

**GUIDE FOR NEW
ASSOCIATE DEGREE NURSING PROGRAM DIRECTORS**

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MODULE 1

THE CHOICE TO BECOME A NEW NURSING PROGRAM DIRECTOR

“This is a critical period in nursing education and we must see clearly and build wisely if our work is to stand for the future. The first essential is that we should clear the ground of the old outworn and unsound timbers which are giving way under the strain of modern demands and the spirit of a new age....if we have faith in our work and the world’s need of it, we shall not fail.” Isabel M. Stewart 1944

“Power is the ability to cause or prevent change. It has two dimensions. One is power as potentiality, or latent power. This is power that has not yet been fully developed; it is the ability to cause a change at some future time. We speak of this future change as possibility, a word which comes directly from the same root as power, namely posse, to be able. The other dimension is power as actuality”. R. May

"We may not know what our destiny will be but one thing we do know: the only ones among us who will be really happy are those who've sought and found how to serve." Albert Schweitzer

The California Board of Registered Nursing (BRN) provides the following qualifications for the director of a nursing program:

Section 1425(a) states “A registered nurse faculty member and the director and assistant director shall hold a clear and active license issued by the board.”

Section 1425(b)(1) states, “The registered nurse director or assistant director of the program shall have a Master’s or higher degree from an accredited college or university which includes course work in nursing, education, or administration;”

Section 1425(b)(2) states “A minimum of one (1) year of experience in a position as an administrator with validated performance of administrative responsibilities consistent with section 1420(h)”

Section 1425(b)(3) requires “A minimum of two (2) years of experience teaching in pre- or post-licensure registered nursing programs”.

Section 1425(b)(4) requires “At least one (1) year’s continuous full-time experience, or equivalent, providing direct patient care as a registered nurses;”

According to these qualifications, most of the faculty from ADN programs who have been assistant directors, or who have had administrative responsibilities in some other position or in other pre-licensure programs, are qualified to apply for the directorship. The first part of this

guide outlines many of the reasons why the assistant director or faculty member would choose to contribute to nursing education by way of this critically important administrative position. All directors have come to this from different situations and for different reasons. One or more of these reasons below will no doubt resonate with the reader.

Potential situations that influenced the decision:

- The former director quit, retired, or was promoted up the chain of authority in the community college system. Much of the time, this is an abrupt change that creates panic within the college and especially within the nursing program.
- There was a nationwide search for a new director (rare).
- Colleagues or college administrators encouraged the director candidate to apply.
- The director candidate agreed to try this until a full search could occur. This type of scenario can help or hurt the director candidate's prospects of gaining the position at a later date depending on the many variables going on in the institution at the time. Perhaps the director candidate stepped forward to help keep the program afloat OR perhaps it turned out that the director candidate could not cope with the situation. In the latter case, administration may choose to look outside the college for someone else.
- No one else stepped up to take on the position.
- The director candidate had been mentored and prepared for this position over many years and everyone agreed that the director candidate was perfect for the position.

Potential reasons that influenced the decision:

- The director candidate was a long term faculty member who noted that he or she could do a better job than the predecessor OR that he or she could carry on the predecessor's vision and mission.
- The director candidate noted the influence that directors have on statewide issues affecting nursing education and its challenges, and he or she wanted to have that level of influence.
- The director candidate worried about the other persons interested in the director position including how their ideas will affect the quality of the program.
- The director candidate's personal needs required a more flexible schedule.
- The director candidate had been in and out of clinical practice, and felt he or she had important ideas to contribute to changes in nursing education.

- The director candidate held a similar position in some other state or in clinical practice and desired to contribute that experience and various innovative ideas into the California situation.
- The director candidate noticed how often the former director was in his or her office and thought that this position was less demanding than his or her current position. (Wrong)
- The director candidate was impressed by the difference of salary for the director. (This director candidate may have missed the fact that the director position is a twelve month versus a nine month contract. Of course, most campuses offer a 22-day or more vacation option. Even where the position is supposedly a 9 month contract, most directors experience heavy demands during the summer, especially when hiring is a problem.)
- The director candidate wanted to accrue more income for his or her retirement plan.
- The director candidate, not being a morning person, noticed that directors do not have to be at work before 7am.
- The director candidate was tired of commuting and the director position was one that he or she was qualified for at the local community college.

The reasons for interest in a director position go on and on, but the fact is that no two directors come to this position for the same exact reasons.

“Character building begins in our infancy and continues until death” - Eleanor Roosevelt

MODULE 2

THE QUALITIES AND CHARACTERISTICS OF AN ADN DIRECTOR

The DACUM Competency Profile for the Associate Degree Nursing Program Directors was developed by a task force of program directors in June 2010. The effort was coordinated and sponsored by the California Community College Economic and Workforce Development Program otherwise known as the Healthcare Workforce Initiative (HWI) (See Module 20: Resources). In the past, the HWI was known as the Regional Health Occupations Resource Center (RHORC). The program name was changed to be more reflective of the overall mission of the initiative. The task force generated a list of “General Knowledge and Skills” needed by nursing program directors. The DACUM is available on the HWI website at <http://ca-hwi.org> under the tab “Job Analysis”. It is a daunting list and in truth, no single ADN director possesses *all* of the listed skills of the experienced ADN director when he or she first takes on the position. But, if a new director has some of them, he or she has a better chance for success.

The Personal Qualities of an Effective ADN Director

Many directors have about 40-45 working years in which to establish their careers. Some who choose to contribute their talents to nursing education have had varied experiences with directors and deans of nursing programs in an ADN, BSN, MSN or doctoral programs. Some of those experiences have been positive and some not so positive. As a result, most new ADN directors have developed an impression about how they can manage that challenging position better. In some cases, they are so motivated by the role of their mentor or role model that they have decided to follow in the footsteps of that leader or those leaders that they admire. The personal qualities of an effective ADN director are as follows:

LEADERSHIP

Leadership-

Definition: According to Ellis and Hartley, leadership is “the process of guiding, teaching, motivating, and directing the activities of others toward attaining goals. It involves having the ability to influence others”.

Manager-

Definition: Ellis and Harley differentiate the role of manager from leader, which they say management “involves the coordination and integration of resources through the activities of planning, organizing, directing, and controlling in order to accomplish specific goals and objectives within an organization”.

Clearly nursing program directors should be leaders *and* managers and mindful of when they need to lead and when they need to manage. We are all familiar with the range of historical

leaders who have been excellent role models and others who have abused the power of their roles.

THICK SKIN!

I have never seen a research study concerning the “thick skin” necessary to be an effective leader and manager, but if a director candidate does not have one or cannot grow one rapidly then the ability to be happy and comfortable in the role of dean/director is unlikely. It is critically important for directors to be able to sleep at night without worrying about personal attacks or student issues. All director candidates and new directors should seek out articles that help with overcoming the personal involvement that plagues this position. It is essential that the conflicts that develop between and amongst students and staff be separated from the responsibility the director feels towards those situations and problems. If such conflicts cause high levels of stress or if they affect sleep patterns, the director needs to examine his or her role and relationships and determine if he or she is right for this sort of position.

Oftentimes students misdirect their stress reactions toward their instructors or toward the dean and/or director. When this happens it's important to recognize that this comes with the program and one must learn how to go home and dismiss these stressors from one's personal life. Whatever one enjoys during off hours needs to continue to provide nourishment in ones new life as an administrator. A constant challenge for nursing program directors is figuring out how to reduce the stress of the program for students while at the same time holding up the required academic standard.

MODULE 3

GETTING STARTED

This is like one of those NCLEX-RN questions the students hate, where they describe a half dozen patient situations and ask them to determine which they would do first.

Here is a true life story that serves as an example of an ideal start:

“A colleague who has moved from deanship to deanship in universities at least five times during the past 30 years has an interesting approach. I am sure it is part of her negotiations, before she accepts the newest position. She arranges to visit the new campus for about one week a month for three to six months or the time it takes to finish her duties in the old place and start with the beginning of a new semester in the new place. She has the person who will be her administrative assistant make appointments for her with all of the major administrators, the nursing faculty, staff, groups of students, and community leaders, such as directors of ADN programs, public health agencies and medical centers. She listens very attentively to all of these people and what it is that they are looking forward to in having a new leader in her position and she develops a plan before her official start on how she is going to address most of those needs. This approach resembles a sophisticated application of a health assessment, and I have to say, she has been very effective in each of her progressively impressive deanships”.

Granted, this approach is a luxury most new directors cannot afford due to limited time and resources, but the methodical approach to meeting the right people and *listening carefully* to all of them is an excellent approach. Fairness is a critical part of this approach. If a new director meets with only some of the faculty, or ignores the part-time faculty, that can cause problems. Of course, the new director can invite everyone that should be consulted, but he or she cannot be faulted if all the invitees do not come.

Usually, the new ADN director begins his or her new job during a break time, before classes begin, which allows time to focus on meeting those in administration and key staff members on the nursing program team. Some colleges schedule a coffee hour or dessert “meet and greet” for new director and those administrators who work during the breaks. It is also a good idea to obtain a campus phone directory and learn names and titles as soon as possible.

The new ADN director should plan on holding a meeting with students and faculty just as soon as they return from break. Open exercises for the students can be arranged and this gives them a chance to get to know the new director. This is also a good opportunity for students and faculty to gain a better understanding of the new director’s nursing education background.

As with any directorship, there will be “landmines”. It is good to anticipate plenty of landmines, but more importantly, it is critical that those that cannot be avoided do not turn into major stressors. Figuring out how to separate self from major stressors and perplexing issues within the program is critical to success.

For example, a mentor or dean may try to explain “load calculations” which has a tendency to change often and which in general, does not make sense. Even when something does not make sense, a new director is well advised to listen carefully, keep an open mind, and keep opinions to oneself at first.

MODULE 4

THE TRANSITION FROM FACULTY TO ADMINISTRATION

Community colleges in California all have somewhat different management structures. Often the nursing program director reports to a Dean of Health Occupations or Health Science and Technology, etc. In some cases, the program director is a dean and may have the department of nursing and one or more (or many) other related programs to oversee. Every college, it seems, has a different leadership structure. Those who direct the nursing program may be directors, assistant deans, coordinators, associate deans, deans and so forth. Regardless of the structure, the role of nursing program director is a full time job. However, many nursing program directors are also directing the LVN, CNA, EMT and other allied health programs that the campus offers. Some directors continue to be considered faculty, while others jump over to 100% administrative roles. Some continue to have teaching responsibilities and are “released” for various percentages of their time to direct the program. The problems and challenges that all directors deal with are similar, but the “authority” varies. The type and amount of support from administration for someone in this position varies widely from campus to campus as well.

The Director’s role within the Division, Administration, and College District

“Effective administrators combine their dedication to collegiality and professionalism with an ability to inspire those whom they serve. Through collegiality and their willingness to build consensus, administrators model for students the highest form of leadership while simultaneously using, to the fullest advantage the creativity, talent, and insights of every community member. Through professionalism, administrators set an essential institution-wide standard that tasks must be accomplished on time and at a high level of quality, that confidences must be kept, and that even the smallest details of a plan must be addressed. Through the ability to inspire others, administrators both build a community and help that community fulfill its shared vision.”

From “Developing a Philosophy of Administration, Jeffery L. Butler in the Department Chair”, winter 2008, p. 8-9.

To illustrate the point that there is so much variation in the role and position descriptions of Nursing Directors in all states, when the HWI task force prepared the DACUM Competency Profile in 2003, eight task force members were directors of nursing programs and had the following titles:

- Dean, Allied Health
- Dean, Health Sciences/ELE
- Director, Nursing Education and Allied Health
- Instructional Dean of Health Occupations
- Associate Dean, Nursing
- Chairperson, Health Sciences Division
- Director of Nursing

- Associate Dean

This represents only some of the titles held by the 100 or so directors of nursing programs in California. In those cases where two or more colleges have directors who hold a similar title, this does not mean that their range of duties and responsibilities are the same. The reasons for this wide variation has to do with the relatively autonomous governance on the California community college campuses. Other factors include the history of nursing and other health occupations programs at the different colleges, various economic forces, and the organizational structure of the campuses or districts. In fact, not all CSU directors of nursing programs are deans, and they too have a wide range of titles and report to various and sundry deans.

This is probably as good a place as any to interject the common misconception on college and university campuses that nursing is a “high cost program”. This is a common excuse for keeping the costs of administration low or cutting corners with administrative assistance and so on. However, nursing is the most popular program being offered in community colleges across the country. Where else can a student become qualified to become a licensed RN for \$46/unit so that they can go out and earn over \$60,000 a year in their first position?

