SITE VISIT REPORT
East Arkansas Community College
Forrest City, AR

Program Type: Associate
Purpose of Visit: Initial Accreditation
Date of Visit: February 22–25, 2021

I. GENERAL INFORMATION

Nursing Education Unit
1700 Newcastle Road
Forrest City, AR 72335

Governing Organization
East Arkansas Community College
1700 Newcastle Road
Forrest City, AR 72335

Nurse Administrator
Terry Moody, DNP, APRN, BC
Director of Nursing
Telephone: (870) 633-4480
Email: tmoody@eacc.edu

Chief Executive Officer (local governing organization)
Cathie Cline, EdD
President
Telephone: (870) 633-4480
Email: ccline@eacc.edu

State Regulatory Agency Approval Status
Agency: Arkansas State Board of Nursing
Last Review: 2018
Outcome: Full Approval
Next Review: 2023

Accreditation Status (Program)
Agency: Accreditation Commission for
              Education in Nursing
Last Review: N/A
Outcome: N/A
Next Review: Spring 2021

Accreditation Status (Governing Organization)
Agency: Higher Learning Commission
Last Review: January 28, 2020
Outcome: Accreditation
Next Review: 2029

II. SITE VISIT INFORMATION

Site Visit Team:

Chairperson Sue Dolinar, PhD, RN Adjunct Faculty Greenville Technical College Nursing Department Email: susan.dolinar@gmail.com	Member Shelley Price, MSN, MEd, RN, CNL Associate Dean, Nursing Department Skagit Valley College Email: shelley.price@skagit.edu
Member Sharon Williams, MSN, RN, NE-BC D/C Planner, Case Management Vidant Beaufort Hospital Email: sharon.b.williams@vidanthealth.com	

ACEN Standards and Criteria Used: **2017**

Program Demographics:

Year Nursing Program Established: **1976**
Year of Initial ACEN Accreditation: **N/A**

Title IV:
The ACEN **does not** serve as the Title IV gatekeeper for the governing organization.

Students:

Total nursing student enrollment:	**40**
Traditional	**35**
LPN/LPTN-to-AASN	**5**

Program Options:

Name of Program Option:	Associate of Applied Science Traditional Track
Does any nursing course use distance education? **No.** (see Criterion 1.11)	
Official Published Program of Study:	Full-time
Academic Term Type:	Semesters
Length of Academic Term (weeks):	16

Name of Program Option:	LPN/LPTN-to-AASN Program Accelerated Track
Does any nursing course use distance education? **No.**	
Official Published Program of Study:	Full-time
Academic Term Type:	Semesters
Length of Academic Term (weeks):	16

Additional Locations:
The nursing program is not offered at any additional locations.

Interviews:
Individual Conferences
Terri Moody, DNP, APRN, BC, Director of Nursing (Nurse Administrator)
Paige Laws, MLS, Librarian

<u>Group Conferences</u>
College Administration
Cathie Cline, EdD, President (Chief Executive Officer)
Robert Summers, MS, Vice President Vocational, Occupational, and Technical Education
Michelle Wilson, MA, Vice President for Transfer Education and Student Success
Tanner McKnight, MBA, Associate Vice President of Finance/CFO

Nursing Faculty
Lynn Grommet, MNS, MNN-RNC, Nursing Faculty
Donna Lynn Smith, MHSA. BSN, RN, Nursing Faculty

Support Personnel
Kevin Jumper, BS, Financial Aid Director
Edith Mitchell, BSBA, MA, Director of Student Support Service
Alvin Coleman, BS, Registrar
Errin James, MPA, Admissions Officer
Tik Ward, BS, MPA, Director of Career Pathways Initiative
Lori Hutcherson, AAS, Administrative Assistant Allied Health and Nursing
Ike Sanders (no degree)Associated Vice President for Human Resources and Campus Service

Nursing Students
Total students, n=29
First-year students, n=11
Second-year students, n=15
Transition students, n=3

Third-Party Comments:
The nursing education unit had a reasonable process for soliciting third-party comments.

Methods used to announce the accreditation visit to the program's communities of interest: The public meeting information was placed on the college website and the on the college social media as well as emailed to the Advisory Board and Clinical agencies.

There were four attendees at the public meeting.

The public meeting was attended by the Mayor of Forest City, the Chairman of the Board of Trustees of the college, the CEO of Forest City Hospital, and the Superintendent of Schools. All the attendees commented on the community service that the nursing students along with the faculty provide to the community. The Mayor and the Superintendent of Schools both commented on the vaccination drive the city had hosted the prior weekend. The city received a large supply of the vaccine but did not have enough people to vaccinate and asked the nursing students to help. Both the Mayor and Superintendent stated that a large number of students came, and 856 people were vaccinated in below-freezing weather by the students. All attendees felt the students were active in the community and cited examples of student activity in the community. The hospital CEO commented on the need for nurses at the local hospital and stated that the nursing program serves the community in providing nurses for the many vacancies that exist in the city. The hospital is trying to help all LPNs in the hospital obtain the education needed to become registered nurses. To accomplish this goal, the hospital is paying the tuition for their LPNs in the LPN-to-AAS track.

Written third-party comments were not received by the ACEN.

III. CLASSROOM AND CLINICAL OBSERVATIONS

Classroom/Laboratory Observation #1

Course Prefix, Number, and Title:	NUR 2263 Nursing Leadership and Management
Method of Course Delivery:	Hybrid (See Criterion1.11)
Faculty Name and Credentials:	Donna Lynn Smith, MHSA, BSN, RN Lynn Grommet, MNS, MNN-RNC
Number of Students in Attendance:	20

The class was taught on Zoom with two teachers co-teaching subjects. PowerPoint was used, and during discussion, each instructor asked questions. Students were quick to respond to the questions.
One instructor discussed differences in a manager and a leader. She stated the manager is appointed and has training; the leader is an informal position and being a leader is the responsibility of all nurses.

Among the topics discussed were scientific management theories such as Taylor, Human Resourced based, and Servant Leadership Theory. The instructors stated that qualities of a manager include foresightedness, authority, accountability, and readiness, and that a manager should plan for the future, provide information, and set boundaries. They stated a manager is a good leader. The class also covered delegation and prioritization. The definition of delegation was given. One instructor stated delegation is the transferring of authority. She reminded students that delegation involves critical thinking, the nursing process, and the five Rs. The instructor stated when you delegate a task, you are still responsible for the outcome. She discussed the need for delegation, barriers, and criteria such as abilities, appropriateness, and efficiency for delegation. The Arkansas Board of Nursing rules of delegation were discussed.

The definition of prioritization was given. She reminded students to coordinate the assignments and look at the model of care delivery, such as team nursing and functional nursing. The Scope of Practice Decision Making Model was shown and explained.

Classroom/Laboratory Observation #2

Course Prefix, Number, and Title:	NUR 2044 Mental Health Nursing
Method of Course Delivery:	Hybrid
Faculty Name and Credentials:	Lynn Grommet, MNS, MNN-RNC
Number of Students in Attendance:	Unknown

Class was conducted face-to-face in one classroom, through a video link in a second classroom, and at least one student was viewing the video link in a living room. The class topic was Mental Health Nursing and started out with a discussion of ego defense mechanisms and then continued to cover multiple topics. Instructor used a PowerPoint to guide the class. The PowerPoint used color, pictures, and graphics. The PowerPoint had bullet points and the instructor asked the students in the class to respond by filling in the empty bullet points. Multiple students responded to the instructor's questions. Students also asked questions of the instructor and discussions on the topics were held. It was not possible to know the number of students because the screen showed either the PowerPoint and instructor or whichever student responded to questions. A count of eight different students responding to questions was noted.

