OVERVIEW OF PROGRAMS
The Nursing Programs are in direct alignment with the Bakersfield College (BC) mission, vision, and core values. They provide high quality education to our socially, culturally, and economically diverse student community by providing opportunities for the students to earn their Associate Degree in Nursing (ADN) and/or Vocational Nurse (VN) certificate, attain highly desired workplace skills, and smoothly transition to an institution of higher learning. Critical thinking and effective communication are integral skill sets woven throughout the Nursing Programs as they are vital components for professional development and effective transition into the workforce.

PROGRAM STATUS USING ESSENTIAL PRACTICES OF THE GUIDED PATHWAYS
Clarifying the Path
The goal of our Nursing Programs is to provide positive, innovative learning models, that fosters the development of critical thinking and problem solving skills. This allows students to transition into the workforce equipped to deliver compassionate and coordinated care to a culturally diverse population in a variety of healthcare settings. All our programs are intentionally designed with a career goal in mind. Educational plans guide students through the process of clarifying their paths in order to assure they meet their vocational goals, whether it is to earn a job skills certificate as a Nurse Assistant (NA), a Certificate of Achievement as a VN, or an Associate Degree in Science upon completing the Registered Nurse (RN) program. Additionally, students are informed early on the shortest path to meet the transfer criteria articulated with higher educational institutions.

A strong partnership has been developed and maintained with California State University, Bakersfield (CSUB), thereby affording students with the added option to earn their Bachelor of Science degree in Nursing (BSN) locally. With this partnership a counselor comes to our campus once a week to meet our students, develop transfer plans, and facilitate transfer readiness immediately upon completion of their ADN program. The time to earn their BSN can be achieved in as little as one year. This collegial relationship has provided us with the ability to track transfer data for the ADN to BSN program. Since the academic year (AY) 2012-2013, we have had 46 transfers to CSUB. In the most recent enrollment cycle AY 2015-2016 there were 105 students who transferred, resulting in a 228% increase. We acknowledge that CSUB is not the only institution to which our students transfer, but based on student follow up information regarding transferring, we believe it is the primary institution.

Entering a Pathway
Depending on their needs and desires, our courses and programs allow students the freedom to choose when and where they want to enter a path to achieve their desired career goal. They can either enter a single course, like NA, or the RN or VN program, or they may choose a path that builds on each other to achieve their career outcomes. This option may be more suitable for their personal situations.

Today the framework of the department remains similar to its inception; however, there has been a significant increase in the number of students completing our programs (See Charts 1 and 2). The department currently receives approximately 800 applicants for the RN program, 80 for the LVN to RN and 110 for VN per year. The ADN Program currently accepts a maximum of 68 students per semester (Spring and Fall) and 10 Bridge (LVN-RN) students once per year (Fall), but our community partners (hospitals) are requesting an increase in the number of graduates in order to mitigate the deficit in their workforce. As of the last Advisory Board meeting in 2017, current RN vacancies reported range 10-18% with the highest demand being in specialty areas such as pediatrics and the intensive care units. Employer surveys and anecdotal data for the Nursing Programs indicate that at least 90-95% of our graduates are employed locally.
All levels of nursing remain a high growth, high demand occupation for our central valley region, and more specifically for Kern County. The shortage of nurses in Kern County coupled with the population increase have produced a crucial need to create more jobs in this field (See Charts 3 and 4).
Bakersfield College Nursing Programs offer state of the art equipment, outstanding faculty members, and a wealth of resources to students that allows them to expand on their inquisitiveness, knowledge, and work ethic. The rigorous nature of the Nursing Program not only prepares students to seamlessly transition into the workplace, but it also produces a sense of community, which motivates most to remain in Kern County and provide care for its residents.

**Staying on the Path**

The ADN program on time completion rates for the AY 2016/17 was 88%. In 2015/16 the rate was 85%. Our goal is to achieve a 90%. By continuing our success strategies which incorporated multiple contacts with students, we believe we will be able to achieve a 90% on time completion rate. The VN program has improved the on time completion rate over the last 3 years, however we are aiming for continued improvement. The on time completion rates for AY’s 2013/2014, 2014/2015/ and 2015/2016 were 57%, 67%, and 73%, respectively.

There are many modalities we use to assure students stay on their chosen path. The Department, programs and faculty have developed, shared, and institutionalized best practices to foster student success. These include strategies like:

**Implemented documentation for at risk students and referrals for early remediation:** This is a strategy that involves intrusive intervention and communication with the student. Students who attain an 80% or less on any exam are seen by the faculty member for the course. A learning contract is developed to promote student success / retention/ and on time completion. Some students are referred to the success coach, mental health counseling, financial aid, or the educational advisor for further assistance. Using the BC early alert process will only augment this program.

