<<Nursing: Associate Degree>>

ANNUAL
REPORT OF PROGRAM DATA
2021

UNIVERSITY *of* HAWAI'I®

MAUI
COMMUNITY COLLEGE

1. Program or Unit Description

Program or Unit Mission or Purpose Statement

Mission: The UHMC nursing program provides a collaborative learning experience with access to multiple levels of nursing education, offering personal enrichment and career opportunities for our students. We provide a learning milieu in which faculty, staff, and students from diverse backgrounds work together with the community to create state of the art nursing education and practice

Vision: We envision a nursing education program that produces caring, competent, and professional nurse leaders prepared to meet the healthcare demands of a diverse community and the challenges of a dynamic healthcare environment.

Value of degree
What is the industry/higher ed path value of the certificate versus degree level?

RNs and LPNs in Hawaii find employment in hospitals, health system clinics, skilled nursing facilities, assisted living facilities, home health, hospice, and other settings. *The Hawaii Healthcare Workforce Initiative 2019 Report* revealed that there is a "very clear need for workers" in the area of Registered Specialty Nurses (Executive Summary, p. 5). In addition, the list of "Professions with 30+ Open Positions" included License Practical Nurse, Nurse Practitioner, and RN Case Manager (p. 6). Skilled nursing facilities were noted to have an unmet need for CNAs, RNs, and LPNs. The greatest need (in addition to RNs by specialty) is for LPNs; 20% of LPN positions statewide were open at the time of the survey (p. 20), for a total of 144 positions.
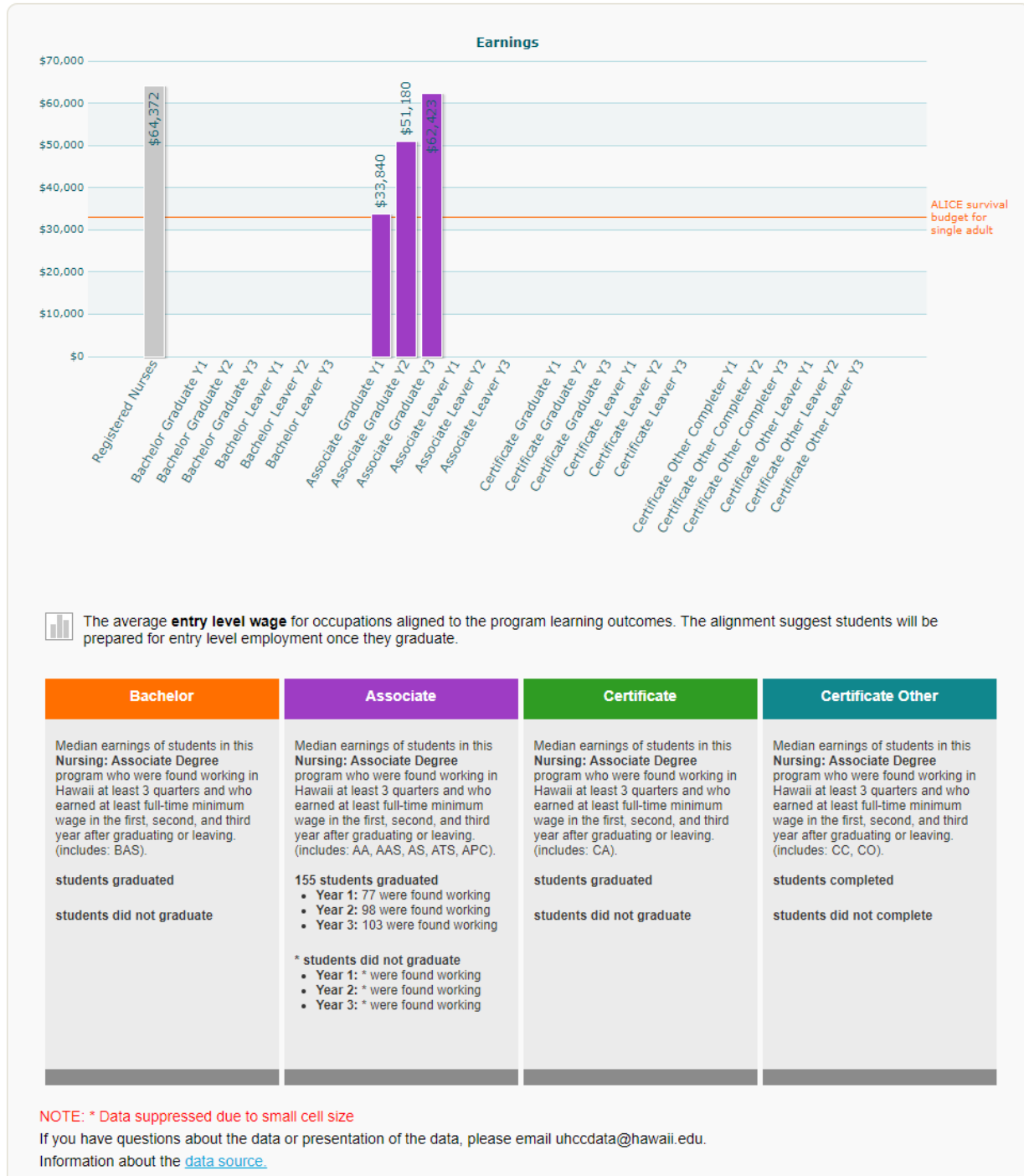
Students earning a Certificate of Achievement (CA) after one year of coursework are eligible to take the national licensure boards exam (NCLEX-PN) to become a Licensed Practical Nurse (LPN). Those who complete the two-year ADN program are eligible to take the national licensure boards exam (NCLEX-RN) to become a Registered Nurse (RN).