So how do colleges benefit from offering nursing programs? For one thing applicants and pre-nursing students all have to take the various pre-requisites such as college-level English, Anatomy and Physiology, and Microbiology. Many Biology and Science departments have loaded “pre-reqs to the pre-reqs” for science courses such as Chemistry, Biology and so forth. Most of the enrollments (FTES) in those courses are pre-nursing students or soon-to-be transfer students who want to enter nursing programs at the CSUs or at private colleges. Given the offerings of community colleges, some future nurses start with ESL or developmental courses and work their way along until they qualify to take the pre-req courses.

It’s a well known fact that those who speak many other languages, and are familiar with many other cultures, greatly enhance our profession. Many such students face the uphill task of building the foundation that helps them succeed in the nursing program.

Then there are the GE requirements. Applicants are strongly encouraged to complete all GE requirements *before* they start the nursing courses. The FTES that they generate while doing this are significant. So, yes, it is expensive to provide an instructor for ten or less students in each clinical group, but most lecture classes are often filled with 50 or more students, and nursing students have already generated many, many FTES for the college. This is good “argument” to keep in mind when drilled by administration about the “high cost” of the nursing program.

One leadership/management approach is to establish a job sharing arrangement where one person handles the internal aspects of program management and the other works externally – while both co-teach one of the nursing levels together. This model may involve the division dean who generally shares some of the duties as well.

Some of the smaller programs require their directors to teach some of the time. Many directors are willing to do this because it’s what they love to do and/or because it helps them keep current should they ever wish to return to teaching and/or they can’t find anyone else qualified to do it.

Some campuses require all administrators to teach one or more courses per year. There are some interesting rationales for this, but it is very problematic to attend to all of the duties of administrative positions (not the least of which is attending regional and national meetings) and being fair to the class which must be taught that week.

The main point of this section is that it is critical to *negotiate* a position title and role along with salary, staff support, and holidays and benefits before starting in one of these demanding positions. That said, often the *Position Announcement* and *Job Description* is dusted off from the former incumbent in the position, and there is little thought given to updating and modifying it. Sometimes, if an extended amount of time elapses without a successful search, the campus administration may look again at the position announcement and make some changes. Sometimes they tinker with it and add some salary steps, and sometimes they put out the effort to examine the roles of similar positions in other colleges. One of the major reasons that the HWIs developed the DACUM Competency Profile was to assist college administrators in understanding the role of the nursing program director.

In most cases, the director of the nursing program is hired by a search committee comprised heavily of college administrators and a small part of the faculty. The amount of influence the faculty have on who is hired varies from college to college. *Tip: When interviewing at the college, it is vital to “check out” the faculty by insisting on meeting with them.* If administration agrees to this, they will of course be required to offer this same opportunity to the other applicants for the position. Nevertheless, this initial contact with the faculty will help guide the decision to accept the position if or once it is offered.

A nursing program director-candidate needs to recognize that the position of ADN director needs to be a “bridge” between the nursing faculty and administration. As a bridge between these two great forces, it will be impossible to please both sides at all times. If nursing is part of another division (anything ranging from Health Occupations to Science/Math Engineering, and Nursing to Vocational Ed and so on), the immediate supervisor will probably be on the search committee and perhaps involved in the recruitment process. If the position description places this position directly under the VP for Instruction, that VP would probably be heavily involved in the search, along with Human Resources.

Some of the position descriptions meet just the minimal requirements of the BRN but do not give *authority* to the program director which is necessary to achieve the many goals associated with a successful nursing program. If the position description is short on granting authority, it is important to have the respect and support of those who do. The reason so many position descriptions are short on requirements is that college administration wants to be sure that a diverse population has a shot at the position. This makes some sense, but it should not dissuade those who *exceed* the minimum requirements from applying for the position.

In reference to the fact that not all community college structures place the nursing program director on an administrative level, a report from the CCC Academic Senate provide relevant information as to the pros and cons (September 2008; p. 4-5).

In the fall of 2007, The Academic Senate for California Community Colleges passed Resolution #13.02, “Transition of Faculty to Administration”, in order to “research barriers to and incentives for faculty transitioning into administrative roles”. They then reported the finding back by way of a *Rostrum* article, “Breakout of Other Appropriate Academic Senate Venue.” The findings were also presented to participants attending the Spring Academic Senate Plenary Session.

In a short article, “Faculty to Administration: The Leap of Faith”, Richard Mahon addresses the factors that encourage and discourage California Community College faculty from considering administrative positions. He says that it is almost never the money that attracts such faculty, but rather it is “the desire to use leadership skills in new ways to improve the educational experience of both faculty and students”. He describes the paradox of “how our colleges depend on filling administrative leadership positions with individuals who understand our mission and how to make our colleges effective”, and “yet many of us would not recommend that leap to our most respected colleagues or consider it ourselves”.

The Panelists and presenters did not include any nursing directors, but the four questions they addressed are totally relevant to this discussion.

Why do some faculty make the leap?

- They felt they could make a difference.
- They recognize the value of institutional and support services for student success.
- They felt they could serve more students in important ways.

Why don't others make the leap?

- They feel they would miss the classroom time with students. Among nursing directors, some regret the severing of their regular association with clinical practice, and are concerned that they will not remain current.
- While some wanted to lead, they did not want the managerial tasks associated with administrative roles.
- While it is known that base salaries are higher for administrative roles, those wanting to make more money as faculty could do so with overloads, extra pay assignments, and teaching in the summers, which could result in higher salaries than the administrative ones.
- Many participants identified “loss of tenure as another crucial obstacle”.
- Some participants mentioned the “loss of freedom to speak openly or critically as a significant deterrent from moving to administration”. This is a very unfortunate point of view on many campuses and probably reflects much of the history of adversarial relationships between Academic Senate members and Administration.
- Other senate leaders also mentioned the loss in both enjoyment and influence encountered by moving from the “top” of faculty leadership to the “bottom” of administrative leadership.

What might make the leap more attractive?

Whither to leap?

- Depending on the campus climate, some worry that taking an administrative role and title is viewed by their colleagues and friends as “going to the other side”. This frequently-used phrase reflects the common distrust of “administrators” by faculty ranks. This is probably more of a factor with highly active Academic Senate members.
- Concern about whether former faculty colleagues will maintain the same respect and support for faculty who move into administrative ranks. Again, this is highly associated with the characteristics of the individual involved and the campus culture.
- The panel pointed out how important the security for tenured faculty is to many people making this decision. The article points out the importance of retaining the right to retreat back into their teaching role if they do not like the new administrative role.
- Furthermore, the article addresses the leap into a new district for such candidates. Here again, concerns about security, carrying benefits, and retreat rights is addressed. There are many insecurities associated with this due to the unusual governance arrangement among all of the community colleges in California. In other states this can be a very easy transition.

How to encourage jumpers?

Clearly, Resolution 13.02 was developed out of a serious concern of the Academic Senate and others about recruiting committed community college advocates with academic experience to the administrative ranks of the colleges. There are 112 Community colleges throughout the State, and we are reaching a time in history when many of the original faculty and administrators are retiring. Like the rest of the country, we have not prepared well for this serious turning point and it affects every level of faculty, administrative, and classified positions.

So the question is how to make the transition to leadership/management attractive to competent, committed individuals. The Panel particularly cited the following ideas:

- “Encourage Boards of Trustees to provide a leave of absence long enough for a faculty member moving into administration in a new district to effectively evaluate the success of their transition provided that they can return to their teaching position if the transition seems unsuccessful”.
- “ASCCC cooperation with the Community College League (CCLC) might encourage creation of a core group of districts willing to offer such incentives”.
- The potential of loss of health and retirement benefits when switching from one district to another is seen as a more challenging issue.

- Since so many faculty are reluctant to give up teaching and direct contact with students, another suggestion is assuring new administrators the opportunity to teach. Perhaps online and summer courses could provide an opportunity for directors to continue to teach. Some program directors choose to work part-time in clinical positions on weekends.

What next?

- Resolution 13.02 also asked for the Senate to “work with the Community College League and Administrators to discuss and facilitate the transition of faculty, who have a working understanding of the principles of participatory governance, into administrative roles.”
- A new task force has been established to address these issues.
- Another recommendation is that there be an improved mentoring and support system established to address this process. In Northern and Southern California there are mentoring systems established to help new ADN directors in addition to the ever valuable listserv that allows all directors to interact, ask questions, and share answers.
- Finding ways to increase director contact with students.

Since the BRN is restrictive on who can “ascend” to directorship positions, nursing program issues may not be as pressing as some other constituencies within the California Community College system but they can certainly become pressing if no one steps up to take on this role.

What About the Assistant Director Role?

Taking on the role of assistant director is a good way to test the administrative waters. On some campuses, there is no release time or extra compensation provided for assistant directors. As part of succession planning, some directors rotate every newly tenured faculty member through the role for at least one year so that they are “officially qualified” to apply for the director position. Like everything else, there is great variation in the role of assistant director across the state.

Some programs have two or more assistant directors who are given release time to function in various capacities required to run the programs. Release time means that there is an official exchange of load calculations for employees functioning as assistant directors. For example, someone might only do the theory part of their usual load and have someone else (an adjunct faculty member) do the clinical hours part. In some cases, assistant directors manage the clinical coordination, the testing functions, and/or the admissions/eligibility/remediation process.

MODULE 5

THE DIRECTOR'S RELATIONSHIP WITH ADN FACULTY, STAFF, AND STUDENTS

“In general, we can say that the larger the system becomes, the more parts interact, the more difficult it is to understand environmental constraints, the more obscure becomes the problem of what resources should be made available, and the deepest of all, the more difficult becomes the problem of the legitimate values of the system.” *C. West Churchman*

The following is a review of the advantages and disadvantages of being promoted to director from within versus being brought in as a new director from outside the college:

A new director is promoted from within: PLUSES +++++

- The new director knows the program and its curriculum and has established relationships with colleagues and staff.
- Limited lag time in getting started in the position.
- Many community colleges tend to hire their mid-level managers from within the faculty in the belief that “they hit the ground running” and already know the “culture”. There is the assumption that they need less training or orientation to the position (which isn't so).
- Internal candidates usually live in or near the community served by the nursing program and may know many of the contact persons in the various partnering agencies and offices that support the program. This is a critical element to running nursing programs, but not always understood by college administrators.

A new director is promoted from within: MINUSES - - - -

- The new director knows the program and its curriculum and has established relationships with colleagues and staff. If that statement sounds like one mentioned above as one of the PLUSES++++, it is. Along with familiarity come loyalties to some of the faculty and staff which may make it very difficult for to properly walk the balance beam of leader and manager (more about the proverbial balance beam later).
- Long standing “problems” with some of the faculty and staff may have left an impression or may influence future decisions. Since this is a potential issue, it's important to examine and acknowledge biases and determine how they may influence decisions.

- Administration tends to have higher expectations of “inside” candidates and does not always offer them the same time or help to “adjust” to the new place, role, etc, that they might afford an outsider.
- Even those who have experienced the role of assistant director may not recognize all of the many parts of the role of the Director. Being a director requires a careful effort to keep the balance between advocate for the nursing program and team player with the deans of higher administration. It takes time for the new director to figure out this balance.

A new director is hired from outside the program: PLUSES++++

- There is a relatively low expectation for newbies the first semester or two and a new director who is also a new employee at the college is generally given ample opportunity to seek counsel and ask many questions. This may or may not be the case for someone promoted from within.
- Many experienced directors feel that coming from the outside is easier in the long run. This may be partially due to the problems many new directors experience coming from within the faculty ranks (for some of the reasons stated above). In some instances, new directors, who were selected from within the faculty, find themselves applying for a similar position after they have had some experience in their “home” college.
- If you come from “outside”, you have a fresh viewpoint on the program and its challenges.

A new director is hired from outside the program: MINUSES - - - -

- Even if the new director has held a similar position elsewhere, there is an urgent need to figure out who all the players are and to determine the culture of the program and college.
- New directors hired from outside are “on their own” so far as navigating this new situation because the former network is probably not available to help. A new director cannot depend on any of the faculty to help since that would be showing favoritism.

A personal note by Margaret Craig (author of this guide): “Wow! This is the way I did it: I had been a former Dean of Health Occupations in Massachusetts (with 8 Health Occupations programs) in 1998 when I applied for my present position at Napa Valley College. I was looking for a position that FOCUSED on nursing education, offered an opportunity to work in a more diverse community college, and was located in a more moderate climate. You can only imagine how difficult it is for nursing faculty to accept a new leader/manager who ‘does not know anything about nursing in California’. (Why, I ask you, is nursing education so different in California than in other states?). It really isn’t, but there is far more oversight from the BRN for approval status; there are far more statewide demands from the Chancellor’s Office; and each campus configures the position differently, etc, than I, and others, experienced elsewhere”.