**Using simulation and technology to keep current with industry standards.**

This last year we have concentrated on modernizing, updating, cleaning and organizing our skills lab. Also, we have fully staffed our lab with high quality personnel – a Simulation Coordinator and Laboratory Assistant. With the grant monies we were able to purchase a Medication Dispensing System and electronic medical record documentation components. Students are also using a virtual reality simulation program to provide more experience with patients and documentation. The program has a full-time faculty member as the simulation coordinator allowing a focus on the integration of theory and clinical information through simulation.
**Teaching and Learning Strategies**

Faculty use a myriad to promote success and retention. Some of the most successful strategies include:

1. Faculty hold *Boot Camps* prior to the start of each semester to answer student questions and to facilitate preparation for the start of the semester. Examples of success strategies may include time management, organization, stress reduction strategies, and reading apprenticeship.

2. Utilizing live-streaming of high-simulations in the classroom to provide large group debriefing of nursing practice.

3. Imbedding *Habits of the Mind* into course syllabi and encouraging students to use the resource.

4. Implementing an *Early Identification, Early Remediation* mindset and policy for at risk students. This is a strategy that involves intrusive intervention and communication with the student. Students who attain an 80% or less on any exam are seen by the faculty member for the course. A learning contract is developed to promote student success / retention/ and on time completion. Some students are referred to the success coach, mental health counseling, financial aid, or the educational advisor for further assistance. Using the BC early alert process will only augment this program.

5. Facilitating mock panel job interviews along with resume and cover letter workshops – Preparing students for entry into the workforce.

6. Mentoring and teaching students during open lab time.

**Learning**

As Career and Technical Education Programs, the Nursing Programs support the BC mission by offering high quality academic and vocational education to prepare our diverse student population for careers in healthcare. Registered Nursing remains a high paying occupation and is projected to increase. (See Table 1). The May 2016 *Central Valley Labor Market Overview* reported RN as one of the top four occupations with expected growth at 16% over the next 5 years. This growth is attributed to the aging population, emphasis on preventative care, growing number of chronic health conditions, and an increased demand for health care from the baby-boomers.

<table>
<thead>
<tr>
<th>25th Percentile Earnings</th>
<th>Median Earnings</th>
<th>75th Percentile Earnings</th>
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<td>$35.07/hr</td>
<td>$42.11/hr</td>
<td>$50.34/hr</td>
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Likewise, the Bureau of Labor Statistics ([www.bls.gov](http://www.bls.gov)) job forecast identifies the projected need for Vocational Nurses, 20% for the time period of 2016-2024. This forecast is much higher than the 7% growth which is the average for all occupations. The LVN’s median earnings are $26.34 per hour in Kern County (See Table 2). Based on this forecast and the local trends, the Nursing Department’s efforts to meet the local demand for nurses demonstrate the support of the college mission, specifically in the area of providing opportunities for students to attain certificates and workplace skills, and a sustainable living wage.
Table 2 – Percentile Earnings for Licensed Practical and Licensed Vocational Nurses (29-2061)

<table>
<thead>
<tr>
<th>Percentile Earnings</th>
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<th>75th Percentile Earnings</th>
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<tbody>
<tr>
<td>$21.95/hr</td>
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Emi Q3 2017 DataSet [www.economicmodeling.com]