Potential earnings increase significantly with each additional year of schooling. A bachelor's degree and RN license set up a nurse to be able to specialize (earn a job as a registered specialty nurse) and/or pursue further schooling to become an advanced practice nurse- NP or CNS. According to salary.com, the median salary for a new graduate RN in 2021 in Hawaii is $68,114 (range $61,104 to $77,872) while the median salary for a new graduate LPN is $51,899 (range $47,129- $57,734). According to the Hawaii Healthcare Workforce Initiative Report, RNs have annual salaries ranging from $63,400- 126,600 (p. 17); no data was provided for LPNs. The table

below from the VARPD 2021 Preliminary Data for Workforce show how earnings increase with each additional year of college, all of which are at or above the ALICE survival budget for a single adult.

Earnings

The average **entry level wage** for occupations aligned to the program learning outcomes. The alignment suggest students will be prepared for entry level employment once they graduate.

Bachelor	Associate	Certificate	Certificate Other
Median earnings of students in this **Nursing: Associate Degree** program who were found working in Hawaii at least 3 quarters and who earned at least full-time minimum wage in the first, second, and third year after graduating or leaving. (includes: BAS).	Median earnings of students in this **Nursing: Associate Degree** program who were found working in Hawaii at least 3 quarters and who earned at least full-time minimum wage in the first, second, and third year after graduating or leaving. (includes: AA, AAS, AS, ATS, APC).	Median earnings of students in this **Nursing: Associate Degree** program who were found working in Hawaii at least 3 quarters and who earned at least full-time minimum wage in the first, second, and third year after graduating or leaving. (includes: CA).	Median earnings of students in this **Nursing: Associate Degree** program who were found working in Hawaii at least 3 quarters and who earned at least full-time minimum wage in the first, second, and third year after graduating or leaving. (includes: CC, CO).
students graduated	155 students graduated • **Year 1:** 77 were found working • **Year 2:** 98 were found working • **Year 3:** 103 were found working	students graduated	students completed
students did not graduate	* students did not graduate • **Year 1:** * were found working • **Year 2:** * were found working • **Year 3:** * were found working	students did not graduate	students did not complete

NOTE: * Data suppressed due to small cell size
If you have questions about the data or presentation of the data, please email uhccdata@hawaii.edu.
Information about the data source.

Provide graduate highlights based on recent graduate placement data.

We had 38 graduates in May 2020 UHMC Cohort 13. The Nurse Residency Program (NRP) at MMMC was delayed from October 2020 to January 2021 due to delays in licensure testing related to the COVID-19 pandemic. The hospital hired 21 of these graduates into NRP Cohort 4 and they staffed COVID-19 vaccination clinics at the hospital and worked as nurse aides until now (F21) when they have been hired onto individual units. Two other graduates moved to Washington state and obtained jobs as nurses.

We had 41 graduates in May 2021 UHMC Cohort 14. The hospital intends to hire up to 40 of them (and/or Cohort 13 graduates who are not yet employed) beginning this month, November, 2021, starting them as nurse aides and moving them into RN positions as capacity allows.