MODULE 6

THE BALANCE BEAM

Being the director of a nursing program requires great skill in balancing. A successful director manages to have support from their faculty and students and from the college's administration at the same time. It cannot be stressed enough how important this is.

Frequently, when a new director or dean is appointed, the administration sees an opportunity to make changes such as reductions in the cost of the nursing program under new leadership. If you, as the new director, see this as an administrative agenda, it is critical that you avoid becoming the messenger (remember the old adage: "don't kill the messenger"). If administration has cost cutting or other messages to convey to the nursing faculty, let them do it. Otherwise, the new director may become the messenger that gets "killed".

The new nursing program director will need to try to advocate and educate the administration about the unique nature of nursing education within an academic institution. It's very similar to being the round peg trying to fit into a square hole. College policies are usually established to support the typical college classes like History, Math, and English. Since most union contracts are negotiated by general education faculty who are not tied up with clinical obligations, etc, they seldom acknowledge the exceptions required for technical/vocational/professional programs like nursing. It is extremely helpful when college presidents and/or vice presidents held former posts with strong nursing programs. They become strong advocates.

If the nursing program director cannot maintain the support of faculty and students then he or she will fall off the beam. Even if the director falls into the arms of administration, directing a nursing program without the respect and support of the nursing faculty and the students is virtually impossible. Most capable administrators recognize this important aspect of surviving as a dean/director in an academic environment.

As mentioned before, we are at an important historical time in the community college movement in the U.S. The history of "two year" schools goes back to the first generation, between 1900 and 1930, when some colleges were established as extensions of secondary schools. The junior college generation between 1930 and 1950 saw the establishment of some locally-based colleges, many of which became community colleges between 1950 and 1970. The community college movement saw dramatic growth in the size and numbers of colleges throughout the country. It was during this time that most states developed either community college systems or some sort of support for local and new community colleges with the goal of making at least the first two years of college affordable and accessible to as much of the population as possible. One of the major driving forces for the community college movement was the need to educate returning veterans from the Korean and Vietnam conflicts.

California has the largest community college system in the nation, which is now comprised of 72 Districts, 112 Colleges, and more than 2.6 million students (2011-2012 data). In the early 70's, California was famous for offering tuition-free community college education, which resulted in

much in-migration to California during those “growth years”. California continues to provide significant support to community colleges which allows the tuition to stay low, however, the fiscal support per student is significantly less than it is for the CSU or UC systems.

Many of the people who established the over 1,200 US community colleges in the growth years of the 60’s and 70’s are retiring during this decade. Those who are filling the positions are not always fully qualified to assume the roles that they are filling. Of course, on campuses where succession planning has been in place and where there are qualified people who have had release time to be assistant directors, there are no major problems. But administrators at many colleges have been unwilling or unable to “think ahead” and forecast this need and find themselves scrambling when a director retires or resigns.

How is a new director to make the right judgments as to who to trust in the administration and the faculty without showing any sign of special preference for any of them? This is very tricky. As mentioned earlier, whether a new director is coming to the position from within or without, the new director needs to recognize that he or she is quite often **alone** in making these decisions.

This fine balance is possible to accomplish in this era because nursing and allied health programs are seen as a growth industry. Such programs enjoy significant financial support from the California Community Colleges Chancellor’s Office (CCCCO). Most colleges are able to attract many (way too many in most cases) students to the nursing programs and to the many departments that provide the required prerequisites and co-requisites of the nursing program. As a general rule, administration fails to take this important contribution to the FTE count into account.

Expanding nursing program enrollments are usually viewed positively by administration, but problems can emerge when the college enrollment capacity is already “capped”. “Capped” refers to the situation where a campus gets a certain amount of reimbursement per enrollee from the state BUT, if the college expands beyond a certain point, the college does not get additional reimbursement. The same situation can be responsible for some “hard feelings” from other departments that are not enjoying these extra resources and think that all funding should be shared equally by everyone.

Many, if not most, programs in California have expanded in response to the significant need for growth and to the enticement of grants from the CCCCCO (“Module 14: Grants” below). This sudden growth and demand to expand (starting in 2005), and the sudden change in the patterns of the past, have affected many faculty groups differently.

A wise director recognizes that nursing faculty is facing major challenges and that they need support to change and adapt to the new demands. Demands come in many different forms and from many different directions. They include:

- Incorporating part-time clinical faculty into the programs. This can result in major demands upon existing full time faculty. Many programs did not employ a single part time adjunct faculty before this growth period.

- Needing to stay in the same course every semester when the program has opted to take additional on classes in January for example (some see this as a positive and others as a negative).
- Facing challenges in finding clinical placements for the additional student cohorts at a time when so many new programs are emerging, and nearby programs are expanding.
- Needing to accept long-term care assignments as the demand for acute care facilities grows (this may not be all bad, but it is very stressful for faculty who have enjoyed the stability of the same clinical sites and collegueship for years).
- Needing to attend more search committees, evaluation committees, and faculty meetings to help bring new people on board.
- Having to share limited faculty development resources with new people.
- Having to stay involved in curriculum review and redesign.
- ...and on it goes.

As the first decade of the 21st Century draws to a close, nursing education is enjoying an amazing positive role in the Community Colleges of California and across the country. All nursing program directors can make significant contributions to the nursing shortage if the critical balance of support of faculty and students and administration is maintained. Of course, most nursing educators and nurse leaders are aware of the sudden reversal in the “high demand” for new graduates that has resulted from the sudden downturns in the economy in 2008-2009, BUT, this too will pass and we need to keep our eyes on the future.

FINDING THE BALANCE IN RELATIONSHIPS (with faculty and staff)

The following is a list of terms and descriptors that are commonly used to praise or complain about directors, deans, division chair VPs, nursing managers in hospitals and all nurse leaders in general:

POSITIVES +++++

Fairness
 Integrity
 Even tempered
 Intelligent
 Hard working
 Foresighted
 Good listener
 Problem solver
 Fair delegator
 Good conflict resolver
 Organized
 Well respected
 Takes on important issues
 Good negotiator
 Good communicator; speaking/writing

NEGATIVES - - - -

Plays favorites
 Unfair
 Moody/ short tempered
 Short sighted
 Cuts corners
 Puts up barriers
 Opinionated
 Will not delegate
 Micro manager
 Over his or her head
 Disorganized
 Not respected
 Avoids important issues
 Avoids conflicts
 Poor communicator

This comparison list can go on and on, and it is a given that not all faculty/staff are ever going to rate their leader/managers with *all* positives *all* of the time. However, when the balance tips to the negative with the preponderance of evaluators, then the leadership role is in big trouble. Of course, as the director is evaluated by those who report or relate to him or her, they are also evaluated by members of administration as their performance impacts campus wide priorities.

Perhaps it is easiest to look at the way the role of director of nursing has changed in hospitals over the past thirty years. Their titles have changed from Director of Nursing to VP for Patient Care, Chief Nurse Executive, etc, and their role has frequently been driven more by mahogany board room priorities than it has by a desire to advocate for nursing and the patient care they oversee. Their roles have also broadened to include oversight of pharmacy, sterile supply, and in some cases, even environmental services.

Like our nursing service colleagues, nursing program directors walk a balance beam to serve the interests of those who hire, appoint, and “supervise” (their leadership) and those whom they supervise and employ. Usually this balancing act is hardest to maintain during hard economic times (which is NOW).

Fairness is a critical factor when it comes to relationships with faculty and staff. It may seem simplistic, but it is very much like raising a family with several or many children. The parent has to be seen as fair and able to treat each of the individuals equally. This could be one of the hardest parts of the job, because a new director did not birth his or her unique “cast of characters”. They were inherited. Gaining their support and contributions is critical if the program is going to meet its goals.

MODULE 7

PERSONNEL CONSIDERATIONS

Everyone knows that the current faculty shortage is a major contributing factor to the current and future nursing shortage. In order to retain faculty, it is crucial to maximize the capabilities of full- and part-time faculty within the program by helping them get the professional development they need. Maximizing potential and adding to their knowledge base helps them feel gratified in their work and sufficiently compensated.

Hiring is challenging because unlike most of the other divisions at most campuses, there are fewer qualified faculty candidates who are willing to take a pay cut to be junior nursing faculty members. This reality needs to be conveyed to the Human Resources Department so that they give the “red-carpet treatment” to every applicant that presents to HR. Most HR departments are used to “processing” applicants in very routine ways. For each nursing education applicant, however, a different “welcoming” approach is critical for successfully getting from Point A to Point B. Successfully recruiting and hiring the necessary number of qualified nursing faculty may be one of the most challenging aspects of the job of nursing program director. It is for this reason that hiring the *right* faculty and staff is one of the most important responsibilities for the program director, and the right or wrong person for the position will impact the programs for years to come. Remaining fully staffed will require serious and aggressive recruitment strategies and networking on the part of the nursing faculty, HR, and the nursing program director. An HWI resource (CD) titled “ADN Programs: (CD-09) Faculty Recruitment Resource” is available on their website (<http://ca-hwi.org/>) under the “Product Ordering” tab. This resource provides many helpful tips for successful faculty recruitment.

It may be that an applicant does not have experience in nursing education and does not hold a Master’s degree with a focus in nursing education although he or she does hold a Master’s degree in another field of nursing. This is a common scenario. The challenge is, most programs do not have anyone on board who can provide the equivalent of a Master’s Degree in Nursing Education to new faculty member so this “job” usually falls to the nursing program director. Recent regional efforts to provide coursework for new faculty has been offered by CINHC in the Bay area, by HWI in the south, and at other university programs, but in most cases, this adds a major additional task for nursing program directors or senior mentors.

Due to the major demand for more new nurses, community college programs have been pushed by the CCCCO to expand their programs to meet the demands of statewide industry and to bolster the RN applicant pool. In the last four years there has been a 54% increase of graduates from California Community College nursing programs thanks to legislative initiatives. In 2009 there were over 23,500 students enrolled in programs reflecting a 68% increase in enrollments in the same four-year period. Part of this growth is due to the 23 new programs that have been started since 2004. Much of the credit for this unprecedented growth is given to the Governor’s Workforce Investment Act (WIA) initiative which was anchored by a \$90 million, five- year public and private partnership that focused on expansion of nurse education capacity, faculty

development, student support services, including loan forgiveness, and additional funding for nursing schools.

In a letter from the California Labor and Workforce Development Agency on May 22, 2009, another “\$60 Million Second Round of Five Year Public-Private Partnership Funding for California Nurse Education Initiative” was announced. (This grant made it to the 2-year mark and then ended due to the need to re-leverage funds to higher priority areas within the State). For more information on this, go to www.labor.ca.gov.

The significant recent growth in nursing program capacity has caused major stressors on existing nursing faculty and on the directors. It has also required more intensive recruitment of new full- and part-time faculty. Some campuses have advertised full-time positions as “tenure-track” and others as temporary positions. Those that have chosen to offer these new positions as temporary positions did so because they were fearful that the “soft money” funds (in the form of grants) for these positions would dissolve at some point and the college would not be able to afford to continue the positions. It may be that potential applicants for these positions fear the same thing and therefore choose not to apply.

As far as part-time faculty recruiting, many programs before 2005 had no part-time faculty and prided themselves on having entirely full-time faculty. The main advantage touted was that students would reap the benefit of having full-time, Master’s-prepared instructors who are also teaching theory in the clinical area. While in a perfect world this is a preferred situation, it is virtually impossible to maintain as programs expand to meet the growing demand of more applicants and more graduates.

In fact, in most of the country, part-time clinical faculty have been major contributors to the cost-effectiveness of nursing programs. California is unique in that the use of part-time faculty is limited through legislative action such as the “67% rule”. The Education Code (Section 87482.5) indicates, “Notwithstanding any other law, a person who is employed to teach adult or community college classes for not more than 67 percent of the hours per week considered a full time assignment for regular employees having comparable duties shall be classified as a temporary employee, and shall not become a contract employee under Section 87604.”

Under the 67% rule, it is sometimes difficult to maintain adequate coverage of all of clinical groups by qualified clinical instructors. This has put more stress on full-time faculty as it is necessary for them to keep in touch with part-time adjunct faculty and provide mentorship and training to them in their new roles. Of course, part-time adjunct faculty may be tomorrow’s full-time faculty if they are supported well and given the guidance and support that they need as they learn their new role.

In 2003, Margaret Craig, Fran Brown, and Meredith Harris saw the need to provide an online training program to the many new adjunct clinical faculty that we were trying to orient into their clinical teaching role. Those modules, while not new, are available at www.4faculty.com and are also available on the HWI website (<http://ca.hwi.org> “Resources” tab). While these modules are directed to ADN part-time faculty, they are also being used and required by some BSN

programs. Since they are online and free, the authors are hopeful that they have been picked up across the country.