ACCOMPLISHMENTS ALIGNED WITH STRATEGIC DIRECTIONS

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<th>Strategic Direction</th>
<th>Departmental Accomplishments</th>
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| **Student Learning** | • Facilitated a major curriculum revision for the ADN program with successful Board of Registered Nursing approval.  
• Implemented new curriculum for ADN Program Fall 2017  
• Reestablished Nurse Extern program for the ADN program  
• Executed a new multi-criteria selection process for the ADN program to begin Spring 2018 after approval from CCCCO and the Board of Nursing (BON). |
| **Student Progression and Completion** | • Implemented multi-criteria selection requirement for the RN program  
• Developed an Advanced Placement by Credit for Military Education and Experience, Previous Education, or Acquired Knowledge policy per BON.  
• Fostering faculty earning Doctorate level Educators- 1 completed, 2 more in route.  
• Filled all faculty and classified positions – DA II, Educational Advisor  
• Provided focused professional development activities for faculty and classified to strengthen skills, build teamwork, promote collegiality, and course alignment. |
| **Facilities** | • Created a phone tree to improve interdepartmental communication.  
• Created an Equipment Inventory List for skills laboratory  
• Added Biomed to properly maintain, manage, and identify/label equipment.  
• Collaborated with M&O to dispose of antiquated equipment/supplies.  
• Initiated electronic filing systems for student record keeping and archiving of documents. |
| **Oversight and Accountability** | • Completed successful renewal of the CCCCCO Enrollment Growth grant.  
• Met budgetary and grant requirements for GU001, RP 126, RP 113, SWI Sim and Nursing Faculty Grants, and 5 Foundation accounts.  
• Development a departmental Project Management Board for in order to organize and visual all programs tasks and projects for RN, VN, LVN-RN, CNA, RAD TECH, PBHS, and Skills Laboratory. |
| **Leadership and Engagement** | • Cohosted a biannual Joint Advisory Meeting  
• Implemented an online compliance management system to collect, store and share required information and documentation with the clinical agencies.  
• Established a subcommittee with the advisory members to streamline clinical onboarding processes and eliminate barriers for the students and faculty.  
• Organized a subcommittee for Recruitment with the Human Resources staff at clinical agencies to standardized practices.  
• Implemented an interoffice electronic communication system to promote collaboration and communication, increase productivity and bringing tasks to completion.  
• Created a departmental newsletter.  
• Developed a Certificate of Achievement for faculty recognition and a Cause of Applause recognizing nursing students for outstanding academic achievement, overcoming significant obstacles/barriers, peer, faculty, and/or community recognition. |
FUTURE DIRECTIONS OF THE NURSING DEPARTMENT

“More nurses, more money!” Historically this has been the approach to solving the nursing shortage in our community and across the nation. These strategies alone are no longer effective in current times due to the multidimensional problems we are now encountering in our educational systems, healthcare delivery organizations, and work environments. It is the department’s belief, and therefore direction, that in order to move the dial on creating more nurses and nursing faculty for our community we will need to embrace a systematic and collaborative approach between these three entities.

All groups are being challenged with internal and external forces that have created barriers to relieving the nurse and nursing faculty shortage. Some of these forces include: system changes within individual organizations; lack of resources including monies, personnel, physical space and/or equipment; legislative changes; the impact of reimbursement; and the continuous technological advances. The nursing department has developed a five year strategic plan using internal resources to counter the external forces. There are several components in which we will be working on simultaneously, and some that will require a leveling approach.

1 – Simulation

The nursing programs have been integrating simulated learning into the curriculum for over 15 years. We were “earlier adopters,” but unfortunately there was inconsistent use and training of the equipment. We were able to move a faculty into the lab as a Simulation Coordinator, however this posed challenges. Because this position was classified as a “non-teaching” position by the College, faculty had to teach classes to make load and serve as a Sim Coordinator. It is not surprising this position was not sustainable. Second, there was a huge learning curve with some of the equipment. Most of the faculty were either intimidated by it, could not invest the time to learn how to use, or simply did not have the desire to try and use it. So unfortunately much of the equipment went unused.

Fast forward to 2017 and beyond – simulation is no longer optional, it is an essential pedagogical approach to the success of our programs and our students. It has moved from a novelty to a validated methodology of instruction for students. Research clearly and consistently reports all healthcare education, not just nursing, has better outcomes if simulation is integrated with didactic and clinical experiences. Simulation is also becoming standard in hospitals and other facilities as a vehicle for healthcare professionals to demonstrate competency and participate in interprofessional education. Again, it is well documented that with the use of simulated learning experiences, patients have better experiences, there is a decreased number of medication and procedural errors, and the clinicians gain skill mastery and confidence.

There are fully accredited simulation centers in both the Northern and Southern Regions of our state, but there is not one center even remotely near the central valley. Students or clinicians who are required to complete certain competencies must commute to one of these remote regions to pay for their competency exam. Our community is using simulation in hospitals. An accredited simulation center could provide training and education for hospital educators to improve simulation for their staff. Bakersfield College could fill this need in our community. **It is our vision to put BC on the map with a fully accredited simulation center for the central valley within the next five years.**

Plan

What will this take? And, what does this mean? Although our vision may be big, we believe it is vital to our programs and students success. It is realistic, but will require planning, coordination, and most of all administrative support.

- We have begun steps necessary in achieving this goal. Over the course of the last year and a half, we have been cleaning, organizing, inventorying, and modernizing our current skills laboratories, both on main campus and at the Weill Center. We have moved a faculty back in the role of Simulation Coordinator, and hired a full time classified Laboratory Assistant. Currently these two people coordinate, manage, and teach over 500 students in our programs. The Simulator Coordinator job, although requires 100% teaching for all levels of students in our programs, it is still not fully recognized as a teaching position making it necessary for the faculty to teach extra classes. This is not the usual practice in all academic institutions.
- We are currently in the process of incorporating diverse mannequins and task trainers to meet regulatory standards. This is being funded with monies from the CCCCO Enrollment Grant and the Regional Strong Workforce Initiative Simulation (SWI) Grant.