What is the target student or service population?

The current target population is students who have demonstrated aptitude in math, English, and science through prerequisite courses and TEAS testing, and have an interest in a healthcare career in Nursing. In the future we hope to implement holistic admissions to promote increased equity and diversity in our program (moving beyond academic performance as a qualifier).

Check all that apply for the program:

_X_ Articulated Pathways for 4-year or graduate pathways: HSNC provides with UH Manoa
___ Articulated Pathways for High school: not eligible
___ Articulated Pathways for Other:

What effect has this program had on closing equity gaps?

Our nursing program cohorts are diverse, and we have in place various mechanisms to support students financially so that cost is not a barrier to pursuing their goal of becoming a nurse.

A demographic survey of Cohort 15 (started F20, scheduled to graduate SPR22) yielded responses from 34 out of 37 students. Results indicated that almost half (47.1%) of the cohort are the first in their family to attend college and half (50%) qualify for financial aid. More than ⅓ (38.2%) reported speaking more than one language. Self-identified ethnicities included Brazilian, Portuguese, Hawaiian, Filipino, Puerto Rican, Cambodian, Chinese, Japanese, Jewish, and White/Caucasian (and mixes thereof).

Holistic admissions has been delayed along with the BSN implementation. In contrast to our current "blind" admissions process which is based on points from prerequisite courses, TEAS entrance scores, and healthcare experience, holistic admissions would address equity gaps by taking into account qualities beyond academic achievement. The intended effect would be even more diverse and inclusive cohorts.

2. Analysis of the Program/Unit

Discuss the Program's or Unit's strengths and areas to improve in terms of Demand, Efficiency, and Effectiveness based on an analysis of the program's Quantitative Indicators or comparable unit-developed measures or program-developed metrics. Include a discussion of relevant historical-trend data on key measures (i.e., last three years).

Demand:

Demand has been designated as "Healthy" and entry to our program remains competitive. Typically we have over 100 qualified applicants for 23-40 annual openings.

#	Demand Indicators	2018 - 19	2019 - 20	2020 - 21	Demand Health
1.	New & Replacement Positions (State)	925	621	841	
2.*	New & Replacement Positions (County Prorated)	187	60	146	
3.	Number of Majors	93	89	84	
3a.	Number of Majors Native Hawaiian	23	18	19	
3b.	Fall Full-Time	60%	52%	61%	
3c.	Fall Part-Time	40%	48%	39%	
3d.	Fall Part-Time who are Full-Time in System	0%	0%	0%	
3e.	Spring Full-Time	48%	38%	43%	Healthy
3f.	Spring Part-Time	52%	62%	57%	
3g.	Spring Part-Time who are Full-Time in System	0%	0%	0%	
4.	SSH Program Majors in Program Classes	888	833	877	
5.	SSH Non-Majors in Program Classes	0	0	0	
6.	SSH in All Program Classes	888	833	877	
7.	FTE Enrollment in Program Classes	30	28	29	
8.	Total Number of Classes Taught	5	5	4	

Efficiency:

Efficiency has been designated as "Healthy."

#	Efficiency Indicators	2018 - 19	2019 - 20	2020 - 21	Efficiency Health
9.	Average Class Size	33	32	40	
10.*	Fill Rate	96.5%	83.2%	97%	
11.	FTE BOR Appointed Faculty	12	11	10	
12.*	Majors to FTE BOR Appointed Faculty	8	8	8	
13.	Majors to Analytic FTE Faculty	93	89	84	
13a.	Analytic FTE Faculty	1	1	1	
14.	Overall Program Expenditures	$1,806,258	$1,677,959	$0	Healthy
14a.	General Funded Budget Allocation	$1,437,305	$1,386,052		
14b.	Special/Federal Budget Allocation	$316,516	$187,531		
14c.	Tuition and Fees	$52,437	$104,376		
15.	Cost per SSH				
16.	Number of Low-Enrolled (<10) Classes	0	0	0	

Effectiveness:

We maintain very high retention and graduation rates in our programs as reflected in our indicator of "Healthy."

