

Donnelly College
Annual Program Assessment Report
Academic Year 2013-2014

The following report template should be completed and submitted to the Assessment Committee chair no later than January 31st each year.

Programs: All Health Occupations programs including: CNA, Pharmacy Tech, Medical Interpreter, and Community Health Worker

Overview

The CNA program enrolls students 6 times per year. Three times per year it is offered during the day time and the other three times, during the evening. This program has two prerequisites, Medical Terminology and Medical Ethics. Each is a one credit class (total of 15 hours). Each class meets three times per week (usually Mondays, Wednesdays and Saturdays or Tuesdays, Thursdays and Saturdays) for 2 weeks. Students must pass these two prerequisites before progressing into the CNA program itself which is 90 hours. The CNA core curriculum consists of 45 hours of didactic and lab and 45 hours of clinicals.

The Pharmacy Tech program is a (6 credit hours) meets 3 hours 4 days per week for 8 weeks and enrolls students at mid-semester 3 times per year. This program enrolls both Pharmacology 1 and 2 concurrently.

The Medical Interpreter program (3 credit hours) enrolls students in January and August for a total of 15 weeks for 3 hours per week. Jewish Vocational Services (JVS) is in a partnership with Donnelly College to offer this program through Bridging the Gap curriculum and, along with Donnelly College, monitors the class size, retention, curriculum and instructor competence.

The Community Health Worker program (6 credit hours) started in 2013 and enrolls students in January and August for a total of 15 weeks with varying hours per week. There is a clinical component that is included but is part of the theory class.

Goals

What are the overall goals for this program as identified in the Program Assessment Matrix? (Please recall, at least one goal must be related to student learning)

The goal for all Health Occupations programs listed above is improvement of retention as evidenced by the number of students who started and completed the

program. The focus is to increase the number of students completing the program by 5% over the next year.

For each goal, identify how it is being measured and assessed? (If not using a commercially available instrument, please also explain how validity and reliability have been addressed)

Retention in the Health Occupations programs is assessed by data which has been collected, compared to the previous year by cohort and program and then analyzed for cause.

Retention data is kept by the Registrar and analyzed semi-annually by the Health Occupations faculty, Director of Health Occupations and the Allied Health Advisory Board.

If there has been any major changes in either the goals or measures used this academic year as compared to last year, please describe what changed and why.

The goals and benchmarks for retention in all of the programs were not listed in the matrix so it is unclear whether the benchmarks have been reached or exceeded. In addition, retention goals for the Health Occupations program were not found in other documents in the department.

The college's retention goals stem from an AQIP action project developed in 2012. They are as follows:

fall-to-spring retention to 75%
fall-to-fall to 60%

Because the goals and benchmarks for retention in the Health Occupations programs have not clearly been identified, the retention goals for the College will be used until additional information can be collected.

Changes to the Health Occupations Programs

During the reporting period there was a large turn over in staff related to Admissions, Student Services, recruiting, Administration. All groups were responsible for the breakdown in communication, lack of direction for the Health Occupations programs and college, lack of record keeping and data collection, lack of recruiting and enrollment of qualified students, lack of resources, and poor customer service.

A recruiter/advisor for all health care programs was hired and trained.

CNA

During the reporting period, the CNA program decreased the number of classes per year from 10 to 6, and increased the number of students per cohort to up to 20 which aided in the reduction of resources, cost and improved the continuity of instructors.

A CNA program coordinator was hired to teach classes, coordinate the program, gather required data and organize paperwork with KDADS for state certification.

Orientation to the CNA course was changed so that the students came in on the first day of CNA class and received a urine drug screen, their TB tests, were measured for scrubs, and went to the book store for their books. Depending on the number enrolled, the orientation process takes about 3 hours of class time.

Textbooks were also changed during this period.

Pharmacy Tech

There were no changes to the curriculum for Pharmacy Tech program during the reporting period. The adjunct faculty member remained consistent.

Medical Interpreter

There were no changes to the curriculum for Medical Interpreter program during the reporting period. The adjunct faculty member remained consistent.

Community Health Worker

This program started in Fall 2013 and retention data is scarce. The adjunct faculty member remained consistent.

Data Collection

For each goal, provide results for the past academic year. If available, also include data from prior years for comparison. Finally, if comparable external data is available (state pass rates on a particular exam, national norms, etc) please provide this data.