IV. EVALUATION OF THE STANDARDS AND CRITERIA

STANDARD 1
Mission and Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

1.1 **The mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.**

☒ The peer evaluators verified evidence to support compliance with this Criterion.
☐ The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐ The peer evaluators could not verify evidence to support compliance with this Criterion.

East Arkansas Community College (EACC) has a mission of providing affordable, accessible learning opportunities to promote student access and strengthen the community. The Nursing Unit at EACC has a mission statement indicating a goal of providing "opportunities through nursing education and nursing practice that promotes student success and enable graduates to provide safe care to the community" (SSR, p. 18). Both the governing organization and department have indicated a value on opportunity and student success positively impacting the community. Thus, as verified by the peer evaluators, congruency is noted between the college and department, as both are focused on providing students with a career in the professional and technical arena.

1.2 **The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.**

☒ The peer evaluators verified evidence to support compliance with this Criterion.
☐ The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐ The peer evaluators could not verify evidence to support compliance with this Criterion.

The Director of Nursing and Health Occupations, and other Nursing Faculty, participate appropriately in college governance activities. A detailed list in the SSR (p. 20) was reviewed. The list of opportunities was verified by the peer evaluators through review of documents and faculty interviews. As verified during the student interviews and as evidenced in the SSR (p. 21), students enrolled in the nursing program at EACC have opportunities to participate in Student Representation, but none currently choose to participate.

1.3 **The assessment of end-of-program student learning outcomes and program outcomes is shared with communities of interest, and the communities of interest have input into program processes and decision-making.**

☒ The peer evaluators verified evidence to support compliance with this Criterion.
☐ The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐ The peer evaluators could not verify evidence to support compliance with this Criterion.

End-of-program student learning outcomes (SLO) and program outcomes are communicated annually at the nursing program's Nursing Advisory meeting, and with clinical partners (Advisory Committee Meeting Minutes, 2019–2020) as verified through review of meeting minutes, the public meeting, and faculty interviews.

1.4   Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.

☒   The nursing program does not utilize partnerships.
☐   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Per the SSR, EACC does not currently have any organizational partnerships, but is working on a partnership with Forrest Center Medical Hospital.

1.5   The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The nurse administrator holds an earned doctorate of nursing practice (DNP) and is qualified to serve as the administrator for the EACC nursing program.

1.6   The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The current nursing program administrator has a DNP, clinical experience and expertise, and teaching experience. She meets the requirements of the Arkansas State Board of Nursing and was approved as meeting state qualifications (SSR, p. 23). Peer evaluators verified that the nurse administrator is qualified as reported in the SSR (p 23). As verified by the nurse administrator, the president, and the faculty, the nurse administrator was mentored by deans from three other colleges.

1.7   When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.

☒   The peer evaluators verified during interviews with the nurse administrator that the program does not utilize coordinators and/or faculty who assist with program administration.
☐   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

1.8   **The nurse administrator has authority and responsibility for the development and administration of the program and has sufficient time and resources to fulfill the role responsibilities.**

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The nurse administrator has full responsibility of management and development of the nursing program with a 12-month contract. This was verified through review of the Director of Nursing job description detailing these duties. In interviews, the nurse administrator and the faculty verified that the nurse administrator has sufficient time and resources to fulfill the role and responsibilities.

1.9   **The nurse administrator has the authority to prepare and administer the program budget with faculty input.**

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Every year a request list of needs and desired or necessary resources is developed by the nurse administrator with input from faculty and staff. The Director works with EACC administration to secure these requests as feasible. As verified during the site visit, documentation of such work is as indicated on pp. 18 and 19 of the SSR.

1.10   **Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.**

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The SSR states that policies of the nursing program are in accordance with East Arkansas Community College. The nursing program does have higher standards than those of the governing body, as this is typically necessary for nursing faculty to ensure safe environments for patients and students. Examples include CPR, liability insurance, drug screens and background checks.

1.11   **Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.**

☒   The peer evaluators verified during interviews with the nurse administrator that the program does not utilize distance education as defined by ACEN Policy #15.
☐   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Distance education is not regularly utilized in the nursing program. During the visit, the students were physically present in the building, and in order to use social distancing the students were split in half. While one group was with the instructor live, the other half used Zoom in a second room. After a break, the instructor would switch rooms and the first group would switch to synchronous Zoom learning. These strategies are being used during the COVID-19 pandemic.

Summary of Compliance:

The associate program is in compliance with Standard 1.

The peer evaluators did not identify areas needing development for Standard 1.

STANDARD 2
Faculty and Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of-program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

2.1   Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Nursing Faculty Academic Credentials – (Highest Degree Only) – Associate – **Full-time**								
Number of Faculty	Doctoral		Master's		Baccalaureate		Associate	
	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing
FT Exclusive			1		1			

Faculty Name and Credentials:	Donna Lynn Smith, MHSA, BSN, RN
Graduate Program:	Master's Degree (MSNEd)
Faculty Workload Assignment:	Exclusive
Anticipated Date of Completion:	2021

EACC employs faculty who are appropriately qualified and credentialed to accomplish the mission/philosophy, student outcomes, and program outcomes of the college's nursing educational unit. Peer evaluators verified that each faculty meets the governing organization requirement of special competence in the fields in which they teach, advanced study culminating in appropriate graduate degrees, or by work experience in the teaching fields or in a professional practice.

The SSR (p. 28) presents the requirements for full-time associate nursing faculty. Requirements were verified through interviews with the nurse administrator and the faculty.

The EACC Faculty Handbook for Associate Nursing (p. 2) lists the minimum qualifications for full-time faculty in the associate nursing program. Minimum qualifications include a baccalaureate degree in nursing with additional preparation and/or teaching experience in teaching, experience in clinical nursing practice, and a current license to practice in the state of Arkansas. The *Arkansas State Board of Nursing Rules, Nurse Practice Act, Chapter Six, Standards of Nursing Education Programs, Section II Program Requirements* were reviewed and were noted to read as in the SSR (p. 28). The faculty meet the listed requirements for Arkansas State Board of Nursing and the governing organization requirements.

As of Spring 2021, there are two full-time nursing faculty members. One holds a master's degree in nursing. The other faculty member has a baccalaureate in nursing, a master's in health service administration, and will have an MSN-ED in 2021.

Two faculty members files were reviewed. There was evidence to support the faculty members having sufficient education and work experience; they have held roles such as Interim Director of EACC, staff nurse in medical–surgical, nursery, clinical director of ED, and patient care coordinator of ED.

Awards such as EACC Outstanding Faculty Member Award for 2006 and Emergency Room Nurse of the Year in 2004 were listed in full-time faculty curricula vitae.

Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses as verified in reviewing all full-time faculty files and in a meeting with faculty.

2.2   Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Nursing Faculty Academic Credentials – (Highest Degree Only) – Associate – **Part-time**								
Number of Faculty	Doctoral		Master's		Baccalaureate		Associate	
	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing
PT Exclusive							2	

The Arkansas State Board of Nursing Rules for assistant clinical instructors in an associate degree program are listed in the SSR (p. 30). As verified by the peer evaluators, the minimum qualifications for part-time assistant nursing faculty are listed in the EACC Associate Nursing Faculty Handbook (section V, p. 4), which state that a part-time faculty member must hold an associate or above degree in nursing with additional preparation and/or teaching experience in the area of teaching and hold a current license to practice as an RN in the State of Arkansas. In Spring 2021, EACC employs two part-time faculty. The SSR (pp. 30–31) contains the Faculty Profile Table 2.2. Two faculty are listed with an associate degree in nursing. This was verified through review of heir faculty files.