#	Effectiveness Indicators	2018 - 19	2019 - 20	2020 - 21	Effectiveness Health
17.	Successful Completion (Equivalent C or Higher)	99%	99%	99%	
18.	Withdrawals (Grade = W)	0	1	1	
19.*	Persistence Fall to Spring	93%	88%	80%	
19a.	Persistence Fall to Fall	96%	96%	91%	
20.*	Unduplicated Degrees/Certificates Awarded	41	36	42	
20a.	Degrees Awarded	40	36	42	
20b.	Certificates of Achievement Awarded	0	0	0	Healthy
20c.	Advanced Professional Certificates Awarded	0	0	0	
20d.	Other Certificates Awarded	1	0	0	
21.	External Licensing Exams Passed [1]				
22.	Transfers to UH 4-yr	14	4	9	
22a.	Transfers with credential from program	14	4	9	
22b.	Transfers without credential from program	0	0	0	

Discuss significant program or unit actions (new certificate(s), stop outs, gain/loss of position(s), results of prior year's action plan, etc.). Include external factors affecting the program or unit.

Significant program actions include the following:
- Retirement of 1 FT C5 faculty F19, position swept
- Retirement of 1 FT C5 faculty F20, position frozen
- Resignation of 1 FT faculty SP21, position frozen
- Loss of simulation coordinator position in SU21
- Delay of BSN implementation (as well as holistic admissions)
- The COVID-19 pandemic impacted the program heavily
  - clinical practicums still suspended in F20, SP21, and SUM21 (including the pediatric experience in DOE schools in N210, long-term-care experience at Hale Makua in N210 and N230, mental health experience at Hale O Lanakila in N220)
  - clinical practicums delayed and/or shortened (medical-surgical clinicals at MMMC in N210, N220, and N360); modified clinicals experiences (MCEs) were developed and implemented
  - short 1 additional clinical teaching faculty member in F20, SP21, and SUM21 due to concern about exposure in the hospital (and some students were convinced to stay out of the hospital, as well)
  - remote test proctoring software purchased and implemented for F20 and SP21
  - theory classes were converted to synchronous online delivery via Zoom
  - lab experiences were delivered in pods (each instructor teaching all skills to one group instead of rotating students through different stations) to contain potential exposures
  - implementation of special protocols for F2F lab sessions (screening, PPE, ventilation, room cleaning, etc.)
  - training and participation of students and faculty to support DOH and COVID vaccine clinics in the roles of vaccinators, vaccine assistants, and monitors

Responses to last year's action plan

Our program enforced more structure and rigor around **unit exams**; we encouraged test blueprints that will support our Testing Policy and enforcement of our peer review criterion. We will be able to compare exam psychometrics and student evaluation results in the next program review (comparing F20 to F21).

In retrospect we do not feel exit performance in collaboration or communication would be impacted by our COVID-19-induced **pod method for skills labs**; the greatest impact is risk for lack of consistency and continuity (because different instructors are teaching the same skills to different students) and an increased preparatory burden on the instructors, as they have to prepare to teach all skills instead of focusing and specializing in a few. We did, however, compare results in this category across the two years and saw an improvement from Cohort 13 to 14 (as proposed in last year's program review) rather than a reduction (it is not clear at the point to what to attribute this improvement, especially as the latter cohort had fewer opportunities to communicate and collaborate in clinical practicums due to COVID-19).

Cohort	Teamwork & Collaboration (QSEN)
13 (2018-2020)	66.8%
14 (2019-2021)	75.6%

The major content area with the **lowest score on the ATI Comp Predictor** for Cohort 13 was Health Promotion and Maintenance with a group score of 63.2%. Topics that notably did not perform well were in the area of pediatrics, especially babies/infants. We did have a restructuring of the family health nursing course (NURS320: Health & Illness II) in F20, and in Cohort 14 this score showed modest improvement at 68.5%. This course has undergone further enhancements and we anticipate further improvement in Cohort 15.

#	Perkins Indicators	Goal	Actual	Met
29.	1P1 Postsecondary Placement	33	75	Met
30.	2P1 Earned Recognized Credential	33	100	Met
31.	3P1 Nontraditional Program Concentration	N/A	N/A	N/A

Goal was met for all indicators.