CNA --In the reporting period

October 2013

11 were enrolled
7 started the prerequisites
7 started the CNA portion
6 completed the program—one dropped due to life issues which affected behavior
(Retention rate 85.7%)
6 passed the state certification exam

January 2014

15 enrolled
10 started prerequisites
10 started the CNA portion
10 completed the program-- Retention rate 100%
10 passed the state certification exam

March 2014

11 enrolled
11 started prerequisites
11 started the CNA portion
10 completed the program –one dropped due to pregnancy Retention rate 90.9%
9 passed the state certification exam

June 2014

17 enrolled
17 started prerequisites
17 started the CNA portion
16 completed the program one dropped for unknown reasons --Retention rate 94.1 %
13 passed the state certification exam (but of the three, one did not need to take CNA exam because student was already a CNA and needed the course as a refresher)

Ten did not start the prerequisites. Positive drug screens and/or positive criminal background checks were the main reasons these students did not continue.

Total retention rate for the CNA program based on number of students who completed was $42/45 = 93.3\%$.

Total number of students who passed the certification exam was $39/42 = 90.6\%$.

KDADS is responsible for the reliability and validity of the CNA certification test.

Pharmacy Tech 1 & 2

October 2013

3 students were enrolled. Class was cancelled due to lack of enrollment.

March 2014

8 started the program

5 completed (one student completed with an "F") Retention rate 62.5%

Summer 2014

There were no students enrolled.

Total retention rate for the Pharmacy Tech Program based on the number of students who completed in that one class was $5/8 = 62.5\%$

The reasons for those who did not complete are undocumented.

Medical Interpreter

Fall 2013

43 started the program

35 completed the program (5 students completed with "F's") Retention rate 81%

Spring 2014

14 started the program

14 completed the program (one student completed with an "F") Retention rate 100%

Total retention rate for the Medical Interpreter Program based on the number of students who completed was $49/57 = 85.9\%$

The reasons for those who did not compete are undocumented.

Community Health Worker

The program started in Fall 2013

Fall 2013

8 students started the program
8 completed the program Retention rate 100 %

Spring 2014

There were no students enrolled

Enrollment data is scarce, however the retention rate is 100% for that one class.

Analysis

For each goal, provide a brief analysis of the results.

CNA

Enrollment was down from 152 students in the year 2011-2012 to 45 students during 2012-2013. However, during the reporting period, enrollment for the CNA program was up by 9 students from the year 2012-2013 to 54 and reflected a positive change from 10 starts to 6 in the period.

Improvement in screening by the health care recruiter was positive in enrolling potential students.

The addition of a designated adjunct who coordinated all the classes with the agencies from KDADS was also a positive change. The coordination of classes, clinicals and the paperwork for KDADS certification is much smoother.

KDADS mandates the use of a 90 hour core state curriculum which must be followed. KDADS also limits the number of students in a clinical area to a maximum of ten. We are using supplemental materials to strengthen student understanding, especially with ESL students. Students are able to apply for a waiver when sitting for the state certification test by requesting extra time, bringing in a dictionary or having the test read to them. We were in compliance with all state requirements

The retention rate of 93% for the CNA program was higher than the college percentages.

In order for students to be compliant with clinical sites, a criminal background check and drug screen must come back negative. The drug screening and background check processes have been consistent in previous years in screening about 10 % of students after enrollment which does not allow them to continue in the clinicals.

During this reporting period, drug screening and background check results were also effective. However, the screening processes increased to 19%. This indicates that 9% more students were under the influence of drugs on the first day of class or their background check was not clear. Students were not allowed to continue if either background check or drug screen were positive.

The percentage of students who passed their certification exam is consistent from last reporting period 2102-2013 and remains above 90%.

The CNA students are mostly female and represent a very diverse population with many having English as their second language. Medical terminology and the large amount of reading are difficult for the students. Math is also a struggle for some. CNA class size does not seem to have an impact on the success of the students. The instructors devoted time at the end of each class session to provide extra instructional studies for students who seem to be struggling in class.

Students are encouraged to take advantage of tutoring, however there is a limited number of qualified tutors at the college who have knowledge in health care, nursing and medical terminology.

We offer CNA classes in the morning and in the evening at alternate times, thus allowing the student to work if needed. This arrangement has worked well.

Our students represent a diversity of culture, religion and financial backgrounds. The Healthcare Ethics class as a prerequisite to the CNA core curriculum is the first time some of the students have been exposed to different ideas from their own.