Do you, can you, will you have an Assistant Director?

As nursing programs expand and grow, the need for an assistant director (or two) may become more acute. Some nursing programs have one or two assistant directors who have release time to help with the complex responsibilities of running an ADN program. Of course, this varies from program to program, and is not an easy thing to arrange if there is not a history at the college of having “release time” for assistant directors. It is especially NOT easy in this time of fiscal conservancy.

The March 2009 edition of Senate Rostrum, has a good two-page explanation of “Reassignment” on page 32-33 titled, “Reassignment/Reassigned Time/Released Time”.

In addition to the expanding size of nursing programs since 2005, agencies (industry partners) have been piling on more hoops which have to be jumped through by the faculty and students. Every semester, it seems, “cooperating institutions” add more and more forms, trainings, competency tests, Electronic Medical Record training requirements, etc, to their list of mandatory orientations. One, for example, requires the names (with middle initials) of every student coming there in the next semester one month before the students can start. The State Hospital insists on doing an *additional* background check on all students the month before they start there, even though the nursing program has already complied with standard background check requirements. In most cases, faculty pick up these additional tasks and carry the ball.

In regards to compensation for these extra job duties, the ADN director may want to consider offering a “Job Block” negotiation to the faculty that provides them with a stipend of about \$1,000 each if funding (grant or other funding) will allow it. It may be that the director will not be able to specify only certain members of the faculty to receive this stipend. One should be prepared to offer it to *all* faculty members as everyone will most likely feel like they deserve a part of the available money. To be fair, all faculty *do* deserve extra compensation for the extra hours before, during, and after each semester that is demanded of them to take students to their designated clinical facilities.

The current way that *load* is assigned to full-time and part-time faculty depends *only* on face-to-face time with the students in theory classes and/or clinical. Nursing faculty are required to contribute much more time to the administration of clinical coordination, and it gets more complex all of the time. This does not include the demands hospitals make (based on their interpretation of The Joint Commission or HHS requirements for training and competency testing concerning all the various pumps, machines, electronic charting, Pyxis MedStation systems, etc).

One innovation that the nursing program at Napa Valley College, in collaboration with Solano College and Pacific Union College, have successfully implemented is an online training program called HealthStream (see “Module 20: Resources”) that allows faculty and students to annually review online modules that meet all of the national Joint Commission competency requirements

so that hospital partners do not have to repeat all of the content every time a new group of students get started. Also, faculty do not have to sit through them repeatedly while they would rather have the students gaining clinical experience. Of course, each facility still does its own “meet and greet” and offers info to the students and faculty about the mission of their facility and their unique evacuation plans, etc. In the East Bay area they are adopting this plan and soon the San Francisco Bay and Marin Colleges will join the HealthStream Plan.

The recent conversion to Electronic Medical Records (EMR) by many of local facilities has managed to absorb the time that is saved by using HealthStream. New adopters of EMR are insisting on two days of training for students and faculty. If possible, a better way to address this is to provide all students some sort of generic EHR training (perhaps in connection with the Simulation lab) so that this time, taken from clinical experiences, can be further reduced. All of this training time limits the clinical hours that students can get in at the patient care facilities.

Faculty Evaluation

Because most of the colleges in the California Community College system are unionized, it is imperative that all faculty and staff evaluation components are dealt with fairly, even if the college’s evaluation process finds someone not acceptable as a faculty member. Knowledge about the college’s procedure for dealing with evaluation of faculty is a critical first step in the ADN director role. There are probably as many variations on the theme of faculty evaluation as there are position descriptions and titles for program directors. Some colleges give full authority to the dean of the division or to the chair of the department to evaluate faculty, and other colleges have a faculty senate process for evaluation. There are probably many other approaches but in the unionized environments everything depends on moving quickly to identify “bad fits” to the positions. At Napa Valley College, the Faculty Senate has control of the faculty evaluation process. At the beginning of every semester, a person from another discipline is assigned to be the faculty evaluation chair for each new faculty member. In addition, the nursing program director is assigned to the committee and then there are one or two faculty peers assigned from the nursing program. The BRN does require the director of the nursing program or his/her delegate to participate in the hiring of nursing faculty.

At a nearby campus, the process is entirely in the hands of the dean of the division. There are probably many other variations so it is vital for the new ADN director to learn the college’s evaluation process that determines who will be staying on as faculty into tenured positions and who will not.

When a colleague is involved in the evaluation process it is most helpful for that person to take on a “coaching” role for the new hire. This can involve a wide range of roles, from helping new faculty learn how to face students in a testing review situation to helping new faculty learn how to create a rubric for evaluating student participation in a seminar.

Usually there is a combination of peer evaluations and student evaluations that are used to determine faculty competency. So many variables affect new faculty, especially if they have never taught before. This makes this process very threatening for new faculty and also difficult to assess. Nursing students are notorious for their hard appraisals of faculty. Some want faculty

who will tell them everything that will be on “the tests” and others complain about disorganization, lack of consistency with the syllabus, too much content, etc.

Recent efforts have been made to use language like “coaching of new faculty” rather than “evaluation” to take some of the anxiety out of the process. The chair of each committee is a faculty member from some other department. The other members tend to be a peer, and in the case of nursing, the associate dean and/or program director is also a member. Each member of the committee sits in on a class, a seminar, or visits the clinical setting and writes up feedback, using a prescribed form, to the instructor. As a rule, peers write very constructive comments and use encouraging words to support new instructors. The member that visits a class distributes the student evaluation tools. A secretary of the senate types up the comments and runs the evaluation forms through a computer program that creates bar graphs and other report components. It is worth the effort to try to get the Senate to add some questions to the student evaluation form that specifically addresses clinical supervision, since all full-time faculty teach theory and clinical.

There is a limited time to take action about an unacceptable faculty member. Considering there are so few options, if a new faculty member is worth salvaging, and they seem really interested in improving, then it makes sense to provide him or her with copious amounts of resources to help them succeed. Some options include weekly visits with the program director or providing support for them to take the California Institute of Nursing and Health Care (CINHC) summer program for new faculty, and/or assigning them an official mentor from the staff (this may or may not be easy). There are several good books to recommend (see Resources) that address clinical instruction or classroom teaching. Another option is funding their participation in the National Council of State Boards of Nursing’s (NCSBN) Item Writing online course. Depending on whether their classroom or clinical setting evaluations are lacking, a good strategy is to help them focus on the feedback in doses that they can tolerate. It is very rare for a new instructor to receive excellent “scores” at the time of their first review. Usually, nursing students give critical feedback on these forms. As a result, more often than not, a lot of time is required to help a novice instructor accept negative feedback. It may help to time the student evaluation dates away from the same day as a test or other times when students tend to be “stressed out” (if at all possible).

Of course, most of the campus processes for faculty evaluation relate only slightly to what really needs to be evaluated within the nursing program. For instance, a director needs team players, clinically competent leaders, risk takers, enthusiastic learners, and so on. Most college evaluation tools do not address these sorts of competencies so there is generally a disconnect when it comes to “using the campus-approved evaluation process” versus gathering information that is truly useful. In addition, as said before, there are very few applicants willing to take significant pay cuts to come over to nursing education from practice.

A helpful faculty development strategy is to encourage all new faculty to sit in on the classes of their peers to observe the strengths of their colleagues and to try to develop approaches to teaching that reach most of the students most of the time. All faculty have to adapt their teaching to the student population that is present at the time. Some instructors make a major effort to learn the learning styles of their students and to try to offer a variety of teaching methods. Despite all of the literature that encourages “active learning”, most new faculty focus on the lecture method

and tend to try to pack in way more content than most students can digest. One way to view Associate Degree Nursing students is with the analogy of a shot gun approach. Some students out there in the class “get” everything that you shoot out to them, while others miss most of it. Clickers and other formative evaluation methods help faculty frequently assess just how many are “getting it” and how many are not. The “balancing act” here involves deciding how many have to “get it” in class and how often you have to repeat or go back for those who cannot keep up. As the clock keeps ticking, there is rarely enough time to keep everyone caught up to the same degree.

Contract Employees

“Ed Code Sections 87608-87609 speak to contract employees. Essentially, the District has three options with a Contract I (first year) faculty member:

- not enter into a contract for the following academic year or
- enter into a contract for the following year or
- employ the contract faculty member as a “regular” employee for all subsequent years.

For Contract II (second year) employees, colleges are given the same three options; however, the subsequent contract would be a two-year contract.

No reason needs to be given for Contract I or II, but the employee must receive notice by March 15. The only appeal right the faculty member has is whether or not process has been followed. That is why it is so important to follow the evaluation guidelines and deadlines.

For Contract III (which is a two-year contract), there must be reasonable cause for non-renewal. The employee can appeal the non-renewal for either not following procedures or not having “reasonable” cause (that which is reasonable to a reasonable person).

Evaluation guidelines can be found in Ed Code Sections 87660 – 87664. It is important for the new ADN director to refer to the correct sections to avail legal problems.

If an ADN director does not make a move during the first year to discontinue the contract of a new hire, it gets too late very soon. Meanwhile, referring back to faculty recruitment challenges and the huge investment of time it takes to get a new faculty member competent for his or her new role, if the last selection for faculty member cannot be salvaged, the director faces *many* hours spent redoing the effort of the previous year.

Other Faculty Matters

Not all faculty teams “get along”. That is probably an understatement. If a nursing program is small, it is likely that one person will be assigned to develop, teach, and implement a specific course. If a nursing program is moderate in size, two or more people may be needed to develop, teach and implement courses. This is where things get more complicated. It is common knowledge that in nursing, groups complicate (and enhance) the quality of our offerings. Of

course, it is possible for many faculty in community colleges to function as “lone rangers”, teaching their history classes as they like but this cannot be the case in nursing where there has to be a coherent curriculum approved by all faculty members.

It would be naive to expect that all Masters-prepared and Doctorate-prepared faculty would totally agree on what was needed to be included in a specific course, or could agree on curriculum matters. Even though new people come with a predetermined curriculum, established by previous faculty, they are often compelled to change the content in their own course. This is where the director needs to step in and point out the BRN approval and curriculum approval requirements. But don't we all know that many great minds make a better product than just one and, as a result, nursing faculty are usually busy either tinkering with the curriculum or actively engaged in curriculum review and revision. With all of the recent growth of programs, curriculum re-design has often been on the back burner as we deal with the pressing matters associated with change.

When two members of a team come in and complain about their partner(s), it is time for mediation. Mediation skills may not be in the new ADN director's arsenal of management tools. To become proficient, it may require additional reading on the topic or formal training in mediation and interest-based bargaining (see “Module 20: Resources”). The first thing to do is to try to get those involved to work it out together first. If this doesn't work, invite the parties to an open meeting in a private office. The director can start by telling them that there have been communications in the form of disturbing concerns coming from the individuals (and occasionally from students) involved and that it is critical to the program that they try to work things out for the benefit of the students. These are common steps associated with mediation and sometimes these efforts along help to “clear the air”. At a minimum, everyone leaves knowing the concerns of the other person(s) involved. Prior to concluding the meeting, the director may want to suggest a next step or a way to assure continued direct communication between them on a weekly basis. If the problem persists, it may be necessary to engage the help of an EAP Counselor or HR.

Barbara H. Johnson has addressed the fascinating subject of “Organizational Culture” in Associate Degree Nursing programs, in the Jan-Feb, 2009, Nursing Education Perspectives (see “Module 20: Resources”). She presents a very interesting “Competing Values Framework” from a 1999 *Changing Organizational Culture* text. Establishing the culture is a major responsibility of the leader or director of the nursing program. It should be every ADN director's goal to create an “adhocracy organizational culture” that “encourages innovation, initiative, creativity, and risk-taking.” Of course, such a culture creates certain sorts of problems but it is never dull and it is always worthwhile.

A March, 2009, Journal of Nursing Education (JNE) guest editorial titled “Changing Paradigms and Challenging Assumptions: Redefining Quality and NCLEX-RN Pass Rates” by Dr. Jean Foret Giddens at the College of Nursing at the University of New Mexico, is the kind of piece that all ADN directors need to read from time to time. It encourages the questioning of assumptions that drive nursing curriculums.

On a personal note, I recently was asked to compile a chart for our college accreditation report that included numbers of graduates per year and the number who are now licensed. This turned out to be a very different picture from the percentages currently used by the BRN, posted on their website, which focuses on 'First time passage rates'. In fact, on second and third tries, our grads were scoring in the high ninety percentiles. Given that most of our students are foreign-born and are just the people we need to fill-in the cultural diversity to enhance our profession, these numbers are very gratifying. We do everything we can to prepare our grads to succeed on the 'first try', but as Dr. Giddens points out, there are some major flaws in the assumptions that rank our programs so heavily based on first-time pass rates.