3. Program Student Learning Outcomes or Unit/Service Outcomes

a) List of the Program Student Learning Outcomes or Unit/Service Outcomes

1. A competent nurse's professional actions are based on core nursing values, professional standards of practice, and the law.
2. A competent nurse develops insight through reflective practice, self-analysis, and self-care.
3. A competent nurse engages in ongoing self-directed learning and provides care based on evidence supported by research.
4. A competent nurse demonstrates leadership in nursing and health care.
5. A competent nurse collaborates as part of a healthcare team.
6. A competent nurse practices within, utilizes, and contributes to the broader health care system
7. A competent nurse practices patient-centered care.
8. A competent nurse communicates effectively.
9. A competent nurse demonstrates clinical judgment/critical thinking in the delivery of care of patients while maintaining safety.

1. Program or Unit/Service Outcomes that have been assessed in the year of this Annual Review.

PLO #9: A competent nurse demonstrates clinical judgment/critical thinking in the delivery of care of patients while maintaining safety.

NURS 360 Health & Illness III is the 9-credit final-semester mixed theory/lab/clinical course in the nursing program, so is a natural place to focus assessment of this PLO. SLO #9 for NURS 360 reads: Demonstrate clinical judgment in the delivery of safe, quality care, using information and patient care technologies, to diverse clients across a wide range of settings.

Competencies include the following:

a. Able to note and make sense of patterns in the client's data, compare these with known patterns from the nursing knowledge base, research, personal experience, and intuition.
b. Develops plans for interventions that can be justified in terms of their likelihood for success.
c. Explains interventions; calms/reassures clients and families; directs and involves team members, explaining and giving directions; checks for understanding.
d. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response
e. Independently and collaboratively evaluates outcomes, and client's response to care.Revises plan appropriately.

2. Assessment Results.

In the NURS 360 course, students document examples of how they met each SLO in the **Clinical Evaluation Tool (CET)**. All 41 students passed with the minimum score of 4 (standing for "supervised") for PLO 9, indicating that in the area of medical-surgical nursing they met this standard by providing two examples of clinical judgment behaviors. Individual

clinical faculty evaluate the responses for the students they supervise in their hospital practicums.

Cohort 13 (SPR20 graduation) and Cohort 14 (SPR21 graduation) both took the **ATI RN Comprehensive Predictor** 2019 in May of their graduation semester. Results in the area of focus can be seen in this table:

Cohort	Overall Adjusted Group Score	Clinical Judgment/Critical Thinking in Nursing
13 (n=38)	74.9%	74.9%
14 (n=41)	72.8%	72.1%

We suspected that the replacement of clinical practicum experiences in the community with modified clinical experiences (MCE) would lead to a diminishment of psychomotor skills yet an increase in cognitive skills. Cohort 13 and 14 were both impacted by the COVID-19 pandemic, but Cohort 13 was only impacted half of one semester (their final semester) whereas Cohort 14 was impacted from the middle of their second semester of the program all of the way through graduation. Cohort 14 did many more virtual simulations and online activities instead of hands-on experiences in long-term care, the hospital, and other community agencies. However, these test results seem to indicate the performance in "clinical judgment" decreased from cohort 13 to 14 rather than increasing.

a. Changes that have been made as a result of the assessment results.

It was originally our plan to intentionally replace some clinical time with virtual simulation even when we were able to return to our normal clinical practicums, but we are rethinking this approach.

Another measurement of achievement of PLO 9 is success on the **NCLEX-RN licensure** exam. Our pass rate for Cohort 14 so far is 92% whereas the national pass rate for Associate RN programs through the first three quarters of the year is 80.45%, indicating a strong performance well above the national average.

No specific changes made in response to this review although we will re-evaluate whether to continue use of the new Caputi text "Think Like a Nurse" and/or integrate in new resources created by NCSBN in preparation for introduction of NexGen NCLEX (see action plan item #5 below)

b. CASLO: Provide a summary of CASLO assessment in the year of this annual review.

Starting next year (F22) we will have assessment reports on the Academic Affairs Website to link to (starting with PLO 4: Demonstrate leadership in Nursing and health care and the Creativity CASLO) as this work was initiated in SPR21.

Based on findings in Parts 1-3, develop an action plan for your program or unit from now until your next Comprehensive Review date.   Be sure to focus on areas to improve identified in ARPD data, student learning or unit/service outcomes, results of survey data, and other data used to assess your program or unit. This plan should guide your program/unit through to the next program/unit review cycle and must detail measurable outcomes, benchmarks and timelines. Include an analysis of progress in achieving planned improvements.