Pharmacy Tech

Despite an appointed health care recruiter for health care programs, enrollment dropped considerably. Fall 2013 the class was cancelled because of lack of enrollment. Spring 2014 there were 8 that started, but only 5 finished, and the summer session, there were no students to enroll. The retention rate of 62.5% is of concern for just one class. Of the five that completed, one student failed the course with an F making only 50% of those that started completing with a passing grade.

This class starts 3 times per year at mid-semester (March and October and during the summer) which makes recruiting difficult especially since the Spring class ends in May and another class starts in July.

The overall retention rate of 62.5 % for this program for the reporting period falls below the fall- to-spring retention rate of 74% as outlined by the College's AQIP project from 2010 but is within the fall-to-fall retention rate of 60%.

Both Pharm Tech 1 & 2 are taught concurrently even though Pharm Tech 1 is a prerequisite to Pharm Tech 2. It is reported that this is because of the lack of qualified faculty to teach the course and scheduling preferences for the existing instructor.

The curriculum does not follow logical progression from Pharm Tech 1 and Pharm Tech 2.

Rubrics need to be developed for class projects and papers.

There are several Pharm Tech programs in the metro area and some are not affiliated with colleges but with drug stores and other companies that compete with our program.

There is a voluntary national certification test that Pharm Techs may take after completion of this program, however, very few participate for reasons unknown.

Medical Interpreter

Despite an appointed health care recruiter for health care programs, enrollment dropped from Fall 2013 to Spring 2014.

The curriculum is provided by Bridging the Gap. The instructor is fluent in Spanish, and has a clear idea of the requirements of the program.

Students must be fluent in a second language but how this is assessed upon admission and during the course is of concern if the student speaks a language other than Spanish.

The overall retention rate for this program was 85.9% which is higher than the College's AQIP scores both for the fall-to-spring percentages and the fall-to-fall percentages.

The number of students who failed the Fall 2013 class with F's is high, making only 85% completing with passing grades.

Rubrics need to be developed for class projects and papers.

Community Health Worker

Despite information that was provided to various college leaders prior to the launching of this new program in 2013, this program has been poorly understood by Administration, registrar, the recruiter and other college employees. The curriculum was taken directly from Penn Valley and other colleges nationwide, tweaked and made to fit our clientele and values and mission. Because of the large knowledge deficit related to this program, there have been several areas that have not been clearly defined. These include: curriculum content, prerequisites, whether or not this is a certificate program or whether students should progress to an Associate's Degree, graduation job placement.

The Community Healthcare Worker role is a new concept in the health care community (as a result of Obama Care initiatives) and is only currently being recognized in a handful of states nationwide. Our program is the only one currently up and running in the state of Kansas. Penn Valley is the only one on the Missouri side.

The course instructor has been attending local and state meetings in Kansas regarding this issue and is a big champion for the program at Donnelly. Because it is so new, it has been reported that many local and state leaders are struggling to define the role of the Community Healthcare Worker. It is very unclear at this point how this role and the certifications will be handled at the state level. Beginning this program without a clear understanding of the curriculum, the program requirements and the final outcomes regarding certification at the state level may have been premature. The lack of enrollment for this program is also a concern.

Consistency with class dates and times is needed.

Rubrics need to be developed for class projects and papers.

IV. Reflection

Describe the process used to share results with professional colleagues. Who received findings?

The retention rates and CNA certification pass rates were shared by the CNA coordinator with the Vice President of Academic Affairs in a private meeting and with the other Allied Health faculty members in a faculty meeting. It is unclear who received the information about the retention rates for the other programs. Meeting minutes are not readily available.

How will the assessment findings be used to help your students and/or improve your program? (For example, have you revised your goals, curriculum, teaching strategies, or assessment strategies or otherwise tried to improve student learning?) Keep in mind, the results should clearly inform and justify the changes being implemented.

Better communication is needed between the health care recruiter and the Director of Health Occupations. This will enable the recruiter to have a clearer understanding of the requirements of each program and for both parties to be able to plan for a successful start to the programs. This includes reentries and transfers into the programs.

Additional faculty meetings need to be held for Allied Health faculty for the purpose of sharing data regarding retention, grades, curriculum changes and student issues.