A new faculty was hired part-time to teach theory; she has not taught any classes at this time although she was present during the visit.

2.3   Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.

☒   The peer evaluators verified during interviews with the nurse administrator that the program does not utilize non-nurse faculty as defined by the ACEN.
☐   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

2.4   Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The SSR (p. 32) lists guidelines for preceptors in the Arkansas Board of Nursing. As verified by the peer evaluators, the EACC Faculty handbook (p. 6) lists the Preceptor Job Description. Preceptors must have a minimum of one year's work experience as an RN and have RN licensure in good standing for the state and for the employee's agency. It is also stated that the student must work the same schedule as the preceptor. Precepting is a voluntary position, so no compensation is provided to the RN preceptor.

The SSR (pp. 32–34) contains the Faculty Profile Table, which lists the qualifications of the preceptors for the academic year 2020. This table includes hours worked, number of students precepted at one time, hours precepted for each clinical experience, and number of times precepted each month. This information was verified by the peer evaluators through review of documents and in interviews with faculty and the nurse administrator.

As stated in the SSR (p. 32) and verified through faculty interview, the faculty orient the preceptors prior to the beginning of the preceptorship. An RN preceptor is given the EACC Preceptor Handbook. In the Faculty Handbook, it is mentioned that prior to preceptor experience, the instructor will meet with the students to review time schedule, course objectives, and instructor/preceptor expectations. In a meeting with the Director of Nursing, she stated the instructor meets with the preceptor, gives them the Preceptor Handbook, and goes over expectations with the preceptor. The Preceptor Agreement is also included, which states that the preceptor will facilitate learning experiences to meet clinical expected outcomes, supervise student in the clinical area and comment on performance, confer with faculty regarding student's performance, and participate in the evaluation of the student. The role of the student is explained under daily activities guidelines, course objectives, student responsibilities, and daily log guidelines.

The Preceptor Handbook lists daily activity guidelines, preceptor and student responsibilities course objectives, faculty role, and clinical performance evaluation tool.

As stated in the SSR (p. 32) and verified by the peer evaluators, preceptors are mentored and monitored by EACC nursing faculty. This was verified in a meeting with faculty. The course instructor stated she will visit once during the experience with the preceptor and student and is available as needed, even during night shift hours. The student evaluates the preceptor and facility, but the preceptor is not evaluated by the course leader.

2.5   The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The SSR (p. 34) lists the Arkansas State Board of Nursing rules for faculty-to-student ratio in clinical experiences. It states in the acute care setting where students are providing direct care, the ratio is one faculty to eight students. In a non-acute setting where students are providing direct care, the ratio is one faculty to 10 students. In a community setting where students may be providing direct or indirect care, the ratio is one faculty member to 15 students.

The SSR (pp. 35–36) contains a table titled Faculty to Student Ratio. If the ratio to faculty was exceeded in a setting, SSR (p. 36) explains students are given an alternative assignment to correct ratio. It is stated during COVID-19 restrictions, clinical experiences were virtual activities.

The SSR (p. 36) states that full-time faculty maintain a 35-hour work week, which includes instruction and advising. Faculty devote 20 hours to instruction and the rest to preparation and advising. The Associate Nursing Faculty Handbook (p. 1) lists an example of office hours posted outside of faculty offices with the appropriate 20 hours of teaching and clinical. This was verified in a meeting with faculty. Also included in the EACC Nursing Faculty Handbook are examples of how to calculate faculty load. The faculty is instructed to indicate overload. The SSR (p. 36) states faculty are compensated if 30 contact hours are exceeded. In a meeting with faculty, one stated she was in overload voluntary. She stated she teaches medical terminology with an overload of three hours. She stated for overload, the instructor is compensated for up to nine hours. In order to continue with sufficient faculty, the faculty stated another faculty has been hired part-time for lecture.

In the faculty handbook under duties of the nursing faculty, it states that faculty are expected to participate in curriculum planning, EACC committees, recruitment process, and class sponsorship. Under the job description for faculty members, it is also stated that they may act as a student advisor and a course coordinator when appropriate. This was verified in a meeting with faculty.

2.6   Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.

⊠   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Continuing education (CE) requirements for registered nurses are listed on the Arkansas Board of Nursing website, which include 15 contact hours every two years or certification or recertification during the renewal period by a national certifying body. CE requirements may also be met by the completion of a recognized academic course. Faculty stated they maintain expertise in their area of teaching by reading current journal articles, utilizing NurseTim educational sessions, attending webinars, conferences, and by attending College Shared Day at EACC where they hear talks concerning special nursing areas. There is a policy titled "Faculty Professional Development Travel Request Criteria" (EACC Faculty Development Travel Request Process; Core Component; 3.C.4), which states that the academic year's allocation for all faculty Professional Development Travel is $12,000. Considerations for attending a national conference are limited to every other year.

As verified by the peer evaluators and review of faculty files, there is evidence of continuing education in their curriculum vitae; faculty members maintain expertise by participating in events such as attending an AWHONN convention in 2017, an ADN Council of NANEP in 2017, the Children's Hospital Association Annual Conference in Missouri and Illinois, and Society of Pediatric Nurses Conference. NurseTim also helps faculty supplement continuing education and expertise.

One faculty maintains her maternal-child expertise through participation in obstetrics in a hospital part-time. Another faculty member states students completing their nursing care plans must have their rationale backed up by evidenced-based resources. Another instructor stated that on the topic of leadership, students are expected to review current journal articles that help expand their understanding of leadership. The instructors stated this was another way for them to have evidenced-based teaching and for them to keep current in their subjects. Faculty also stated they had attended in-services on simulation done by Laerdal. They visited other simulation labs to learn how to create an efficient simulation lab.

Some certifications held by faculty members include an ACLS, BLS, Neonatal Resuscitation Program, and RNC-MNN (maternal-newborn certification).

Faculty members also participate in professional organizations, including the American Nurses Association, Arkansas Nurses Association, Emergency Room Nurses, Organization for Associate Degree Nursing, Association of Women's Health Obstetrics, and Neonatal Nurses.

Faculty members had teaching experience in a variety of areas, including maternal-child, mental health, and leadership content areas.

The SSR (pp. 36–39) contains a table that displays the qualifications and professional development of full and part-time faculty. This was verified in reviewing all full-time and part-time faculty files and in a meeting with faculty. Four files were reviewed.

2.7   The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The SSR (p. 39) states that Allied Heath has a full-time administrative assistant. Included in the supporting evidence was the job description for an administrative specialist. This was verified by the peer evaluators.

The administrative assistant is required to hold a high school diploma and two years of experience in a specialized or related area applicable to work performed. Her duties are described in the SSR (p. 39). The job description states she is responsible for examining and verifying documents, preparing routine correspondence, and maintaining files.

The administrative assistant has an Associate of Applied Science and has been in her job two years.