4. Action Plan

1. pursue development of a **stand-alone LPN program**

    Action Plan item 1 directly supports **Community Needs and Workforce Development** Objectives 1: Continuous evidence-based understanding of community and workforce needs and opportunities and 2 Credit and non-credit curriculum that are connected with relevant community and economic needs

2. support **DOE pathways program**
    a. F21 began meetings for DOE healthcare professional development- nursing faculty from CNA, LPN, and RN programs (+ Dean & PD Coordinator); start with Lahainaluna High

    Action Plan item 2 supports **Student Success** Objective 1: Policies and practices to help students enroll in and progress through college

3. continue support of campus **COVID-19 response**
    a. in SPR20, SUM20, and F21 nursing students had dedicated clinical hours to helping with vaccine clinics on campus and in the community; nursing faculty and students staff vaccinator and vaccine assistant roles at UHMC vaccine clinics; nursing faculty also help staff on-campus rapid COVID-19 testing in F21

    Action Plan item 3 supports **Community Needs and Workforce Development** Objective 2d: Create opportunities to address community projects and needs through experiential learning and demonstration of "real-life" skills.

4. continue to await right time in system policy and finances for **BSN**
5. address coming of **NexGen NCLEX** by continuing to review new product offerings by vendors (new question-type formats and activities focused on clinical judgment) and find ways to implement new item type questions into teaching/classwork
6. continue evaluation of **PLO 9/Clinical Judgment** to measure impact of the new tools we have implemented during COVID particularly Linda Caputi's "Think Like a Nurse" curriculum (new textbook started F20) and the virtual simulations.

7. curate and cost control large volume of new and emerging **learning resources** (particularly Evolve/Elsevier and ATI)
    a. Elsevier Rep did a campus visit and presentation on 10.20.21
8. hiring and onboarding of **new faculty**
    a. position 1 (pediatric specialty)
    b. position 2
9. encourage more faculty to achieve **certification as nurse educators** (CNE) by SUM22
    a. course was paid for and scheduled for all ten faculty in SPR21; 2 faculty took the exam and passed in SUM21

Action Plan items 8 & 9 support **Quality of Learning** Objective 1: A college culture that promotes teaching and learning for students, faculty, and staff.

10. implementation of **class offerings by lab and clinical sections** so faculty workload is documented in Banner for large courses; implement for SP22 for NURS220 & NURS360
    ○ began with NURS 210 and NURS 320 in F21- 3 separate courses/CRNs/Laulima sites for each instead of 1
11. elect, orient, and support **new Department Chair** (vote F21, transition SPR22)
12. explore options to address **clinical instructor shortage** (continued outreach, recruitment, use staff RNs at the hospital to augment faculty reach-working with MMMC Chief Nurse Executive on this)- ongoing
13. transition as smoothly as possible back to fully **face-to-face (F2F) classes** in SPR22
14. consider applying to accreditors to be able to offer a **hybrid program** in the future
15. ACEN **Accreditation Self Study** due in F22
16. strengthen consistency and completeness of **data collection** to support decision- making and revisions to future offerings
    a. demographic data surveys
        i. find a routine time, place, and incentive to deliver and a consistent place to store and reference results
    b. hospital NRP data
        i. set up system with hospital liaison and/or NRP Advisory Board to receive routine reports on numbers of graduates hired
    c. key component of Systematic Plan of Evaluation (SPE)
        i. ExamSoft data spreadsheets
            1. continue to remind faculty to complete after each exam; Course Coordinators to be responsible for ensuring completion; identify a method for accountability and documentation that done (plus retroactive completion)
        ii. Course Reports
            1. encourage course coordinators to start the first planning meeting for each course/semester with a review of this report from the last offering; then, include it as a standing agenda item at each course meeting so it can be worked on during the course rather than after
                a. this was implemented for the NURS210 course in F21; efforts are being made to do that same for NURS220 and NURS360 in Spring starting this month (November 2021)

iii. ATI Comp Predictor results
1. plan to review as a faculty as nursing program meetings at the last meeting of each Spring to identify areas for improvement/focus in the coming year
2. similar approach to be taken for the ATI Exams in each course at the last course meeting of each semester- for example, Fundamentals in NURS 210
3. improve understanding of how to create and interpret ATI reports
   a. 3 nursing faculty attended a workshop "Best Practices Using ATI Data in Program Evaluation" on 11/8/21
   b. our ATI Complete Account Executive is scheduled to come to our Nursing Program meeting to present on 11.29.21
   c. following up on a request initiated after the workshop in a above, on 11/15/21 we received a 3-year-trend report from ATI depicting class trends and opportunity areas
iv. PLO for next program review will be **PLO 4**: Demonstrate leadership in Nursing and health care; **CASLO will be Creativity**
1. these correspond with the program assessment work begun in SPR21

Action Plan item 16 directly supports **Student Success** Objective 3: Evaluation and assessment practices to understand and improve educational effectiveness.