- With continued support from the SWI grant, our plan is fund professional development to provide training and national certification for our Simulation Coordinator, a requirement for an accredited simulation center. We will be requesting the grant to fund a part-time Healthcare Simulation Technician to prepare and run the simulation equipment, operate simulators, task trainers, simulation rooms and other equipment and props. This will allow the educator to focus on teaching and debriefing each simulation group.

- We will need to find a space, preferably the math sciences rooms immediately across our existing skills lab, to gut and build a state of the art simulation center.

2 – Community Partnerships
Historically, the nursing department has cohosted an Advisory Committee meeting twice a year. These meetings have been more informative on programmatic, regulatory, and facilities changes and/or concerns. If we as a community are going to affect real change surrounding current issues then the structure and dynamics of these meetings must change. This process is already underway and successes have already been realized. This last year, an Education Subcommittee was formed to tackle the ongoing problem of students and faculty not having access to vital components for teaching, learning, and delivery of safe patient care. Through collaboration, communication, and hard work, the subcommittee was able to remove barriers so that students and faculty now have access to the patient’s electronic medical record, the medication dispensing system, and the glucose monitoring devices.

Plan
- Engage in education and long term workforce planning with faculty and community partners.
- Develop subcommittees to explore, strategize, plan, and execute projects, including Recruitment and Hiring; Administrative (Chief Nurse Executives and Nursing Directors); Education (Hospital and Nursing Educators); Long term Care Council, State Prison Council; and a Transition Team.
- Attend national nursing conferences to keep up-to-date on current issues and changes, and network.
- Strengthen collegial collaboration with CSUB. Discussions have already began about how to streamline transitioning ADN’s to BSN’s with concurrent enrollment of transferable courses to the university.

3 – Education for Nursing Faculty and Students
Traditionally most faculty were not trained to become Nursing Educators, nor did most of us even have teaching on our career radar. So, one might ask how did most faculty land in academics? Many of us were “discovered” by a clinical faculty who had students on the unit we were working on, or by a mentor encouraging us to “try” teaching.

In today’s career arena, we must move to a more intentional and systematic approach to incorporating the Nurse Educator into the curriculum and effectively highlighting it as a viable career option.

Plan
- Continue discussions with CSUB for developing and offering a program for ADN to MSN wanting to pursue a Master’s Degree in Nursing Education.
- Work with faculty to review curriculum to intentionally identify career options beyond entry level nurses, but also inclusive of nurse educator, researcher or administrative role.
- Support career progression mentorships for new faculty, and encourage degree mobility
- Identify potential program students and encourage Educator Role – “grow our own.”
- Collaborate and develop concurrent enrollment program for ADN to BSN with an accelerated completion time from 1 year to 6-8 months.

4 – Increased Enrollments
Historically, the RN program has always seated the largest number of students, averaging approximately 50 students per semester. Currently we are at 68 students per semester, and still not able to keep up with the community partners high vacancy rates. Second in line for enrollments is our VN program wherein we seat 30 students per year, followed by the LVN to RN which currently seats 10 students per year.
As previously discussed the number of nursing applications are at an all-time high for all programs. Currently we are not able to increase our RN program, simply due to lack of physical space on campus, lack of clinical facilities to accommodate extra students, lack of faculty, and skills laboratory space.

Plan
To help meet the needs of the community, we are planning to grow our LVN-RN program, thus producing more entry level RN’s for the workforce.

- We are in the process of obtaining BRN approval to increase program size from 10 to 24
- We will pilot an evening clinical rotation to avoid adding more stress to the day clinical sites.
- We have recruited existing faculty who volunteered to pilot evening program.

Also, in order not overwhelm the hospitals with nursing students, and still meet the regulatory requirements of our Boards of Nursing, we must maximize the allowable amount of clinical time to be accomplished using simulated learning experiences to master required skill sets and competencies. However, in order to safely and realistically support this change, we need the support of our College Administration. This support is vital to allow us to affect necessary changes needed to help close the nursing supply and demand gap. More specifically, this entails considering changing the Simulated Coordinator position to a teaching assignment so that it is truly in alignment with current practices, and recognizes that the faculty is actively teaching each and every day.

5- Support Staff
Historically the Allied Health/Nursing office was staffed with six fulltime, high level, and seasoned support staff. Since the current tenure we have increased the size of our programs and reduced both the physical and corporate knowledge levels that supports the programs. This current business model is not sustainable. The department is in need of additional support staff to effectively manage this high demand, high volume, and highly regulated department, and to help us achieve are stated goals.