2.8   Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

As stated in the SSR (p. 39) and verified through faculty interviews and review of faculty files, new nursing faculty (full- and part-time) are oriented to the college through a New Employee Orientation and are given a college-faculty handbook. After the New Employee Orientation, a two-day nursing faculty orientation is held. The orientation agenda is also included in the EACC Nursing Faculty Handbook. This includes introduction to resources such as student services, the library, and financial services. Day two of nursing faculty orientation consists of an overview of the nursing program, such as the philosophy and systematic evaluation plan. Orientees also learn about the nursing curriculum, such as syllabi and test blueprints. They also receive the Nursing Faculty Handbook.

The newest full-time faculty confirmed she attended a college orientation followed by a nursing program orientation. She stated the other faculty member was her mentor, and she still went to her mentor as needed. The nursing program has hired a new instructor to teach in clinical. Her orientation is instructor led. She stated the Director of Nursing has discussed her duties as a clinical instructor. The newest faculty

member has also instructed her on responsibilities with the students during clinical. She has not been in a clinical rotation yet but will be oriented by the hospital to the floor, its equipment, and policies and procedures.

2.9   Faculty (full- and part-time) performance is regularly evaluated in accordance with governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

As reviewed during the site visit, EACC administrative policies describe the evaluation of full-time faculty. There are four components of faculty evaluation: student evaluation, self-evaluation, peer evaluation, and summary of evaluation. Each faculty member is evaluated annually and the evaluation is discussed with a designated supervisor. Recommendations for a contract renewal may be based on this annual review. During full-length fall terms, students evaluate full-time faculty who have more than two years of employment and a satisfactory rating on their Summary of Evaluation. During full-length spring and fall semesters, students evaluate faculty with less than two years of employment or ones who received Needs Improvement or Unsatisfactory rating on their Summary of Evaluation.

As verified by the peer evaluators, EACC's Annual Review of Faculty Performance (AY 2018–2019) states that new faculty members are evaluated by their peers within the academic department during the first two years of employment. This process can include classroom observation, mentoring exchange, shared committee service, or participation in a community or recruitment event.

Under supporting evidence EACC Administrative Policy 3-25b, it is stated that student evaluations of courses taught by adjunct faculty will be conducted during full-length fall and spring semesters. The results are reviewed by the lead faculty member and designated administrator. During the fall semester, a minimum of one course for each adjunct faculty will be evaluated by students. For the spring semester, all courses taught by adjunct faculty members with less than four years of experience will be evaluated by students. The faculty also stated the adjunct is reviewed informally by faculty.

Student evaluations of faculty for December 2020 were reviewed, which included the instructors for NUR 2130, 2160, 2134, and 2164. The students stated they enjoyed clinical and the sites chosen.

2.10   Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The EACC Associate Nursing Program does not normally have distance learning, but due to COVID-19 restrictions, distance learning was adopted via Zoom when physical classroom sessions were not an option. Faculty also stated some classes were held in a physical classroom but in adherence with social distancing; one setup described involved students in one room and others in another room while the teacher taught on Zoom. The SSR (p. 106) states that the Computer Education Center (CEC) lab supervisor is available to assist students and faculty. In a meeting, faculty stated they had assistance from this CEC lab supervisor. Blackboard is also accessed through CEC for course information. Blackboard provides assistance and updates to students and faculty.

<u>Summary of Compliance:</u>

The associate program is in compliance with Standard 2.

The peer evaluators did not identify areas needing development for Standard 2.

STANDARD 3
Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

3.1   Policies for nursing students are congruent with those of the governing organization as well as the state, when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Policies for EACC students are accessible in the Course Catalogue and on the EACC website (SSR, p. 48), while policies specific to nursing students are also located in the college catalogue (pp. 129–138). The nursing student policies are also provided in the Student Nurse Handbook to all nursing students at the start of each quarter (SSR, p. 48). These policies are congruent with each other, are publicly accessible, non-discriminatory, and consistent in application. This was verified by review of the college catalogue and the college website.

3.2   Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

☒ Yes ☐ No	The institution has a transfer of credit policy that is publicly disclosed and includes a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

☒ Yes ☐ No	The institution/nursing program makes available to students and the public current academic calendar, grading policies, and refund policies.

☒ Yes ☐ No	The institution/nursing program makes available to students and the public current outcomes data – licensure/certification pass rate, completion rate and job placement rate.

☒ Yes ☐ No	Recruitment materials for the nursing program accurately represent the institution's/nursing program's practices and policies.

	The institution avoids the following recruitment practices in order to comply with U.S. Department of Education regulations:
☒ Yes	a. Assuring employment unless employment arrangements have been made and can be verified,
	b. Misrepresenting job placement and employment opportunities for graduates,
	c. Misrepresenting program costs,
	d. Disparaging comparisons of secondary or postsecondary institutions,
	e. Misrepresenting abilities required to complete intended program, and
☐ No	f. Offering money or inducements other than educational services of the institution in exchange for student enrollment. (Except for awards of privately endowed restricted funds, grants, or scholarships are to be offered only on the basis of specific criteria related to merit or financial need.)

Public information is accurate, clear, consistent, and accessible, including the program's accreditation status/candidacy and the ACEN contact information. This was verified on the website for EACC. The institution's academic calendar was verified in the EACC catalogue. Grading policies were verified to be on each syllabus and are in the Nursing Student Handbook. All information was verified through document review and in interviews with student services personnel.

3.3   Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner. This was verified during student interviews and students confirmed statements in the SSR (p. 57). Faculty confirmed that changes are also posted in the Blackboard course shell, as stated in the SSR (p. 57), "students are informed of the importance of checking their student email and their Blackboard accounts on a daily basis."

3.4   Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Student services were verified as commensurate with student needs, as outlined in the SSR (p. 57), and verified during faculty and student interviews including but not limited to academic counseling, scholarships, library and learning resources, and nursing faculty. The college does not utilize alternative methods of delivery. During interviews with EACC personnel the language from the SSR (p. 57) was verified.

Peer evaluators reviewed information about student support services through the EACC website and the *College Catalog 2020–2021*. Peer evaluators also interviewed student support services personnel.

The Financial Aid Director stated that the online process for obtaining financial aid is easily completed. The EACC College Catalog lists loans, grants, and employment; progress policy; timeframe for degree

completion; financial aid probation; and return of Title IV funds (pp. 29–35). He also stated that students are discouraged from getting loans, but if they choose to do so, counseling is available regarding the repayment of these loans. The director stated that 70–90% of the students have financial aid. The students stated in interviews that that they were pleased with financial aid resources. One student was pleased to have gotten a scholarship due to ACT scores.

Peer evaluators also interviewed the Director of Student Support Services. She stated that her program receives state and federal funding, and the objective of the program is to assist first-generation, low-income, and/or disabled students in graduating from EACC and transferring to a four-year college. She has tutors work with students concerning study skills and stress management. She also has tutors, recommended by faculty, to assist students in nursing, anatomy and physiology, and biology. The Director of Student Support Services acts as a liaison to faculty for the students. She meets monthly with students to monitor their progress.

The Registrar stated that admission to the EACC is online. He assists students with the program they are interested in and what is required to be admitted into the program. Peer evaluators verified that the Registrar follows the FERPA guidelines as to who has access to student records; he also stated a student's advisor has access to their record.

The Director of Career Pathways Initiative stated her program focuses on educational and financial goals and that they offer students assistance with career training. This federally and state-funded program offers classes to parents who meet eligibility guidelines. Benefits of the program include educational assistance, transportation assistance, childcare assistance, tuition assistance, and academic and career counseling. She stated this program also helps with textbooks, computer access, and paying for NCLEX testing. The director stated that she meets with students monthly. In a meeting with students, one stated she was very pleased with this program; she stated this assistance was the only reason she was able to enroll in the LPN-to-RN program.

