

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH POLICY & PROCEDURE MANUAL

Subject: PROGRAM REVIEW PROCESS	Original 1996	Policy #: 340
	Supersedes: May 28, 2020	Effective Date: September 29, 2022
Individuals / Committees Consulted: Institutional Effectiveness	Reviewed & Approved by: College Governance	Approved by: Provost, College of Nursing & Allied Health (signature on file)

PURPOSE:
To provide a data-driven quality improvement process that guides the College to effectively meet its mission

DEFINITION:
Outcomes Evaluation Report (OER) is used to record data gathered, analyzed, and compared to threshold expectation for compliance. It identifies unmet outcomes and specifies the plans for improvement.

Student Learning Outcomes (SLOs) are the specified knowledge, skills, abilities, and attitudes that students are expected to attain at the end (or as a result) of engagement in a set of collegiate experiences.

Annual Program Evaluation Report (APER) is a detailed annual assessment of program outcomes related to established measures or expected results to determine if the program achieved its goals and objectives.

POLICY:
Institutional Effectiveness Committee (IE) guides the implementation and evaluation of the program review process.

The College and all divisions adhere to the IE Program Review Plan.

The program review process involves cycles of assessment, data collection, aggregation, analysis, trending, planning, implementation, reassessment, and reporting.

The College Strategic Plan is developed every three years and evaluated annually.

Annual Program Evaluation Reports (APERs) are completed by all programs.

Annual Committee Evaluation Reports (ACERs) are completed by School of Nursing (SON) standing, and semester committees.

SLOs are created at the College, program, and course level and are evaluated according to specified time frames.

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OERs are used to document and report non course/program assessment findings and plans for improvement.

- Non-Course/Program OERs are used to report outcomes findings for all other quality assessment items.

APER, SLO, and OER findings are reported to the IE Committee.

ACERs are submitted to the Dean, Institutional Effectiveness, Research and Planning (IERP)

The College complies with requirements of accreditation/approval agencies:

- WASC/ACCJC Institutional Self Evaluation reports are generated by WASC Standards Committees
- BRN Self Study reports are generated by the SON Administrative Committee.

PROCEDURE:

Dean, IERP:

- Guides research activities related to program review
- Leads the review and revision of all program review documents every three years
- Maintains electronic copies of all program review forms on the intranet
- Maintains copies of all program review reports for a period of seven years
- Leads IE Committee in the review of program review report presentations
- Maintains summary documentation of program review findings
- Communicates identified needs to College
- Governance committee:
 - Reports on program findings during
 - Governance meetings
 - Completes and submits Program Resource Needs annually.

Evaluation Reports

Coordinator/designee:

- Submits request for evaluation survey to divisional designee prior to the date needed:
 - Ongoing/prescheduled courses: minimum of two weeks
 - One-time classes: minimum of two weeks or as soon as class date and enrollment is determined
- Distributes evaluation survey forms to designated course instructor one week prior to the end of the course

School of Nursing

- Courses
 - Distributes electronic surveys to students at the end of the course
 - Closes survey by designated deadline.
- One Day Classes
 - Instructs designated student to distribute, collect, and return the course surveys to Office of Educational Services (OES).
- Allied Health administers evaluation surveys or distributes electronic surveys
- Collects and returns the completed surveys to the OES.
- Reviews survey report findings:
 - Course findings with designated course committees/faculty

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- Faculty findings with the individual faculty member
- Compares with previous findings and develops action plan as applicable
- Completes OER as applicable
- Presents report to IE committee
- Submits report electronically to Dean, IERP

Dean, IERP/designee:

- Processes completed surveys within four weeks of receipt
- Emails survey report to applicable persons
 - Faculty receive their individual survey reports
 - Coordinators receive comprehensive survey reports
- Maintains summary evaluation data for a minimum of seven years

Non-Course/Program Outcomes Evaluation Report

Accountable person/committee representative aggregates, analyzes and reports findings and recommendations for improvement in accordance with IE Program Review Plan.

Student Learning Outcomes Report

Dean/Director/Coordinator:

- Evaluates SLOs using the College, program, and course specific Student Learning Outcomes Assessment Report in consultation with divisional faculty and staff
- Completes SLO Assessment and reports findings and recommendations within specified time frames:
 - SON courses: Biannually
 - Allied Health courses: Annually
 - Academic & Student Support Service programs: Annually, using the APER SLO section
- Submits report electronically to the
- Dean, IERP
- Presents report to the IE Committee.

Dean, IERP/designee:

- Reviews completed reports and makes recommendations for change, as applicable
- Tracks improvement plan implementation and evaluation
- Posts SLO Assessment Reports
- Maintains report records for a minimum of seven years.

Annual Program Evaluation Report

Provost, Divisional Dean/Director, SON Committee Chair:

- Develops the report in consultation with divisional faculty and staff and documents findings and plans for improvement:
 - Programs: APER
 - SON committees: ACER. SON Dean incorporates ACER content into SON APER.
- Submits report electronically to the Dean, IERP
- Presents report to:
 - Divisional faculty/staff

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- IE Committee (programs only)
- Board of Trustees (programs only).

Dean, IERP:

- Reviews and evaluates completed reports for clarity, accuracy, and completeness
- Makes recommendations for change in reports as applicable
- Tracks follow up of improvement plans
- Posts reports
- Maintains report records for a minimum of seven years.

College and Divisional Goals

Provost and Divisional Deans and Directors:

- Evaluate goal accomplishments of the preceding year annually.

Strategic Plan

Provost/College

Governance Committee:

- Leads the creation of Strategic Plan every three years
- Presents plan to Board of Trustees for input and approval
- Evaluates accomplishments to the Plan annually
- Compiles final evaluation of the Plan
- Uses evaluation findings to develop subsequent Strategic Plan.

PROCEDURE DOCUMENTATION:

Outcomes Evaluation Report: Non-Course/Program Items

Student Learning Outcomes Assessment Report

Annual Committee Evaluation Report

Annual Program Evaluation Report

Program Resource Needs

REFERENCES:

ACCJC Accreditation Reference Handbook

ACCJC Guide to Evaluating Institutions

California Code of Regulations: Title 16, Division 14, Article 3: Schools of Nursing, Section 1424 (b) (1)

County of Los Angeles Strategic Plan

LAC+USC Medical Center Strategic Plan

College Strategic Plan

College Mission, Vision, and Values

Institutional Effectiveness Program Review Plan Narrative

Institutional Effectiveness Program Review Plan

Student Learning Outcomes – College, General Education, Program, and Course

Request for Consideration of Program Needs

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REVISION DATES:

1996
February 12, 2004
August 10, 2006
March 13, 2008
January 21, 2010
August 15, 2013
March 9, 2017
May 28, 2020
September 29, 2022