We need to send ESL students and others who are struggling academically with difficult health care content to tutors earlier and more often. Tutors need to be trained in the rigors of all of the health care programs and have knowledge of health care and medical terminology.

Pharmacy Tech curriculum needs to be revised so that Pharmacy 1 precedes Pharmacy 2. Since enrollment has dwindled in the past two years, a detailed needs assessment should be performed to gauge the feasibility of continuing with this program in the future.

The curriculum and requirements for the Community HealthCare worker program need to be clearly defined and shared by key departments at the college. These include the Business Office, Financial Aid, registrar, recruiter, Vice President for Academic Affairs. The curriculum should be revised to meet the needs of our clientele and include a clinical component that is clearly defined and not just added to the theory content. In addition, a detailed needs assessment should be performed to gauge the feasibility of continuing with this program in the future.

The entrance requirements for all health care programs needs to be reviewed to ensure that the students that come to the health care programs are sound academically.

An assessment of the students who dropped due to failing grades needs to be conducted.

Student professionalism, accountability and being responsible for their own learning are lacking and will be focuses for the upcoming year.

I. Incorporation of Findings – *Continuous Improvement*

Based on the findings, are there any suggestions for changing the process, the data points, instruments used, etc. for next year?

The Compass scores need to be reassessed for each program. This will assure that students who enter our Health Occupations programs are better academically prepared. This includes Math, and Reading and English usage. There is inconsistency between programs (some require Math and/or Reading evaluation per Compass testing while others do not). There is also a variance between cut scores and how remedial courses are assigned. Providing direction to the staff in the Testing Center will ensure consistency for all Health Occupations programs.

TOEFL testing is also sporadic with no clear policy as to cut scores, or who is to take the test. A clear policy that is followed should be written.

The number of credit hours and the delivery of the prerequisites for the CNA program should be evaluated.

Overall recruitment needs improvement. This can be achieved by providing “speaking points” for the recruiter related to each of the Health Occupations programs and by evaluating recruiting strategies and avenues for prospective students. Furthermore, strengthening out partnerships with the Business Community will help with external recruiting.

A more clearly defined role of the recruiter and Admissions reps should be developed and the entire enrollment process streamlined so that the prospective student can have all of his/her needs met in one sitting.

Data collection needs to be streamlined and one person responsible for keeping all statistics. (In gathering data for this report 7 different DC staff were contacted for pieces of the report). Data was not timely collected and some of the data collected was inconsistent with other staff who provided reports.

We need to find a method for assessing the second language requirement for the Medical Interpreter program upon admission if the student is proficient in any other language than Spanish. It is difficult for the instructor who speaks Spanish, to test, grade and evaluate competency if the student’s language is something else.

How might the changes already implemented, or those proposed above, be assessed in the future?

If the changes are implemented correctly and in a timely manner, recruitment, enrollment and retention will improve. These will be reflective in the data that is provided in each of these areas.

Those students previously enrolled in the CNA, Medical Interpreter, Pharmacy Tech and Community HealthCare worker could progress to more formal education in health care into our Practical Nursing program.

II. Future Assessment Plans

Given what you have learned, should there be changes to your program's assessment plan? If so, please describe the changes to be implemented.

One of the most important changes that we want to implement in the C.N.A. training is to use simulation more and have that incorporated into the lab curriculum.

Orientation for all programs should be revised.

Textbook evaluation should be conducted to assess the appropriateness of written content for those who have struggles with reading and writing skills.

Entrance requirements should be evaluated for each program.

Also, based on this year's review, assess whether your program matrix needs to be revised. If so, please attach of the revised program's assessment matrix that will guide assessment activities next year.

The matrix needs to be revised to reflect more accurate numbers of retention in each program and at the college level.

III. Institution Wide Assessment – Values

The Donnelly College Assessment System recognizes that assessment of student learning begins with values.

Describe specific activities this year that investigated and explored your program's relationship to this academic year's emphasis on our value of "excellence."

The retention rate and certification rates for the CNAs were reflective of "excellence."

Describe any other activities this year that emphasized other Donnelly College values that were not part of your regular assessment plan.

N/A

Make your recommendations for a value that you would like the College to focus on next academic year.

Customer service with students and among other departments is a value that needs improvement. We need to stop making excuses for lack of staff, lack of money, lack of resources and lack of effort. “She has so much on her plate” is not an acceptable response for poor customer service. We need to raise the standards and expectations higher for Donnelly College staff performance.