The SSR (p. 105) contains a description of the Hodges Student Service Center. The building houses admissions, student services, academic advising, tutoring services, and financial aid. The building is designed to facilitate student access.

3.5   Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Education records are maintained in a locked file cabinet in the Allied Health Department. Further, educational records are accessible through the institution's data management system, which is password-protected and FERPA compliant. Student clinical compliance information is provided by the individual students to the allied health administrative assistant. Both educational records and clinical compliance information are only accessible to the student, the allied health office staff, and the Director of Allied Health and Nursing.

3.6   Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.

☐   The peer evaluators verified evidence to support compliance with this Criterion.
☒   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Year	Three-Year Default Rate
2017	19%
2016	9.5%
2015	28%

The data from the SSR (p. 60) were verified during interviews with EACC Student Service personnel from the Financial Aid Department. The college is in compliance with HEA Title IV eligibility and certification requirements.

As reported by the financial aid personnel, strategies to address the default rate include all government required Title IV eligibility and certification requirements in addition to a second set of activities specific to EACC. Included is a meeting prior to admission and then a series of meetings with financial aid personnel at the end of each academic semester to discuss payment amounts and job potentials. At graduation or leaving the college, there is a required exit interview to discuss ethical responsibilities for repayment of the loan. Transcripts are not released until the exit interview has occurred.

3.6.1   A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The EACC Student Service personnel from the Financial Aid Department verified the language in the SSR (pp. 60–62).

3.6.2   Students are informed of their ethical responsibilities regarding financial assistance.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

In interviews, the Financial Aid Officer confirmed that students are informed of their ethical responsibilities regarding receipt of financial assistance. Students are prompted to complete loan counseling before completing the FAFSA forms. Additionally, when students receive an electronic award

letter, they are prompted to read a short informational document and then check that they read the document.

3.6.3 Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

All financial aid records comply with the policies of the governing organization, the state, and federal guidelines, as reported by the Financial Aid Officer during interviews. Student information is electronically archived in a FERPA-protected institutional database.

3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Students were asked about grievance policies and what they would do if they had a problem with the curriculum or the program. Students noted that they would follow the chain of command. Students said that their concerns are usually addressed after a discussion with their faculty member. If a student has an issue that is not resolved in the department, they can file a Student Complaint Form, which is sent to the Associate Vice President of Student Success. During the site visit, it was verified that the EACC nursing program did not have any formal grievances in the past three years.

3.8 Orientation to technology is provided, and technological support is available to students.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Students are primarily oriented to technology through New Student Orientation, which includes instruction on how to operate and navigate the Blackboard LMS. Faculty and students confirmed the orientation and support processes during interviews. For the clinical setting, students are introduced to the Electronic Health Record platforms and electronic medication administration technology in their specific nursing courses. Further, they are oriented to these systems at the beginning of each clinical experience for each facility.

3.9   Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.

☒   The peer evaluators verified during interviews with the nurse administrator that the program does not utilize distance education as defined by ACEN Policy #15.

☐   The peer evaluators verified evidence to support compliance with this Criterion.

☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.

☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

☐ Yes	Processes are in place (e.g., login name/password, use of technology such as cameras/video stream) through which the institution can establish that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit.
☐ No	

☐ Yes	The institution has written procedures in place notifying students at the time of registration or enrollment in distance education courses or programs of any projected additional charges students will incur for the verification of their identity (e.g., proctoring center fee, required purchase of specific technology such as a camera).
☐ No	
☐ N/A	There is no additional charge to verify student identity.

As verified by the peer evaluators, policies and technology were appropriate for the use of Zoom as a mechanism for social distancing and synchronous lectures.

Summary of Compliance:

The associate program is in compliance with Standard 3.

The peer evaluators identified the following areas needing development for Standard 3:

Criterion 3.6
Ensure institutional strategies are in place to address the default rate.

STANDARD 4
Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

4.1   Consistent with contemporary practice, the curriculum incorporates established professional nursing standards, guidelines, and competencies and has clearly articulated end-of-program student learning outcomes.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

In meetings with the faculty and nurse administrator it was found that the National League for Nursing (NLN) Education Competencies Model, Human Flourishing, Nursing Judgement, Professional Identity, and Spirit of Inquiry were adopted by the program as the end-of-program student learning outcomes (end-of-program SLOs) with faculty and advisory committee input (Advisory Committee Meeting Minutes, 2020). The four end-of-program SLOs are incorporated in the program using established professional nursing standards and guidelines from Quality and Safety Education for Nurses (QSEN), NLN competencies for Associate Degree Programs, and the National Council of State Boards of Nursing (NCSBN) safe and effective care environment (SSR, pp. 66–67). The end-of-program SLOs are further integrated into the program with each course aligning the end-of-program SLOs with course outcomes that progress across the curriculum using Blooms Taxonomy to demonstrate the increasing difficulty. For example, in NUR 1014 Fundamentals of Nursing, the students are expected to describe (NUR 2014 Course Syllabi, Fall 2020) whereas the students in NUR 2134 Medical Surgical Nursing II (NUR 2134 Course Syllabi, Fall 2020) are expected to prioritize. Course outcomes are linked to the end-of-program SLOs and are found in each course syllabus for both program options. This was verified by the peer evaluators through faculty interviews, the nurse administrator interviews, and reviews of syllabi.

4.2   The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

In meetings with faculty and the nurse administrator, it was found that each of the four end-of-program SLO is aligned with course outcomes and then associated with instructional methods, learning activities, and evaluation methodology as stated in the SSR (SSR, pp. 71–72). Faculty meeting minutes confirmed that course outcomes are closely linked to the end-of-program SLOs.

For example, end-of-program SLO Human Flourishing is linked to the course outcome that aims to discuss key components of verbal and non-verbal communication when providing care to lower acuity adult medical-surgical client, which is also linked to the teaching method of role play and group discussion, and then evaluated in the Clinical Evaluation Tool that serves to utilize therapeutic communication skills when implementing plan of care.

4.3   The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

In meetings with faculty and the nurse administrator, it was stated that curriculum review occurs at the end of the Spring semester utilizing the Assessment of Student Learning form and the Systematic Plan of Evaluation. Faculty stated that in the last curriculum review, the fluid and electrolyte content was one of the areas addressed. Faculty found that students were not scoring well on tests and on nationally standardized tests, so the placement of the content was studied and the level of difficulty of the content and the course in which it was taught was assessed. After close review, the content areas were grouped according to difficulty and moved to courses in the order that the content increased in difficulty throughout the program. Prior to this change, this sequential ordering did not exist. This change has resulted in an increase in scores on tests; the national standardized test administration point has not yet occurred. Faculty stated one other content area, shock, was moved to the last medical surgical class as prior student performance on tests in this area was poor. At the time of the visit, no students have reached the introduction of shock since this change was made. Faculty stated in meetings that rigor is maintained with the required attainment of 78 as the final course average, along with satisfactory grades in laboratory and simulations as requirements to pass each course. Currency in the curriculum is maintained through study of the current literature, attendance at workshops, and participation in the Organization for Associate Degree Nursing (OADN).

4.4   The curriculum includes general education courses that enhance professional nursing knowledge and practice.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Meetings with faculty and students confirm that general education courses enhance nursing knowledge. Faculty stated that they meet with general education faculty to discuss any nursing program needs. For example, English courses include information on creating APA references and Microbiology courses include references to COVID-19.