In March 2009, The Journal of Nursing Education published a provocative article, "Exposing Shame and Its Effect on Clinical Nursing Education", by Mary Ellen Bond, a Canadian Nursing Educator, who has studied this phenomenon for many years. Her table on Faculty Behaviors, on page 137, describes "disconnecting behaviors" and "connecting behaviors", and offers a very telling description of various faculty members' negative and positive impact on student learning. Since most nursing educators in California work in union-dominated campuses with strong tenure traditions, these negative behaviors tend to show up quite often.

Another article in that same Journal, a Research Brief titled 'Faculty Retirement: Stemming the Tide' caught my attention. Three of my current full time faculty are 'beyond retirement age', including me. We have another member who is not really retirement age but is exercising her right to the Willie Brown option. Simply described, this is an option available to long term faculty members of a certain age who prefer to reduce their load. They can do so up to 50%. They can continue their benefits and 'seniority accrual' if the department is able to arrange for adequate coverage in their absence. Since everyone knows that we have a major faculty shortage and that nursing faculty tend to be greyer or older than the average staff nurses, we need to look at ways to entice productive people to stay on and certainly to not retire early. Martha Foxall and her co-authors surveyed a large faculty group in Nebraska and, not surprisingly, found that they were more likely to stay if they felt that they worked in a friendly, supportive work environment where they felt valued and appreciated for their efforts. Forty-one percent of the respondents were interested in part-time work options, and others were interested in time to mentor, time-limited projects, and continued intellectual stimulation.

Over fifteen years ago, when I was doing consultation visits for the NLN, I visited a faculty group who were trying to regroup after seven of their senior members suddenly took advantage of a 'Golden Handshake' offer (simply said, some colleges sometime offer senior faculty the opportunity to retire with certain financial bonuses in hopes that they will be replaced by new people who require far less salary). 'Hope' is the operant word here because in most disciplines there are long lines of part-timers eager to take the places of those who leave under these conditions, but that is not usually the case in nursing. So, I was called in because this well-established program that served a very diverse student body was leaderless, and to make matters worse, they were due for re-accreditation. There were many strong faculty there, but many had their own agendas, side businesses, and practices, and they were still reeling from the loss of leadership and their former colleagues.

Given the current economic times in California some districts will take these approaches to cutting their budgets. So even very committed faculty members and directors will be enticed to follow the money. Most of the US population saw huge dips in the value of 401K plans and other investments. As a result, those nearing retirement age are re-thinking retirement plans in the current economic environment, but all of this is very fragile.

Staff

The BRN has stressed the need for administrative support for nursing directors and faculty in recent re-approval visits. Of course, there is no definite measure of what is enough, since there is always more that could be done with additional help. Often the nursing program shares administrative support with the rest of the department or division. In this era of grant funding, there are more reports than ever to complete, sometimes quarterly or even monthly. The Chancellor's Office has supported the idea of adding a budget line item for administrative help, particularly as it concerns the larger grants. This is effective if the director is able to find strong persons willing to work temporarily on "soft money". Campus or union rules often discourage HR from hiring classified positions using grant money because when the grant ends these new employees may have "bumping rights".

These sorts of barriers can require a "work-around" that can result in some short hour or temporary workers that can be more trouble than a director has time to deal with.

When the nursing program has capable, stable staffing in the health occupations office, everyone is happy. The opposite is true as well. On most campuses, classified staff have the impression that the demands in health occupations are greater than elsewhere, which is probably true. So it is important to do what can be done to retain good help, to treat them well, and to be aware of what their goals and gratification points are.

In the last few years, some programs have had more staff than ever due to the grants. For example, as a result of grant funding, Napa Valley College now has a large Simulation Center in Yountville, CA in cooperation with Solano College called "The Wine Country Regional Simulation Center" (www.napavalley.edu/wcrsc). They started with two full time staff but now have a 32-hour coordinator and two part time technicians. In addition, they currently have seven METI simulators, two babies, two children, four AdultsPlus, and an I-Stan that is wireless tethered to the computers for several hours at a time. Due to the large number of simulators, the Center considers this 'bare bones staffing'. Their biggest challenge currently is to figure out how to maximize the utilization of the Center in order to gain income to "sustain" the Center after the "grant runs out". The Center wishes all readers to know that are happy to provide training to any California Community College nursing program that needs to have staff and faculty trained in Simulation.

A whole other online course could be developed on all that goes into creating these new, creative, innovative centers. What makes this most challenging is that there are no traditions or models to go by, so it demands very important and often expensive decisions. Of course, in some ways there is a connection with Skills Labs which most of our schools have had for many years, but this is a huge leap into uncharted waters. The best way to gain more information is to

visit already existing projects and to attend conferences run by the companies who provide the new state of the art simulators. METI has an international meeting in Tampa Florida in February or March each year (highly recommended) and regional meetings in California in August (www.METI.com). Laerdal also offers meetings, called SUN Simulation User Network, for two days at a time in different locations across the country (www.laerdal.com/sun). There are fabulous resources available at both of their websites.

The CINHC hold BASC (Bay Area Simulation Consortium) meetings in both northern and southern California and increasingly, other groups are offering workshops for faculty to learn how to effectively maximize the exciting benefits of high fidelity simulation (See CINHC below).

The skills lab is the other venue of persons who reports to the ADN director or to the ADN director together with some others. There are a variety of ways that colleges choose to staff the skills lab. Some employ full- or part-time simulation lab technicians and some only simulation-trained faculty members. Some employ full-time, permanent staff and faculty and some staff the skills lab with temporary faculty only. The decision on how to staff the skills lab, particularly those situations that are less than ideal, centers around funding. All of these issues come up on all of our campuses at some point during these challenging economic times.

MODULE 8

STUDENTS

When students feel supported and they are “with” the program and faculty, all goes well. BUT when a few become unhappy, or feel negatively impacted by program’s “growing pains” or the perceived lack of policy fairness, all sorts of havoc can ensue.

Some students are terrified to contact the program director after they have failed a course. This is when a little kindness goes a long way and is remembered for years to come. Most programs offer students who have failed a course the opportunity to “re-enter” one more time. Keeping track of these re-entry students is typically a huge challenge.

Re-admits and transfers

An ADN director generally meets with students who are interested in being re-admitted or transferred into the program. This is the time to ask these students what they plan to do to be more successful on their return. This conversation will require a full complement of therapeutic communication skills in order to help them refocus their goals and objectives. Sometimes, the outcome is that the student decides that nursing is not for them, and others insist against all odds that they are destined to succeed. About half of the students who return and retake a course wind up graduating and passing NCLEX and the other half do not. It is worth the investment of time and the college’s many resources to help them regroup, return, and succeed.

The director may choose to suggest that students who have completed three semesters of the ADN program apply for the LVN license. This process is time consuming for the director because the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) has a form that requires the conversion of course requirements into the actual hours of instruction in clinical and theory for all of the courses which that particular student has completed, including their grades. Recently, the BVNPT changed their form and no longer allows the inclusion of lab hours for science courses. Students who have not yet had sufficient hours in Pediatrics or Obstetrics may not get approved by the BVNPT to take the NCLEX-PN unless they can prove somehow that they have work experience in those areas.

LVN licensure gives students with one more semester to go, (or not – in the case that they have already failed two courses), an opportunity to get more clinical experience before returning to the 4th semester. For some, it offers an opportunity to see their appropriate place in nursing care. For students who have failed a course earlier in the curriculum, they can be encouraged to attain a CNA certificate so that they can find a position somewhere in the health care arena to gain more familiarity and confidence. Another excellent course of action at this point is to refer them to the program’s success specialist and to complete any co-requisite courses that they have not completed. It may be that the student would benefit from additional courses in ESL. It is not uncommon for some students to manage to achieve a C or better in college-level English and yet be very difficult to understand when they speak or write in English.

There is a wide variety of approaches to readmission amongst the colleges, but the key is to have a “fair and square” process listed in the student handbook, the course syllabus, etc, and follow it consistently. Of course, there is not always space available for a student to re-enter right away or during the next semester.

The hardest meetings with students are those where the student has failed a second time. They are often numb from the shock of whatever test or evaluation result they have just learned about. Somehow, they think that some exception can be made in their case. When confronted with the reality that the exception will not happen, they want to know where they can transfer. It is hard to answer this question for a student when most programs are overwhelmed with their own re-admit students that want to return to complete the program.

Schools have different policies on which transfers they will accept. Some will accept students who failed theory, but not any who failed clinical. Others require letters from the former school stating that the student left in “good standing”. Nursing program directors need to agree on the definition of that statement since some students say they only need a letter to say that they had paid their tuition bill. Of course, this is next to impossible to confirm. Generally speaking, it is safe to say that “good standing” does not include a clinical failure. BUT, to be fair, sometimes, a student and a clinical instructor have “issues” that result in clinical failure which do not appear to be a major problem to another faculty member when the student returns. Of course, often students have an “attitude adjustment” while they are out and awaiting re-admission, and others gain work experience as CNAs and/or LVNs.

Unhappy Students

A variety of student matters emerge on a regular basis. Frequently there are students who are *sure* that their clinical or theory failure was unfair. There is not space enough in this module to enumerate all of the challenges that desperate students create as they protest faculties’ clinical evaluations or even the usually objective theory grades. (To be fair, it is usually only one or two students a semester). But the angst that they can produce is totally disproportionate to the interests and needs of the rest of the students.

All campuses have grievance procedures, and hopefully all student handbooks direct students to the steps required to file a grievance. Every program director’s goal should be to prevent most grievances from going past his or her office. This is known as **damage control**. The first course of action is to check with the student to see if they have followed the student handbook to convey their concerns to the faculty member that they are unhappy with. Sometimes, it is necessary to arrange a meeting with the instructor *and* the student and act as mediator once the student has followed the procedure. Occasionally, a student requests that they also bring an advocate, and it is acceptable to agree that the student bring in *one* such person.

The director should first of all *listen* and secondly encourage the student to recognize that the goal of the program is to have him or her ready to successfully pass NCLEX-RN and enter the workforce, and that perhaps he or she will benefit from trying again. That often works, as long as the student has not already exhausted their right to return to the program by failing more than

one course. Next, it is important to *listen* some more to the instructors' observations of the capabilities of the student, and try to mediate. The director will need to try to help the faculty who are not in agreement, hear each other's concerns.

It helps to buy time. If an issue emerges on a Friday, try to arrange these meetings for the following Monday or Tuesday. Students tend to calm down during these intervals and gain more focus on the priorities in their lives. It is no doubt a tough weekend for them, but the resolutions are usually more substantial.

The time frame of these meetings can be controlled. In most cases, time starts to heal some or all wounds and allows time for emotions to settle. Of course, some of the unhappy students go on to the next step in the process. At this point it is essential to fill in the dean that trouble is coming. He or she in turn, knows to alert the Office of Instruction (OI) so that there are no surprises.

It's rare but it may happen that a student will not follow the Student Handbook grievance process and instead jump start his or her angst directly to the President's Office or the OI. Most President Office staff and the staff in the OI know to direct the angry students to the channels outlined in the Grievance Policy. Happily, this occurs very rarely, but when it does occur it is no fun. Although it is easy to understand how the affected students can get so stressed out and irrational in their responses, it may be also that these characteristics have lead to their clinical failures.

It has been clinical failures, which are seen as subjective by students, no matter how exquisite the evaluation tools, or how standardized the assessment tools, which have been the "sparkplugs" for student grievances.

MODULE 9

FOREIGN-TRAINED NURSES

More foreign nurses come to California in hopes of becoming licensed RNs, than any other state in the union. One of the reasons is that many come to be with their families here, since California is the magnet state for in-migration, but other reasons include the fact that nurses can come here without having taken the Commission on Graduates of Foreign Nursing Schools (CGFNS) exam that is required by most other states in the US. This service is offered by the Commission on Graduates of Foreign Nursing Schools, which is a non-profit, immigration neutral organization, and an internationally recognized authority on assisting international graduates who arrive prepared to pass NCLEX-RN in the US.

Many of these potential licensees are advised by the BRN, once they have applied and paid their fees, that their education did not include sufficient mental health, obstetrical or sometimes pediatrics education. The BRN sends these applicants a letter with the news that they must make up these deficiencies with courses from a California nursing program including both theory and clinical. They also insert a page of names of schools and directors as a guide to help the applicants find these available courses. At any given time, a college may have over 20 foreign-educated, RN-candidates on its waiting list for mental health, obstetrics, and/or pediatrics.

