a very specialized field. If an infant, child or adolescent has a health issue, he or she will seek a pediatrician, not a surgeon. The care of an infant, child or adolescent is different from the care of an adult, or the care of a pregnant woman, or a patient with psychiatric problem.

At the time of this writing, the one long serving adjunct pediatric faculty will be tendering her resignation at the end of Fall 2014. She is suffering from adjunct faculty burn out and the lack of a consistent full time pediatric faculty who can tie this course together. This faculty member has been lending a degree of clinical leadership. With her resignation, the pediatric course, will again limp along through the Spring 2015 semester.

5. Are there any externally imposed requirements such as a specialized program accreditation that would put this program in jeopardy if a full time position is not filled? If so, please explain.

No. However, the nursing program did receive a recommendation to shore up the program content experts.

6. Any other rationale to support the position proposal:

This pediatric faculty position is a very difficult position to fill. Specialty nursing adjunct positions, (Pediatrics, Obstetrics, and Psych/Mental Health) are typically hard to fill because in most cases, these nurses already have a job in another institution. In addition, there are fewer of these types of credentialed nurses at clinical sites compared to the general nursing area (medical-surgical nursing). To illustrate: a hospital will have one pediatric unit (or none at all), or one OB unit while there may be 4-5 general nursing units. Pediatric in-patient facilities are more limited in number and thus, less pediatric nurses are available for work.

In the last four years, we have hired 2 to 3 adjuncts per semester to cover the full time faculty load; a total of 7 adjuncts over 4 years. Due to preexisting work commitment to their primary job, adjuncts cannot provide us with all the hours that the course requires. Their hospital job is their main job and thus can only commit to us whatever extra time they have. This year, I was lucky enough to find another pediatric nurse interested in teaching and willing to accommodate the hours we require. In the last four years we’ve been placed in the uncomfortable position of not knowing whether we would be able to run the program without the pediatric nursing faculty. The nursing program is not in compliance without the required pediatric component. Student success and program completion will always be in jeopardy if the rapid turnover of adjuncts continues and we are not able to find replacements.

The Employment Development Department labor market information estimates between 2010 and 2020, 251,800 nurses will be employed in California, with a projected employment of 306,100 equating a 21.6% growth (an estimated 45,600 job openings due to net replacements). The current labor market information does not include the projected number of nurses needed when the Affordable Care Act (ACA) becomes fully implemented.

The remaining questions to be completed by Deans
The nursing program was first opened in 1974. Since the inception, the program has always had a full complement of nursing faculty. As previously stated, the BRN and ACEN both require the nursing program to have a pediatric nursing content expert. Pediatric nursing is a specialty field of nursing. The pediatric nursing content expert is required to have at least 240 hours of direct patient care in the last 3 years or one year full time direct patient care in the last 5 years; at least 30 hours of continuing education directly related to the care of pediatric patients as well as a Master’s Degree in Nursing.

As Professor Scofield stated, the pediatric faculty can be filled by an adjunct faculty member. However, the continuity and flow of the curriculum may be affected due to the contract of an adjunct faculty member. Additionally, the nursing program has received a recommendation to address the areas of faculty in the area of content experts.

In preparation for the nursing program 2017 California Board of Registered Nursing accreditation visit and the 2018 ACEN accreditation visit, the nursing faculty are reviewing and revising the entire nursing curriculum. This task is monumental. The nursing faculty are worried, because we do not have a full time “Content expert” who can take the responsibility to review and monitor the program’s entire curricular content for the pediatric nursing course.

The statistics do not tell the nursing department story. True, we are a small department. True, we are a costly department. True, we only accept 44 students every year. True, we have external accreditation regulations which require small class sizes. True, we are a very successful CTE program offered at Ohlone College. True, our annual national exam pass rate consistently remains between 93% to 96% for first time takers.

However, I am now concerned about the future outcomes of the nursing students and the nursing program. For the first time in the history of the Ohlone College Registered Nursing Program, we are experiencing huge attrition rates. The attrition rate has doubled between 2012-2013 and 2013-2014 academic years. Upon analysis, the nursing faculty have examined reasons affecting student success. First, students have personal issues which interfere with their college time commitments. Four of the failing sixteen students (25%) fell into this category. Second, students cannot achieve passing grade of 75% on theory exams, twelve of the sixteen failing students (75%).