4.5   The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

A review of course syllabi found a course objective for cultural, ethnic, and socially diverse concepts in every course. In meetings with faculty and students, it was reported that there are simulations for cultural content. One example given was for a simulation where students must use therapeutic communication with patients from different cultures. Faculty stated that content was recently added for LBGTQ after the prior curriculum review; this addition was as noted in the SSR (p. 75). Students stated that they must take

a Culturally Competent Nursing Care course in Fundamentals that addresses care of culturally diverse patients, this was also as stated in the SSR (p. 80).

4.6   The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

In meetings with faculty, it was stated that the Knowles Adult Learning Theory is used to guide the curriculum as the majority of the students are adult learners. Faculty stated methods from the Knowles theory that are implemented are respecting prior learning and providing rationales for readings and assignments.

The nursing program uses an annual crime scene simulation as one method to facilitate interprofessional collaboration between students Nursing, Emergency Medical Technology, Respiratory Therapy, and Radiologic Technology programs. Other examples of interprofessional collaboration are as found in the SSR (p. 81). Faculty state that all students participate in interdisciplinary care meetings while in the clinical setting. Through interviews with faculty and a review of clinical meetings, peer evaluators verified that current standards are addressed in the clinical, which addresses National Patient Safety Goals, and hospital settings, which are Joint Commission certified. In meetings with students, they were able to verify that National Patient Safety Goals were addressed and when questioned to cite one example, the use of two identifiers to administer medications was mentioned. Multiple examples of the use of evidence-based practice were provided. Students stated that care plans must provide a reference for interventions and that any case studies used as assignments must use evidence-based practice that is referenced for the treatments implemented. Faculty provide evidence-based literature for content presented in lectures which was verified during faculty lecture videos.

4.7   Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

In meetings with the faculty and nurse administrator, as well as through reviews of course syllabi, peer evaluators found multiple evaluation methodologies used by the program such as tests, quizzes, care plans, nationally standardized focused test, module exams, clinical evaluation tools, simulation, and laboratory skills demonstration. As verified, the SSR (pp. 71–72) links the end-of-program SLOs with the evaluation methodology and this was reiterated in meetings with faculty and the nurse administrator. For example, the end-of-program SLO Nursing Judgement is linked to the clinical evaluation tool which aims to reference clinical-related activities with evidence-based practice (NUR 2250 Clinical Evaluation Tool).

4.8   The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

☒ Yes ☐ No	The governing organization/nursing program has policies and procedures for determining the credit hours awarded for nursing courses, and policies and procedures conform to commonly accepted practices in higher education.

☒ Yes ☐ No	The governing organization/nursing program policies and procedures for awarding credit hours are consistently applied to all courses required in the official published nursing program of study.

Academic Setting	Credit-to-Contact-Hour Ratios
Didactic:	1:1
Laboratory:	1:3
Simulation:	1:3
Clinical:	1:3

Program Option/Track:	Length of Time/Required Number of Academic Terms (including any prerequisite terms prior to entry into the program):	Total Number of Credits for Entire Program Option:	Total Nursing Credits	Credits for Prior Learning, if applicable
Traditional Track	5	62	29	
Accelerated Track	4	62	25	4

Two options are available, the traditional track and the LPN/LPTN accelerated track. Both options require 62 credits for completion. The nursing program has been awarded full approval by the Arkansas State Board of Nursing (ASBN). The ASBN does not delineate a credit requirement for associate degree programs (ASBN, Section 6:1 – 8), it does however require that the governing organization be accredited by the Arkansas Department of Higher Education (ASBN, Section 6:1 – 8). The governing agency meets these criteria. The Arkansas Department of Higher Education provides a credit limit of 66 credits for an Associate of Applied Science in Nursing (AHECB website). East Arkansas Community College requires a minimum of 60 credits for completion of an associate degree but does not define a maximum (EACC Catalog, 2021–2021). The nursing program meets all accrediting body requirements as described above and as outlined in ACEN Standard 6. As verified by the peer evaluators, 62 credits are sufficient to achieve the end-of-program SLOs and the program outcomes. This length is congruent with the policies of the governing organization, the state, and the accrediting agency.

4.9   Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Option/Track	Total Number of Direct/Hands-On Clinical Hours	Total Number of Skills Laboratory Hours	Total Number of Simulation Laboratory Hours, as applicable
Traditional	306	183	30
Accelerated	246	69	45

The clinical, laboratory, and simulation hours listed above were provided by the nurse administrator who stated that some laboratory and didactic hours may be used for simulation if deemed appropriate by the course instructor; however, the hours used for simulation do not exceed 50% of the clinical hours as mandated by the ASBN (ABSBN, 6-1 – 6-8). As described by faculty and the nurse administrator, laboratory hours and simulation hours are used to prepare and augment the clinical experiences. Students must demonstrate competency in certain areas prior to beginning the clinical experience. For example, in NUR 2160 Maternal Child Nursing, students must complete a Dosage Calculation test prior to starting clinical. In meetings with students, it was explained to peer evaluators that simulation helps prepare them for clinical and decreases nervousness in caring for patients. Students stated that each clinical day they have a clinical huddle before the start of clinical and they are given a clinical objective that relates to the course objectives to accomplish that day. The clinical huddle is held again at the end of the day for students to demonstrate how the clinical objective was met. Students stated that clinical instructors are available to help if they have difficulty finding an opportunity to meet the clinical objective. In the meeting with the clinical facility representatives, it was stated by both that contemporary practice is maintained, and that National Patient Safety Goals are followed and reinforced with the students. The representative from one of the acute care hospitals stated that the hospital maintains evidence-based practice. This was verified through a review of individual notebooks with articles from the literature that support practices on the unit.

4.10   Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The peer evaluators reviewed 10 individual clinical affiliation files, verifying that all contracts are current, specify expectations for all parties, and ensure the protection of the students.

4.11   Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Learning activities, instructional materials, and evaluation methods are aligned with the end-of-program SLOs and are appropriate for face-to-face delivery. During the COVID-19 pandemic, some distance learning was implemented, and instead of providing didactic content in one classroom, two classrooms were used; the instructor was face-to-face in one classroom and virtual in the second classroom. Students were permitted to view the video link at a distance. The next didactic presentation, the instructor provided face-to-face instruction to the second classroom. Some clinical facilities were not available during some months due to COVID-19 restrictions, so simulation hours were increased to meet clinical hours. Laboratory hours were maintained, students were divided into smaller groups to allow for distancing. Clinical facilities are again allowing students to return except for the mental health clinical facilities which have increased simulation hours.

Summary of Compliance:

The associate program is in compliance with Standard 4.

The peer evaluators did not identify areas needing development for Standard 4.

STANDARD 5
Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

5.1   Fiscal resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

In a meeting with the President; the Vice President of Vocational, Occupational, and Technical Education; The Vice President for Transfer and Student Success; and the Associate Vice President of Finance/CFO, peer evaluators verified that fiscal resources are sustainable and sufficient to meet the end-of-program SLOs and program outcomes.

In the SSR (p. 98) table 5.1.1 is the Allied Health Registered Nursing Budget from 2018 to 2021. In a meeting with faculty, peer evaluators verified that faculty are involved in planning the budget for the following year. They also stated the nursing usually obtained requested resources. Table 5.1.1 in SSR (p. 99) outlines budget process as stated by faculty and Director of Nursing.