If a slot is vacated by a failing student and if all readmitted students have already been accommodated, the spot is given to the next RN-candidate on the list. The major problem is that these nurses are not prepared to jump right into a mental health course at the last minute and survive. Many have major language issues, and there is no way to access them or to legally prioritize those who do have sufficient language skills. Most have not had any foundation in communication skills, let alone therapeutic communication skills, plus they have no understanding of the American health care system, least of all the mental health system. The last two students that Napa Valley College admitted in this category failed the mental health course, and the faculty felt terrible about it. BUT, it's important to find a way to successfully meet the needs of these desperate people who could be contributing to our multicultural communities.

MODULE 10

TRANSFERS

Schools are required to offer transfer opportunities to applicants. Here again, there is a huge variety of approaches to transfers. Many schools require applicants to secure letters from their prior schools stating that they were not dismissed or failed because of clinical failures, or because they had not paid their bills, etc.

Some schools require expensive clinical performance exams to transfer or require students to pass certain exams. For example, at Napa Valley, if a student has not had a successful nursing class in the last two years we require that they take HESI exams, starting at the Fundamentals level, to demonstrate their currency. These processes require extra time from the director or a faculty member to make it happen.

There seem to be some programs that never take transfers, but they must not have the attrition rates that many of the colleges have.

Re-admits take priority over transfers. This may end up causing personal distress if it means the college must re-admit a student who is unlikely to succeed rather than a transfer student who has a track record of excellent grades. However, if the faculty and director have committed to doing this, it is important to stay consistent with the plan.

MODULE 11

INCIVILITY

Why is there a perception of more incivility in Nursing Education?

Dr. Cindy Clark PhD, RN; and Dr. Pamela J. Springer, PhD, RN, who are both at Boise State University, Department of Nursing, published the article, “Incivility in Nursing Education: a Descriptive Study of Definitions and Prevalence” in the January 2007 issue of *Journal of Nursing Education*. Dr. Clark also spoke at the Fall '08, Deans and Directors Meeting in San Francisco.

Their research sought to document the increasing perceptions that student expectations of entitlement are increasing as they wait longer and longer to enter nursing programs. This has also brought attention to “cheating” that is observed in our programs. This perception is probably not very different from the research conducted in higher education in general, but it does shed light on some of the additional stress that is evident in students, faculty and nursing program directors.

The findings that Dr. Clark reported to the deans and directors in San Francisco sounded very familiar to all in attendance. Even though their numbers were not large in their research, it seemed to confirm much of what directors are experiencing throughout California in ADN and BSN programs. Both students and faculty were surveyed and both students and faculty identified a wide range of “uncivil” behaviors (see “Module 20: Resources”). Student evaluations of faculty oftentimes point to very harsh and demanding behaviors. Frequently cited faculty negative behaviors include:

- Belittling or taunting students through sarcasm, humiliation, intimidation, or profanity. This was reported by **81.3%** of the respondents (this is clearly unacceptable as a perception or a reality).
- “Distant or cold toward students”. This was reported by 61.2% of the respondents.
- “Inflexible, being rigid, or punishing the class for one student’s misbehavior”. This was reported by 59.5% of the respondents.

The list goes on. Such complaints are not foreign to nursing programs. Some of the explanation relates to the negative aspect of the Tenure system that allows persons to continue in their academic positions despite serious negative criticisms.

In this same survey, students and faculty were asked to identify certain student behaviors as uncivil. The top findings were:

- Cheating on examinations and quizzes was identified by 82.4% of the respondents.
- Using cell phones and pagers during class -- considered uncivil by 54.5% of the respondents always and 24.5% usually.

- 44.9% always found students holding conversations that distract faculty or other students as being uncivil, and 32% more usually found it so.
- 42.1% always and 28.4% usually found students making sarcastic remarks or gestures as being uncivil.
- And 41% always and 18.7% usually found students sleeping in class as being uncivil.

These findings are perplexing especially considering it is likely that *all* colleges have experienced some of these behaviors in the classroom or in clinical at one time or another.

A very recent article in the *Journal of Nursing Education*, April 2009, titled “Nursing Faculty Experiences of Students’ Academic Dishonesty”, describes a small but very interesting study. Dr. Joyce Fontana wanted to know the effects of nursing faculty who noticed and confronted the growing problem of student cheating. She describes studies that determined that across the country, incidents of cheating have increased by more than 30% among college students in general. Most nursing educators naively think that this trend does not occur in nursing because of nursing’s professional ethics, but this is not the case.

Fontana interviewed twelve baccalaureate nursing educators who were directly involved in confronting students about academic dishonesty. She concluded that it required “tremendous courage” on the part of the faculty as they risked the quality of their student evaluations (so closely associated with the tenure process) and the support of their colleagues as well as their dean or director.

She also described the concerns of faculty about the damaged relationships with students, and leaving a message of distrust that offends many students when they require students to leave their backpacks and their phones in the corner of the room. “For each participant, the responsibility of nurse educators as gatekeepers for the nursing profession was paramount”. Because of the research that shows a strong correlation between unethical classroom behavior and clinical behavior, faculty are feeling unsupported in dealing with this issue. In an effort to be fair to all students, many schools try to discourage communication with, or biasing of, the next course faculty about a particular student’s problems. “This conflict of interest is created socially, politically, and economically by the power of students as consumers, by the power of universities (and colleges) as employers, and by the power of the faculty members as gatekeepers of professional nursing”. In addition, the general fear of campus administration of legal action from students is also a significant influencing factor in the serious ethical issues associated with these policies and directors, as leaders, need to address them. Someone needs to do a study on how many promising faculty members we lose who are caught in the dilemma and suffer subsequent ‘fall out’ associated with these issues.

One more article worthy of mention is Mary Ellen Bond’s titled, “Exposing Shame and Its Effect on Clinical Nursing Education”, in the March 2009, Vol. 48, No.3 *Journal of Nursing Education*. This Canadian educator has dared to talk about one of the elephants in the living room that is rarely addressed: the problems of oppressed group behaviors and horizontal violence in nursing education. Of important note is the table on page 137 titled “Faculty Behaviors”.

MODULE 12

CURRICULUM

Most college campuses are required to engage in curriculum re-examination and curriculum redesign associated with the Western Association of Schools and Colleges (WASC), which is the regional program for the accrediting bodies of the American Association of Community and Junior Colleges (AACJC). The Accrediting Commission has fully pressed colleges for compliance with the development of Student Learning Objectives (SLO's) for every course and program, and as a result of the ensuing struggle to keep up, as many as 30 % of universities and community colleges are on some stage of warning from the AACJC.

The last issues of *Senate Rostrum* have been full of short articles related to the pressures involved with meeting the stricter WASC criteria, and most importantly the steps involved with implementing SLOs.

The new nursing program director may or may not encounter the Performance, Evaluation & Planning (PEP) process which involves curriculum redesign. Any curriculum redesign process is like opening "Pandora's Box" and can be very stressful for all involved. There are so many self-interests involved in curriculum redesign as well as realistic appraisals of attrition rates, national standardized testing results, and NCLEX results. Every team wants to blame the one(s) before them for passing along underachieving students. Of course, students who can "digest" the content for a separate course like obstetrics cannot always carry that on, or transfer knowledge from previous courses into the higher level medical surgical nursing courses. In higher level courses, students have to draw on everything they learned in the core sciences, as well as all of the preceding nursing courses. There are so many ways to wrap up the package of content and clinical experiences that are required to "make a nurse who thinks like a nurse". And, just like there are many various organizational structures, there are endless variations on the theme of curriculum construction.

Several states have developed multi-campus curriculum models in nursing. It has never been easy, but it certainly helps for students trying to transfer from one ADN to another ADN program and also has facilitated seamless transfer into BSN programs.

The HWI supported the development of a curriculum model several years ago, primarily to assist new program development. The curriculum model is available on CD's and can be ordered for free in the product section of the <http://ca-hwi.org> website.

Fortunate nursing program directors will have a faculty member who enjoys curriculum development. This is very fortunate indeed since that person generally contributes endless hours in reviewing course syllabi looking for discrepancies and looking at ways to improve the curriculum in light of the current student body. It may be that another faculty member will enjoy analyzing the results of the National Standardized tests that are used and the National Council of State Boards of Nursing (NCSBN) program reports. Another faculty member may be good at word-smithing, and another at coming up with creative ideas. While in the thick of curriculum

redesign, weekly meetings with the team will be necessary in order to meet the deadlines and to digest and refine the individual courses.

When first getting started with a curriculum redesign program, it helps to meet at least a couple of times with a curriculum consultant. It also helps to review new articles and reports on “Must-Have information for Nurses About Quality and Patient Safety (QSEN)” (see “Module 20: Resources”) the Institute of Medicine (IOM) report about the future of nursing, and the Joint Commission’s National Patient Safety Goals. In addition, the HWI’s ADN Model Curriculum is now available as mentioned earlier. Several helpful books concerning curriculum development and redesign are also listed in the Resources section of this guide.

MODULE 13

BUDGET

At a session held at Asilomar in April-May 2009, three “seasoned directors” offered a session for potential or new ADN program directors. About a dozen people showed up for this concurrent session, even though there were other tempting alternatives. Budget management tends to be a hot topic for those new to the role of director and just like all of the variations concerning the role, the control of budgets varies. In some program structures, the only budgets the director really needs to manage are the grant budgets, which can be significant. In most cases, division dean manages the division budget.

Most division budgets have the following sections:

- General fund
- Categorical
- Grant

It is important for the nursing program budget to have line item budgets for staff development, supplies and equipment, for national accreditation, and for BRN approval. Budgeting for these important items also demonstrates the school’s commitment to the nursing program.

New program directors will need to learn and understand the school’s budget process. One way to gain this understanding is to contact the Chief Financial Officer and find out from him or her who to contact so far as a resource for explaining the process.

MODULE 14

GRANTS

Any new director is bound to be overwhelmed with the number of grants and the reporting responsibilities of the many grants that have contributed to the impressive expansions of ADN programs throughout the State of California since 2005. By the time you read this Module there could well be major changes in the funding streams for ADN programs. For this reason, it is VERY important to check this website for updated grant information: <http://www.cccco.edu>. As we move into the 21st century, it seems that all grant opportunities are posted and available mainly through websites, so it is critical that new ADN directors add this website to Favorites or Bookmarks and check them frequently.

Sample Grant Opportunities

- Governors' 15% Workforce Investment Act (WIA) funds for Associate Degree Nursing (RN) Programs – Healthy Community Forum (09-110)
- Enrollment Growth and Retention Program Allocation for Assessment, Remediation, and Retention (12-107)
- 2012-13 Grant Funding for Enrollment Growth and Retention (12-116)
- Health Occupation Preparation and Education Program (HOPE)

The above gives you an idea of the possible grants that a college could be or should be getting through the Chancellor's Office.

It is critical for a new ADN director to know how many CCCC grants the program is managing. Many colleges assign someone in the business office to monitor all of the grants that the college receives (but not all do). This person is a great resource for learning how to manage the fiscal side of grants. The reporting requirements for grants, especially if they are Federal, Workforce Investment Board (WIB), or Employment Training Panel (JPT) grants, demand a certain amount of help from experts to get it right.

The Chancellor's Office is attempting to move to computerized grant writing, including the application process, as well as reviewing applications and monitoring grants once they are awarded. This new system will require any director applying for grants have sufficient computer skills, or the staff with computer skills, to successfully submit the grants and monitor them all online. The review of the applications will also be conducted "virtually" online to save the cost of bringing reviewers to Sacramento. *Tip: Being a grant reviewer is one of the best ways to learn how to submit successful grants. Interested ADN directors should let their project manager in the Chancellor's office know that they wish to be a grant reviewer (there is a nomination process, and you can nominate yourself). Of course, the best time to get this experience in before submitting an application for a new grant (if possible).*

The federal grants option is yet another funding stream to consider. It is important to know however, that in order for a nursing program to be eligible for most federal grants it must be nationally-accredited.

New ADN directors who have inherited some or many grants should keep in mind that they are critical to the continued financial support of the nursing program, especially if the program is engaged in an expansion program. Chancellor's Office nursing grants all require quarterly reports. Quarterly reports are cumulative and are due at the end of the month after the end of each fiscal quarter. The beginning of the year begins July 1 and ends June 30.

Q1 ends September 30; report due October 31

Q2 ends December 31; report due January 31

Q3 ends March 31; report due April 30

Q4 ends June 30; report due July 31

There is usually a Final Report due at the end of the month following the last month of a grant.

If the grant funds carry over to the next fiscal year via an "extension", there is usually no final report due until the official end of the grant. There are no reminders sent out for the quarterly reports. They are, however, always stated in the grant document with due dates. If you have any questions, you may contact your Project Monitor at the Chancellor's Office. He or she is happy to help you.