17. Integrate Kaʻao Framework into program
    a. in F21 this was done in the NURS210 course
    b. in SPR22 plan to do for NURS 220 course
    c. as of F21 we have a nursing faculty representative to the FYE committee (starting 10.18.21)
    d. at an early Nursing Program meeting in F21 faculty were encouraged to watch the introductory videos and a discussion followed related to how it could relate to our program
       i. this requires follow-up as not all faculty had been able to watch the video

Action Plan item 17 supports **Hawaiʻi Papa O Ke Ao**, which has a goal … *by creating a model of Indigenous-Serving institution of higher education that perpetuates cultural traditions, language, history, and values to promote student success, leadership development, and well-being of ʻohana (family) and community*

Specify how the action plan aligns with the College's Mission and Strategic Plan.

UHMC's mission is to *inspire students to develop knowledge and skills in pursuit of academic, career, and personal goals in a supportive educational environment that emphasizes community engagement, lifelong learning, sustainable living, Native Hawaiian culture, and global understanding.*

The 2015-2021 Strategic Directions identifies Student Success, Quality of Learning, Hawaii Papa O Ke Ao, Community Needs and Workforce Development, and Sustainability as the 5 themes.
see above in purple how individual action item plans align with the college's strategic plan

Address opportunities for re-envisioning the program. How does the plan address emerging or future economic opportunities? What is the projected industry/community demand in 5-6 years?

A nursing shortage is anticipated and demand for our graduates is projected to remain strong in the next 5-6 years. According to VARPD 2021 Preliminary Data Release, from 2020-2028 there are projected to be 1266 new jobs for RNs in addition to 7, 712 replacement jobs. The BSN is needed at UHMC to reduce costs and best prepare our nursing graduates to serve Maui County. They will be eligible to go on to pursue specialty care and/or graduate studies for training as advanced practice nurses. LPNs and CNAs are needed immediately. We have been running an LPN cohort program (selecting 10 students who met requirements but did not make it into the Fall RN cohort) with separate entry in Spring, a stop out for practice as LPNs, and re-entry into the second year of the nursing program to address the urgent staffing needs of our long-term care facility on Maui. We are in the process of developing a stand-alone LPN program as a more sustainable solution to meet this ongoing demand. Nursing faculty are challenging to hire and retain as are lecturers; we continue to seek out interested, eligible, diverse candidates for these positions.

Our high-fidelity simulation equipment- "SimMan"- is aging; we must replace him and continue to incorporate simulation to teach and demonstrate achievement of the program outcomes, particularly clinical judgment.

Discuss how these recommendations for improvement or actions will guide your program or unit until the next Comprehensive Review. Be sure to list resources that will be required, if any, in section 5 below.

*The action plan may be amended based on new initiatives, updated data, or unforeseen external factors.

5. Resource Implications

Detail any resource requests, including reallocation of existing resources (physical, human, financial).

What is the cost? How can your program plan to reduce cost and streamline? Could elements of this program be combined with another program? Discuss any potential system partnerships and/or opportunities for collaboration.

Our high fidelity simulation equipment (SimMan) is outdated; Perkins $115K received via Perkins to replace.

Department budget increase to pay for required students software ~$500/student/semester would be desirable. This is in addition to the Pro Fees which pay for clinical supplies and lecturers. The costs for this software are currently paid by the students. The annual cost is in the $40,000 range.

☐ **I am NOT requesting additional resources for my program/unit.**

6. Optional: Edits to Occupation List for Instructional Programs

Review the Standard Occupational Classification (SOC) codes listed for your Instructional Program and verify that the occupations listed align with the program learning outcomes. Program graduates

should be prepared to enter the occupations listed upon program completion. Indicate in this section if the program is requesting removal or additions to the occupation list.

☐ **I am requesting changes to the SOC codes/occupations listed for my program/unit.**