In the meeting with the CFO, he stated revenue comes from the state (50%) and from tuition and fees (50%). He also stated enrollment was down due to the COVID-19 pandemic. The CARES Act funding gave to EACC $820,000. The school was able to give students half of the money. Some of the money was used to buy PPE (personal protective equipment) for students.

The President said EACC has 10 million dollars on hand to assist departments as needed. She said the budget is 12 million, and the operating budget is 1.2 million. She also stated the college received more money from the state. The CFO stated there were no major budget cuts.

The Vice President for Vocational, Occupational, and Technical Education said through a regional Workforce Grant, nursing received a Pyxis MedStation and a baby mannequin for simulation lab.

The SSR (p. 99) states the Associate of Applied Science Nursing Program is the largest program at the college. Their budget accounts for 4.5 percent of the 2019–2020 total operating budget. A table is shown in the SSR (p. 100) comparing the registered nursing budget to the English and Speech budgets.

Peer evaluators reviewed the budget for EACC from 2018 to 2020. Salaries were listed by department. In a meeting with the Director of Nursing and a faculty member, they stated salaries were competitive with the local hospital, but the hospital in Memphis offers higher salaries to nurses. They also stated that nursing salaries were raised by 3%.

5.2   **Physical resources are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, staff, and students.**

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Peer evaluators virtually toured the main campus of EACC located in Forest City, Arkansas. The main campus has 24 buildings. The Allied Health building houses the nursing and Allied Health classrooms and labs. The classrooms and skill labs for nursing were equipped as described in the SSR (pp. 94–95). The building is ADA compliant as evidenced by the ramp entrance, automatic doors, and bathroom facilities to accommodate disabled persons.

Building 6 houses the nursing faculty and staff offices and a conference room, which also functions as a break room for faculty and staff. The SSR (pp 101–102) states faculty have private offices, and one office is set aside for adjunct faculty. The conference room will house up to eight people. This was verified on a virtual tour presented by the nurse administrator.

The departmental administrative assistant also has an office described in SSR (p. 102). There is a locked cabinet for students' files, and the door to this room can be locked and unlocked by a key held only by the departmental administrative assistant.

In a meeting with faculty, they stated they are pleased with their new equipment and their offices, but the labs are smaller than they would like. They are planning on switching some rooms to accommodate the new equipment.

In an interview with students, they were pleased with the labs, including the opportunity to practice their skills as needed. They also were pleased with simulation labs and commented on being recorded during simulation and how seeing their mistakes during scenarios was helpful.

Faculty and students stated the physical resources did meet their needs and enable them to achieve end-of-program SLOs and program outcomes.

5.3   **Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.**

☐   The peer evaluators verified evidence to support compliance with this Criterion.
☒   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The SSR (p. 102) states EACC provides learning resources such as clinical learning sites, library services, a practice and performance center, and a variety of student support services.

The Learning Resource Center includes the library, services related to continuing education, and help with workforce development. The SSR (pp. 102–104) contains an illustration of the library space and lists hours open, staff, and holdings, such as print and electronic books and journals, videos, and computer programs. Interlibrary loans, which the librarian stated takes about 10 days to obtain material, are available for students and faculty. There are also 10 online databases, including EBSCO, which provide web-based access to nursing materials.

In a meeting with the librarian, she stated that library orientation is available each semester for students and staff, and that staff are always available to answer questions by phone or email. The EACC College Catalog 2020 stated library resources can be accessed and researched using one designated terminal in the library or from any electronic source through the college website.

The librarian confirmed that study rooms, a reference section set up by faculty for nursing, 15 computers, and two printers (students receive 200 free printed pages each semester) are available for students.

The librarian stated nursing materials for the library, such as books and DVDS, is a collaborative effort between the faculty and library staff. Each faculty is responsible for evaluating and requesting material in her area of teaching so material is current and meets the demand of students.

The SSR (pp. 104–105) describes the deletion process of nursing resources. As verified with faculty and the librarian, it is a collaborative effort between nursing faculty and library staff; this takes place annually in March. The librarian stated that the deletion of nursing books older than five years is a challenge.

Peer evaluators noted that many books older than five years were found. Examples included Nursing Fundamentals 2004, Community Health Nursing 2004, Clinical Drug Therapy 2004, Teaching in Nursing; Guide for Faculty 1998, Fundamentals of Nursing 1985, Nursing in Today's World 2004, Nursing Process and Critical Thinking 2007, Nursing Drugbook 2015, Pharmacology in Nursing Care 2007, Mosby's Drug Guide for Nurses 1996, and Fundamentals for Nursing Review Module 2005. The librarian was asked about removing these books in the search section on the library website, and the librarian stated she was working on deleting them before COVID-19 interrupted the task. She and faculty stated that students are reminded to use only books less than five years old unless they specifically need literature in the historical section of the library for references.

The librarian stated nursing books in the library are divided into three sections on the shelves: current, historical, and older books. As verified by the peer evaluators during faculty interview and with the librarian, the SSR states that a historical policy was written in 2003 to maintain classical/historical nursing materials (p. 104).

5.4   **Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.**

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

The peer evaluators verified during interviews with the nurse administrator that the program does not offer courses using alternative methods of delivery. Due to COVID-19 restrictions, faculty have used Zoom for classes. They stated the Computer Education Center assisted them as needed. The SSR (p. 105) has a description of the services of the Computer Service Department and Computer Education Center. In a meeting with faculty, they stated computers were updated on an annual rotation basis.

<u>Summary of Compliance:</u>

The associate program is in compliance with Standard 5.

The peer evaluators identified the following areas needing development for Standard 5:

Criterion 5.3
Ensure learning resources are current.

STANDARD 6
Outcomes

Program evaluation demonstrates that students have achieved each end-of-program student learning outcome and each program outcome.

The nursing program has a current systematic plan of evaluation. The systematic plan of evaluation contains:

      a.   **Specific, measurable expected levels of achievement for each end-of-program student learning outcome and each program outcome.**

      b.   **Appropriate assessment method(s) for each end-of-program student learning outcome and each program outcome.**

      c.   **Regular intervals for the assessment of each end-of-program student learning outcome and each program outcome.**

      d.   **Sufficient data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.***

      e.   **Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.**

      f.   **Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.**

*Programs seeking initial accreditation are required to have data from the time that the program achieves Candidacy with the ACEN.

6.1   **The program demonstrates evidence of students' achievement of each end-of-program student learning outcome.**

      There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.

      There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

A systematic plan of evaluation (SPE) is in place and contains the end-of-program SLOs along with the assessment methods and the expected levels of achievement (ELA), as well the data collection points and analysis of the data collected. There are four end-of-program SLOs, and each has three to four assessment measures, one of which is a measure collected from the clinical evaluation tool, and the remaining are categories from the nationally standardized nursing assessment test which address each end-of-program

SLO. For example, the achievement of the end-of-program SLO Human Flourishing is assessed through the identification of questions that address human flourishing, and a score is provided demonstrating at what level students were able to correctly respond to these questions. An expected level of achievement is set for each end-of-program SLO. Data is collected each May and analyzed. In meetings with faculty, the ELAs were set at 90% for the clinical evaluation tool as faculty agreed that 90% was an appropriate achievement level. The ELAs for the nationally standardized tests were set at 68.9% as the test provider reported to faculty that 68.9% is equivalent to a level two, which is predictive of passing the licensure examination. All ELAs were met at the last data collection point except those that assessed the end-of-program SLOs for Nursing Judgement and Spirit of Inquiry. In meetings with faculty and the nurse administrator, this was the second time the two ELAs were not met, and the test provider was unable to provide data that addressed in which area(s) students were struggling. Faculty attempted to determine the area of need and provided solutions to help students meet these ELAs, including simulation, case studies, and quizzes; however, the ELA was again not met at the next data collection point for both end-of-program SLOs and again the test provider was not able to identify the areas in which students were struggling. Faculty stated at this point they decided to change test vendors as they had found one that was able to provide data collection that addressed the end-of-program SLOs for Nursing Judgement and Spirit of Inquiry as well the other two end-of-program SLOs. After the initial test administration, data was provided to faculty that identified weak areas and faculty were able to design simulations, case studies, and quizzes that focused on the weak areas in order to improve student achievement of the end-of-program SLOs of Nursing Judgement and Spirit of Inquiry. The first data collection has not been reached since the interventions were initiated.