If you have a WIA grant, it is different because it is a federal grant coming through the state and therefore has special rules. There are regular quarterly reports as stated above. There is also a monthly cumulative fiscal report required that is entered into a special online reporting form. This is due by the 10th of each month. This report communicates the cumulative expenditures from the grant and the matching funds for the current fiscal year through the end of the prior month to the CCCCCO.

The type and amount of support provided to nursing program directors concerning these grants is almost as varied as the structures and titles of the ADN director positions. In some colleges, there is someone who helps program directors write the grant applications and the augmentation plans. Others provide help via an assistant in the Business Office who is familiar with all of the reporting requirements.

Large grants and federal grants in particular, may require a budget line item for someone to serve as grant coordinator or manager. This person can help keep all aspects of these grants organized and ready in the event of an audit. Federal grants have significant, time-consuming requirements to track every student that benefits from grant funding by way of the very complex Job Training Automation (JTA) reporting process.

VTEA Carl Perkins Grant

Nursing is eligible to obtain these funds. How these funds are distributed to nursing is the decision of the college. It is variable. This is often a source of travel funds. VTEA is assigned to the various colleges through the CCCC

MODULE 15

REACHING OUT

It is critical from the start that new ADN program directors form respectful relationships with members of the college administration. It is amazing how many of members of administration interface with the duties of the program director or dean of the nursing program. It is so easy to keep confined to one's office while focusing all attention on the pressing duties of running a nursing program, *but* it is important to take time to get to know one's administrative colleagues. Part of this process involves participation on committees and projects that intersect with the rest of the institution. Nursing faculty members are notorious for being invisible in faculty governance events in the local and statewide arenas. This may be partially due to the fact that faculty are out at clinical sites two or more days a week and pressed by very high workloads and duties associated with clinical partners, etc. However, nursing program administrators need to represent their own interests as well as those of the nursing students to the rest of the campus. It takes time to understand the culture of the campus and to recognize the formal and informal power and influence patterns.

On the "balance beam" that was mentioned earlier, the program director is constantly interfacing with the faculty and students of his or her program(s) and the administrators and others in the college environment.

Some directors are located on a small campus and others on large campuses with many other campuses or centers that are part of a large district. Some who report through a dean may not be involved in as many campus-wide committees or staff meetings. But no matter what one's place is in the hierarchy of the campus it is critical to get out and about and avoid the danger of staying isolated in one's own office or division. The term "silo" has been used a great deal lately to describe the dysfunctional way many programs try to operate on campuses both small and large.

It would be impossible to list all the departments and people with whom an ADN director should have a first name relationship. One good modus operandi (MO) to develop is to try to have a friendly relationship with as many people on campus as possible. Some days, people in the business office will provide a lifeline when a quarterly report is late, or it may be necessary to get permission to use the gym or theater when applicant pool informational meetings attract more people than can fit in any classroom. A program need may require urgent help from facilities, the janitors, HR or IT, and on and on it goes. Of course, such help is more forthcoming if one knows the people and can call them directly. Good working relationships result from a willingness to serve on search committees, accreditation committees, verification committees, etc. In addition to that is the basic nurse-like behavior of greeting and approaching all sorts of people in a friendly manner. A smile and a few words in the parking lot can create a warm relationship with most of our colleagues.

Community Awareness and Public Relations

One key relationship to focus building is with the PR person on campus. They tend to be very busy trying to cover all of the campus-wide events, and also the needs of the campus. Once a director is on first-name terms with the PR person, it may be easier to get a front page story about a nursing program event in the school paper or in the local paper. Regardless of the size of the community, that can be a great advantage.

It is important for ADN directors to feed stories to the college's Public Relations Office concerning the successes of the nursing program. PR offices may want to know the home towns of each nursing graduate so that they can send notices to their local papers to announce their graduation, and they want to be kept posted on events that nursing students are engaged in. They may also take pictures of the graduating class for free.

MODULE 16

EXTERNAL RELATIONSHIPS

Local Community Agencies

For colleges who were awarded the Governor's WIA grant in 2005, when program directors were required to ask for support from local clinical agencies, many stepped up and contributed \$2 for every \$1 that was earned from the Chancellor's Office for their Nursing Expansion and Innovation Project. The combined total of that initiative has been \$8 million dollars over 5 years.

Per this example above, everything about the success of students and programs depends upon the support received from local clinical affiliates. Faculty members tend to think this is not easy and they're right! It is NOT easy and it is getting harder all of the time in most cases. The reasons are numerous and include the fact that many programs are expanding, and in order to do so, are encroaching into regions that were once exclusively dedicated to particular nursing programs.

A challenge in this regard is that the person who coordinates the nursing program changes many times a year (or so it seems). There has also been significant turnover among the chief nursing officers and among their layers of subordinates in the last ten years which makes it practically impossible to keep track of the names of the people in charge, let alone maintain warm, professional relationships.

It helps to pull on the knowledge of senior faculty. They are oftentimes assigned at different facilities and have an easier time keeping up on the ever-changing landscape. Long term faculty tend to have amazing networks of contacts with nurses, managers, aides, and others they have worked with within the agencies for a long time. The trouble is that sometimes the administrative nursing leadership comes in from the outside and does not want to "honor" these long term relationships (archival). They come with other ideas and goals such as needing to recruit more BSN graduates so that they can attain Magnet status.

These challenges are significant. Plus, there are some facilities that are experiencing serious problems with their patient census and thus clinical rotation opportunities. That situation has caused some programs to look towards long-term care opportunities for their students. These days, many of the patients in long term care facilities are like the ones nursing students cared for ten years ago on general, Med-Surg units.

A goal of most schools of nursing is that students recognize that health care occurs before and after hospital care on a continuum. Many programs organize Alternative Clinical Experiences (ACE) for students so that they can learn about outpatient and post-hospital health care services and also, secondarily, to reduce the number of students who are on the hospital units at any given time. Some hospitals allow only 6-8 students to be on a unit but the college administration may want to see 10+ sent out with each instructor. Here are some typical settings for ACE

experiences for students. They all have specific objectives and require the students to submit written reports of how they have met their objectives.

- The campus child care program - offers great observational or group teaching opportunities for nursing students.
- PT, OT, ST, SW programs in the various hospitals and nursing homes. Faculty, or the director, or a coordinator needs to keep track of these services and make sure that the agencies are thanked for contributing to the education of the students.
- Cardiac Rehab is another great ACE for our students. Some programs tap into the opportunity to send at least one student for 10 clinical days for this experience.
- A regional Pain Clinic
- Hospice - in addition to some preceptorships, fourth semester students gain great learning in this setting.
- Infusion Clinic - some hospitals have infusion clinics for patients requiring frequent IV therapy. Students report a broader appreciation of out-patient services from these ACE experiences.
- New Baby clinic - offers a great post-partum experience for OB/GYN students.
- Drug Court - mental health students get an eye-opening experience from this observational experience, which can be offered as a part of the mental health nursing course.
- Juvenile Hall - mental health students get a chance to observe the practice of RNs in the correctional nursing setting.
- Home Health Services - students in the second year get an opportunity to accompany home health nurses as they visit their clients. Sometimes if they are lucky, they get to visit discharged patients whom they took care of in the hospital.

Relationships with the area CSU's

In response to AB 1295, California has formed the California Collaborative Model of Nursing Education (CCMNE) to develop a system for articulation for the ADN to BSN student. This effort also aligns with the goal of the Institute of Medicine to increase the number of BSN prepared nurses in the state.

Relationships with Private Colleges and Universities

Some nursing programs across the state have been able to form partnerships with local private colleges and universities wherein clinical sites and part-time faculty are shared. It may also be necessary to refer students to them who are impatient to start their nursing program and in a position to afford a private school, or who are eligible to borrow or get scholarships to do so.

Regional Planning Groups

In many parts of the state, the Hospital Council of California has endeavored to establish regional "planning groups" composed of health occupations educators or nursing educators and policy makers in the hospital industry.

These groups typically meet monthly, and are composed of directors of local ADN programs, representatives of the proprietary schools in the area, ROP programs, Human Relations (HR) Execs from the area hospitals, and the Work Force Investment Board Directors or their representatives. Others may be invited to the meetings if they have an interest in developing workforce partnerships in the area to help meet their workforce needs, such as Corrections, or employers or schools that are trying to spur the interest of high school students in health care roles.

Other county groups are composed of all nursing interest groups such as the Marin/SF group or other compositions that are combinations of both.

Other Nursing programs (LVN, ADN, BSN, MSN) in the region

A skilled ADN director may be able to get persons from all levels of nursing education to participate in the program's advisory committee meetings. This is no small feat. All nursing programs are required by the college to have annual or semi-annual advisory committee meetings but it is often very difficult to extricate busy educators and nursing administrators from their facilities to attend these meetings. Despite this challenge, it is important to connect with colleagues at all levels of nursing education in order to figure out how to share limited clinical resources and how best to move qualified students from one level of education to the next.

The LVN-ADN connection has gotten far more complex lately. Napa Valley College eliminated their full time LVN program when they doubled the capacity of the ADN program. They absorbed one of the LVN faculty and the other went off to teach at the local CSU. They retained their part-time program which takes two years to complete. In the meantime, two or more "proprietary" LVN programs have started in the Napa Valley region. Sometimes the leadership from the proprietary school attends Napa's Regional Workforce – Taskforce meetings. An interesting new development is that local hospitals are claiming that they will not provide clinical placements for LVN programs. Not long ago, however, Napa Valley was able to secure time in the summer, when there are no other students at the local hospitals, for part-time LVN students to get their acute care nursing experience. Challenging times call for creative measures!

These collaborations go without saying. It is critical to have good relationships with the other programs competing for clinical sites within the region. Despite other innovation efforts, mainly the Computerized Clinical Placement Service in the Bay area (CCPS) and a similar system in the south, it is still critical to have positive relationships with local area facilities. Unfortunately, as mentioned previously, persons assigned to "collaborate" with the nursing programs tend to change frequently.

MODULE 17

REGIONAL ORGANIZATIONS

COADN: California Organization of Associate Degree Nursing Directors

There is a southern and northern branch of this organization. The border that separates north from south is fairly porous. For instance, sometimes the directors from Santa Maria and San Luis Obispo (the central coast area) choose to meet with the northern group and sometimes with the southern group.

The ADN directors from other schools soon become the new director's best friends. Happily, both the north and south group meet every year very early in the fall semester. This is an excellent organization to turn to for wise counsel and support. Fellow directors in these groups tend to be very generous with their time and advice. They tend to be very non-competitive in contrast to some higher degree deans/directors (this is probably because all nursing programs have more than enough students applying so there is no need to compete). *Tip: Do not get too busy to attend these meetings as it is a critical lifeline to success. This is vitally important!*

COADN Meetings:

Both COADN North and the COADN South plan 4-5 meetings per year. As mentioned before, there is usually a day-long meeting in early September (frequently on a Friday). In the north, these meetings are usually held at Solano College which is "centrally" located at the intersection of Interstate 80 and 680. Obviously, while this may approximate the middle of Northern California, it requires some members to stay overnight or to fly in from the far north or from San Luis Obispo. In the south, the meetings rotate to college campuses located between Valencia and San Diego. Whatever the distance to travel, as mentioned before, attending these meetings is vitally important and there is usually outstanding attendance.

The COADN North/South posts meeting agendas on their website. This is a good place to go to get an idea of why this is a lifeline for deans and directors. The website provides the latest up-to-the-minute information, and most importantly posts positions on critical issues affecting all nursing programs such as legislation and funding. Probably even more importantly, it provides a way to network and get to know colleagues who can be called upon with questions and concerns. Since usually there are representatives from the BRN office and HWI and Chancellor's Office at the meetings, this provides an excellent opportunity to get to know them in person and be known by them.

The website for the COADN is a joint North and South website: www.COADN.org. All positions are posted here, along with minutes, bylaws, membership contact lists, links to other resources and frequently asked questions (FAQ's) that surface on the listserve. In addition, there is now a "one stop shopping" link (through the HWI) located at <http://ca-hwi.org>

The COADN listserv in the north and in the south is very active. It is a Yahoo group service that costs nothing and provides participants with very timely answers to life's most persistent problems. New ADN directors should make sure that they are get linked into the listserv ASAP. To get "linked in" contact the COADN president in the north or south as applicable.