The faculty next examine possible remedies to quell this pattern. The Director of Nursing and the faculty have designed and instituted the nursing student success plan. All newly admitted students will attend an all-day nursing orientation. This session identifies student learning styles, stress management, time management and self-care. A panel of recent graduates addresses the incoming students to share their positive and negative experience. Also, the family members are asked to come at the end of the day to learn about the nursing program and time commitment. Next, a nursing support group has been established. Students are able to attend and ask questions, talk about issues and seek guidance in a safe and supportive arena. Lastly, the early warning system has been fortified. Students will have individualized action plans for success developed to address the areas which need improvement.

After examining reasons why students are unsuccessful, we are compelled to investigate what role do the vacant full time nursing faculty positions contribute to this attrition rate? The adjunct faculty we recruit and hire are exceptional bedside nurses. Many have graduated from the Ohlone College Nursing Program. However, inconsistencies do occur. When a student has one faculty teach in the Tuesday skills lab, one faculty teach on Thursday clinical and one faculty teach on Friday clinical students can become puzzled. Additionally, adjunct theory faculty are not required to have office hours. When a student has problems in theory, their problems are addressed by the Director of Nursing or another full time faculty member who many not be totally versed in that subject matter.

The newly implemented strategies for success and curriculum revision takes time and the four remaining faculty achieved this work as well as their other duties. The four full time faculty members are teaching their full loads as well as meeting their college wide committee assignments and nursing department
assignments. The faculty are also doing double duty with departmental committee work as four full time are doing the work of eight. I am very proud of the work they are doing with adjunct faculty members. In order to have consistency between theory, skills lab and hospital clinical rotations, the full time faculty have regular conversations with their assigned adjuncts. A course which normally consists of two full time faculty, now has one full time faculty and up to four adjunct to replace one full time faculty member.

In respect for the needs of the entire college, the nursing program will be submitting one request at this time. The nursing program actually has three openings due to retirements and resignations. The most immediate need is in pediatrics. The previous pediatric faculty took the SERP in May 2011. This position has been filled with three to five adjunct faculty. For the fourth year in a row, we have hired a new pediatric theory faculty. The second faculty vacancy was created in March 2012 when a medical-surgical full time faculty resigned at spring break. The third faculty vacancy was created when a faculty took a medical resignation in January 2012.

The program is managing with adjuncts; however the continuity and flow of curriculum is being realized, as the adjuncts do not attend the curriculum and faculty meeting held twice a month on Monday mornings. During the fall 2012 and 2013 semester, I did receive several comments from students regarding the number of faculty they had to deal with in a single course. The students acknowledged the full time faculty was working hard, however, they voiced concern over the continuity and consistency of instruction. We have an obligation and duty to insure patients receive up-to-date safe and quality care rendered by safe and well educated students.

DATA SUMMARY:

8. What is the department FTES?
8

9. What is the ratio of full-time to part-time faculty in the department?
6 FT: 13 Adjuncts

10. What is the ratio of full-time faculty to department FTES?
45.77

11. What is the current WSCH/FTEF in the department?
184

12. What is the number of sections taught by full-time faculty and number taught by part-time faculty?
Full time: 9; Adjuncts: 12 sections

13. Does the position address an area of growth? If yes, include a three year trend line for FTES.
The Registered Nursing Program does not address an area of growth. The mission of Ohlone College is to serve the community by offering instruction for basic skills, career entry, university transfer, economic development, and personal enrichment for all who can benefit from our instruction in an environment where student learning success is highly valued, supported, and continually assessed.

The Nursing Program offers instruction for career entry, in a high demand, high wage profession.
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<tr>
<th>Academic Year</th>
<th>Total number of students lost</th>
<th>Course where students lost</th>
<th>Reasons</th>
<th>Attrition rate (# of students permanently lost)</th>
<th>Number of Graduates</th>
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<td>N301-2</td>
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<td>12%</td>
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<td>N302-2</td>
<td>2 Personal reasons</td>
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<td>41%</td>
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