6.2   The program demonstrates evidence of graduates' achievement on the licensure examination.

       The program's most recent annual licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period.

       There is ongoing assessment of the extent to which graduates succeed on the licensure examination.

       There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the licensure examination.

       There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion.

☒   The peer evaluators verified evidence to support compliance with this Criterion.
☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.
☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Performance on Licensure Examination – Aggregated for Entire Program		
Expected Level of Achievement	**Year**	**Licensure Examination Pass Rate**
The most recent annual pass rate will be at least 80% for all first-time test-takers during May 2019 through April 2020	2020	81.3% (=26/33)
Same as above	2019	55.7% (=16/29)
Same as above	2018	94.7% (=36/38)

Performance on Licensure Examination – Disaggregated by Program Option			
Expected Level of Achievement	Year	**Licensure Examination Pass Rate**	
		Traditional	Accelerated
The most recent annual pass rate will be at least 80% for all first-time test-takers during May 2019 through April 2020	2020	80.0% (=16/20)	84.6% (=11/13)
Same as above	2019	76.9% (=20/26)	50.0% (=3/6)
Same as above	2018	94.1% (=32/34)	100% (=4/4)

The SPE contains the ELA for the licensure examination pass rate, the data collected for the last three years, the analysis of the data, and any interventions undertaken during that time. In meetings with faculty and the nurse administrator, it was confirmed that the nursing program decided to use the ELAs designated by the Accreditation Commission for Education in Nursing (ACEN) as this is the agency from which they seek accreditation. The ASBN provides a quarterly report to the educational institutions within the state which reports all test takers and their results to the institution (ASBN Quarterly Reports 2018–2020). These reports are used to calculate licensure examination pass rates, and first-time test takers are identified by the report and the list of program graduates. In meetings with the faculty and the nurse administrator, it was reported that beginning with the first quarterly report for the class that graduated May 2018, the licensure examination pass rates were low. Faculty and the nurse administrator reviewed the data and began to initiate changes. The end-of-program SLOs were revised and changes were made to the curriculum. For example, more evidence-based practice was added, such as the requirement to provide the rationale for interventions on the care plans to reflect current practice. Additionally, a requirement to achieve a 90% score on the licensure predictor test was instituted. Students who did not achieve a 90% on the first test were required to remediate and take the second version of the test. Any students who did not achieve a 90% on the second version were required to again remediate and take the third version of the test. Any student that did not pass the third version was referred to the test provider for virtual remediation. The licensure examination pass rate improved for the following 12-month period.

6.3   The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for program completion is determined by the faculty and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort.

☒   The peer evaluators verified evidence to support compliance with this Criterion.

☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.

☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Program Completion – Aggregated for the Entire Program		
Expected Level of Achievement	**Year (Date of Completion)**	**Program Completion Rate**
55% of all students who begin in NUR 1014 will complete the program within 7 (seven)/4 (four) academic terms which is 150% of the usual timeframe for the Traditional and Accelerated tracks	2020	72.5% (=26/40)
Same as above	2019	54.75% (=20/42)

Program Completion – Disaggregated by Program Option			
Expected Level of Achievement	**Year (Date of Completion or Entering Cohort)**	**Program Completion Rate**	
		Traditional	**Accelerated**
55% of all students who begin in NUR 1014 will complete the program within 7 (seven)/4 (four) academic terms which is 150% of the usual timeframe for the Traditional and Accelerated tracks	2019	62.96% (=17/27)	92.3% (=12/13)
Same as above	2018	55.26% (=21/38)	50% (=2/4)

The SPE addresses the program completion rate reporting the data collected at the 100% and 150% calculated data collection points. Program completion is calculated by a student's first day of NUR 1014 until each student either completes the program or has stopped progression for any reason. The traditional track is five semesters in length and program completion is calculated at completion of five semesters (100% of program length) and again at completion of seven semesters (150% of program length). The accelerated track is three semesters of nursing courses. It can be up to four semesters in length dependent on the number of general education credits obtained at entry point. Program completion is calculated at completion of three semesters (100%) of nursing courses and again at completion of four semesters of

nursing courses (150%). The ELA is set at 55% of students will complete the nursing program within 150% of program length. In meetings with faculty and the nurse administrator, it was stated that they reviewed historical data regarding program completions rates for the nursing program and determined 55% a realistic goal to strive to meet. The ELA has been met for the two traditional track classes which reached 150% since the program established candidacy. The accelerated track did not meet the ELA for 2018 but did meet the ELA for 2019. In discussions with faculty and the nurse administrator, it was stated that the new end-of-program SLOs and the changes to the curriculum were also directed at improving program completion. The class which graduated in May 2020 has not reached 150%, at the 100% point the program completion rate was 5l.5% for the Traditional Track and 71.4% for the Accelerated Track for an aggregated rate of 55.0%.

6.4   The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for job placement is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.

☒   The peer evaluators verified evidence to support compliance with this Criterion.

☐   The peer evaluators verified evidence to support compliance with this Criterion with areas needing development.

☐   The peer evaluators could not verify evidence to support compliance with this Criterion.

Job Placement Rates – Aggregated for the Entire Program					
Expected Level of Achievement	**Year**	**Total Number of Graduates**	**Total Number of Graduate Responses**	**Response Rate (%)**	**Job Placement Rate (%)**
90% of graduates will report employment as RN within 6 (six) months of graduation	2020	29	18	62.1%	84.0%
Same as above	2019	23	19	82.6%	92.0%
Same as above	2018	36	32	88.9%	96.0%

The SPE addresses job placement rate with the ELA set at 90% of graduates will be employed within six months of graduation. In discussion with faculty and the nurse administrator, it was stated that the ELA was established by review of job placement rates for prior classes. Currently, a survey is sent to students but has had a poor return rate. To augment this low return rate, the program has also used social media to track job placement. Additionally, the area where the college is located is small and graduates are often seen by faculty and self-report job placement. In meetings with members of the public and the clinical agencies, both stated that not only were there sufficient jobs to hire all graduates from the program at the next graduation date, but for several years into the future. The clinical agencies both stated that program graduates are preferentially hired and that students in the clinical setting are often recruited for positions. The mayor of the town also stated that the goal was to keep the graduates local so that services provided to the community could be expanded which would also increase the need for nurses.

<u>Summary of Compliance:</u>

The associate program is in compliance with Standard 6.

The peer evaluators did not identify areas needing development for Standard 6.

V. RECOMMENDATION FOR ACCREDITATION STATUS

Initial Accreditation:

Initial accreditation as the associate program is in compliance with all Accreditation Standards.