The second meeting of the year is the Fall Annual Deans and Directors (D&D) meeting which is held jointly with the BRN and the California Association of Colleges of Nursing (CACN). In attendance are the D&Ds of the community college ADN programs as well as the D&Ds from the Master's and Doctoral programs from the CSUs, the UCs, and private universities. The location of these meetings, usually held in October, rotates between north and south. These are truly "must attend" meetings. The planning for these meetings also rotates between and among the officers of COADN North and COADN South and the CACN executive committee. *Tip: it is important to reserve a room in the host hotels as soon as possible so that you stay in the hotel where the actual meetings will be held.* The greatest value in the conference is found in the networking opportunities. These networking opportunities are so much better if one stays in the actual hotel. Over 200 directors and assistant directors usually attend these meetings. Another important tip is to be sure that attendance at these critically important meetings is budgeted in the nursing program budget. They should be considered *required* or *mandated* meetings, since missing these meetings may mean missing critical opportunities in the form of grants or critical knowledge such as compliance with the latest legislative mandates. Usually Carl Perkins grant funds will fund the attendance at these meetings.

The third meeting of the year usually occurs in February or so, depending on when the Spring COADN meeting is scheduled. The Spring COADN meeting is a two-day meeting that also rotates from north to south, and likewise the planning rotates between the COADN North and the COADN South. Usually, on the last day of the conference/meeting, there is a joint meeting of the D&Ds from north and south and then they try to split up into separate groups to conduct business. This is not always that fruitful due to many members having to leave early to catch a flight but if pressing matters have to be decided this is the opportunity.

In the north, the last or 5th meeting takes place in the afternoon before the Asilomar Conference.

The Asilomar Conference

This annual spring faculty conference has been offered as a gift to faculty by the COADN North for the last 18 years. Recently COADN South has also been included.

Certainly a big part of what makes this so special is the location. Asilomar is located just south of Monterey and right on the ocean: <http://thingstodo.msn.com/pacific-grove-ca/venues/show/351626-asilomar-conference-center>. The visionary leaders of 18 years ago saw a great need for faculty from the many programs to get together to network and to provide the necessary faculty development to keep up in nursing education. The cost of these conferences is supported mainly from the profits made from the statewide deans and directors meetings and of course, the major contributions of exhibitors and vendors who welcome the opportunity to display their wares to the participants at all of these events.

Many faculty members look forward all year to the Asilomar event and they come up with amazing alternative experiences for nursing students so that they can be away for a Thursday and Friday once a year. It pays off in so many ways. Grant funding has permitted the attendance of most of the faculty from the various colleges. This gives them the opportunity to hear the new ideas via the great speakers. They then return “fired up” to implement those shared new ideas. While they are not always the newest ideas, hearing them all together as a group allows them to simultaneously get “on board” with great enthusiasm. Recently, Linda Cuputi’s presentation about integrating critical thinking into clinical experiences and concept mapping has generated great excitement.

Poster presentations are also offered at Asilomar and the faculty groups from various colleges share wonderful new ideas that they have developed. There is always an update for faculty from the BRN as well, to be sure that participants have the latest updates on the various ever-changing statewide issues.

MODULE 18

STATEWIDE ORGANIZATIONS

The Association of California Nurse Leaders (ACNL) www.acnl.org

The ACNL is composed primarily of leaders in nursing practice. Some of the leaders in nursing education also are members. They provide support and direction to the California Nursing Students Association (CNSA).

The ACNL was created and embraced by nurse leaders. Per the website, the vision is to position nurse leaders to influence the future of health care. Their mission is to develop nurse leaders, advance professional practice, influence health policy, and to promote safe and high quality patient care.

The ACNL provides resources for nurse leaders. It is a good resource for keeping up-to-date with changes in nursing care and requirements of the health care system. This is a good source for gaining information about what industry expects of new grads.

There are several local chapters of the ACNL and these are listed on the website.

American Nurses Association/California (ANA/C) www.anacalifornia.org

Any member of the ANA who lives in California also belongs to the ANA/C. The ANA provides up-to-the-minute **information** that can be acquired through e-mail. Those who join the ANA/C are provided with very frequent news updates that are critical to influencing the position of nursing in California and in the US. Members are able to contribute to nursing's agenda in the State and the nation.

Visa versa, when one joins ANA/C they automatically are members of ANA. The resources and information from both of these organizations helps facilitate the role of the nurse leader and educator. The ANA (and ANA/C) attempts to speak for the interests of all nurses and for health care reform. Membership costs only \$255.00 a year which can be paid in installments. The ANA/C office is located directly across the street from the California Statehouse, and their executive director is former legislator, Hon. Tricia Hunter MS, RN, who has significant lobbying influence in Sacramento.

In the last couple of years, ANA/C has published a quarterly newspaper with distribution to approximately 376,000 RNs and student nurses in California. *ANA/C The Nursing Voice* provides timely articles on major issues affecting nursing in California and information concerning the efforts of the ANA/C. The out-going President of the board, Louise Timmer Ed.D, RN, having been a nurse educator for most of her career, has managed to keep the spotlight on nursing education during her tenure.

www.Leg.info.org is the best source for up-to-the-minute information concerning all of the legislation that is filed every year to provide “legislative remedies” to all of the maladies of California. However, some may find it “easier” to depend on the ANA/C to alert them to the critical legislative issues in nursing. Also, since the ANA/C and ANA have very capable lobbyists, it is a good idea to send responses and opinions on to them about pending legislation. They in turn convey your information and concerns when they testify about bills. The absence of ADN educators and directors at the committee hearings is glaring. It may be wise to avoid looking for the “easier” way to deal with these matters and instead look for a way to fund a presence at critical hearings of one or more ADN directors or faculty. This is not easy since deans and directors are all so busy and campuses are often not willing to fund travel to Sacramento for these sorts of duties. An alternative is for the COADN to agree to fund at least travel expenses for ADN director members to represent our interests at these hearing.

Many of the major changes in admission policies in the last couple of year have been generated by legislative initiatives, despite the absence of ADN directors at the hearings.

Current initiatives include: approval of DNP programs at CSUs, AB867; encouraging coordination of transfer for ADN students through the BSN and MSN programs in the CSU system, AB 1295; AB 1455, suggesting a pilot of a Community College offering baccalaureate degree programs (this one has been reduced to a pilot at the San Mateo district only due to significant “push-back” from the CSU lobbyists); and AB 492, addressing the continual perplexing problem of having part-time nursing faculty available for more semesters or quarters of the year.

California Board of Registered Nursing (BRN) www.rn.ca.gov

As you probably already know, the California Board of Registered Nursing is a very powerful and highly engaged Board within the Department of Consumer Affairs. It is critical that every ADN director follow the links here to the BRN website (www.rn.ca.gov) to get a glimpse of the full breadth of the scope and power of the BRN. Their very-well-organized website describes all of their wide range of responsibilities. It behooves every ADN director to become very familiar with their website and get accustomed to checking it often for the latest news about nursing in California and, of course, nursing education in particular. *Tip: Add to “Bookmarks” or “Favorites” and make it a habit to check it daily or weekly.*

The BRN has significant power over the quality of nursing education in California. Very shortly after a new director is appointed to their position, the BRN has to be notified. The college must submit a special form to the BRN to be sure that their appointee is acceptable. There has been the rare occasion when a college selected a person to be the new director of nursing and the BRN rejected the appointee because they did not meet their requirements. Sometimes they send their NEC or Nursing Education Consultant to the college if it is at an unusual time of year, but other times the new ADN director is summoned to another place to get “oriented”. Most of the time, however, the new director need only attend the mandatory meetings for new directors linked to the fall meetings of the Deans and Directors, where ever it might be scheduled.

The BRN publishes a new directors' guide every year, but now it is accompanied with a CD containing all the forms, etc, which are sometimes changed from year to year. These are also distributed at the Fall Deans and Directors meetings. The fall meeting will include a mandatory new directors' meeting as well as a meeting for all directors.

Everything you should ever need to know about the BRN is on their very well developed website www.rn.ca.gov. Every new ADN director needs to become familiar with the information available there and in the Directors' Handbook.

The BRN is a part of the Department of Consumer Affairs whose duty is to protect the public. A select number of BRN members are appointed by the Governor (political appointments).

This operation brings money to the state each year in the form of fees from renewals for licensure and for new applicants, etc, but gets only a small proportion of that revenue to operate their complex mandate. Recent budget cuts have affected all "state workers", including BRN board members. For instance, the BRN board members and staff work fewer days per month due to mandatory furlough days. The BRN is also hampered by the civil service testing requirements, hiring freezes, and staff salary limitations, so they are often understaffed and overworked.

Recently, changes were made in the schedule of re-visits to nursing programs. They now do full visits every 8 years and interim visits in-between. The dates of these visits are listed in the annually-published Directors' Handbook. If a nursing program is having difficulties there will be more frequent visits scheduled.

You can check on the status of licensure of any person that is under consideration for hire or the licensure status of recently-graduated students long before the BRN quarterly reports are sent out. Quarterly reports are sent to every school from the BRN, showing which students actually took the test and who passed. These are sent out about one month after March 30, June 30th, Sept 30th, and Dec 30th. There is a report issued every summer that lists the "first time pass rates" of all of the schools of nursing in the State. This first time pass rate is a critical barometer of the quality of each program for the entire world to see on the website.

The BRN Annual Report is due on **November 15th** of each year and it is done online. This is an important deadline to keep in mind. Hopefully, there is a file in the former director's office containing all annual reports to the BRN that have been filed in recent years (either on the computer or in a drawer). There are many parts to the report and much data required so starting on the report weeks in advance before it is due is a good idea. On the BRN website, under "Schools and Annual Reports", there is a summary statewide report and regional report of the previous years' school reports. These previous years' reports provide a good idea of what is expected. *Tip: Provide the BRN with current contact information so that none of their emails (which often include important web links) are missed.* This report-gathering process has been contracted out to UCSF. If you want more information from the data that is reported than is available online, this can be requested from the BRN. They will provide the correct contact person with the information request. They are very careful to not give any public report that identifies any particular school.

Other great resources for new ADN directors are the minutes of the Nursing Education Committee of the BRN and the minutes of the BRN Board meetings. They have not been mailing the minutes out lately, probably due to budget constraints, but they are always posted on the website. If possible, new ADN directors should attend one or more of their meetings. The meetings are eye-opening so far as learning how the BRN operates and the challenges that they face. It's so much better to attend a first meeting this way (voluntarily) than later when called in to report on an issue (mandatory; no voluntary).

These days there are numerous "proprietary schools" applying for authority to establish new programs. It often happens that schools in the same geographic areas "show up" at BRN meetings to object to new programs that may impact on the available clinical sites in the area (this is when the territorial nature of our natural instincts arises).

In the past, the BRN required that all new directors attend a new directors meeting very soon after assuming their duties each year. Your nursing education consultant (NEC) will probably contact you soon after your appointment to set up a meeting as well (as long as the administration of the college notified them). If a week or two passes, and this communication has not occurred, it's important for the new ADN director to contact the appropriate NEC as soon as possible to be sure that they know that there has been a change in leadership. If the BRN has not yet heard about the new appointment, it stands to reason that the BRN has not yet approved the new director of the nursing program.

The BRN will provide the new director is a copy of the Director's Handbook along with an accompanying CD with forms, regulations, and other resources. At the rate the budget cuts are going it will probably be online soon. It is also imperative to keep a copy of the California Nurse Practice Act in the office, at close range.

In the first section of the Handbook are important lists of people, phone numbers, and e-mail addresses that are assigned to certain geographic areas which are assigned to specific Nursing Education Consultants (NECs). Recently, due to staff retirements, the geographic regions have morphed around the state. In the Handbook, there is also a list of the dates when every program in the state is due for re-approval visits and mid-term visits. This is *required* reading! The BRN in California is very proscriptive and it behooves us all to pay very close attention to their regulations, directions, and deadlines.

The schedule of interim visits and required self-studies are on the first pages of the Handbook. This should be the first piece of business for a new ADN director: familiarity with the BRN schedule and impending deadlines. It is generally an unspoken rule or common belief that a director completes the upcoming "re-accreditation" visit before announcing a retirement or a making a move of any sort, but not everyone follows that rule. New people taking over the position of director find the completion of this task is very, very difficult. If a new director finds himself or herself in the position of having to do this, it will help greatly to negotiate funding for a consultant to help. Also, it helps to gain "buy in" from faculty to help with this task. It is big. Getting started, for instance, the biggest initial challenge may be figuring out where the

evaluation plan data is hiding. Is it in one of the many folders on the computer of the former director or in a pile on one of the many surfaces that are created in these positions?

It may take awhile to hear back from the NEC. This may be because they have many other duties and responsibilities than just monitoring nursing programs

The BRN is organized differently in different states. In Massachusetts, for instance, as long as a nursing program was NLN accredited, the BRN did not see a need to make visits to that school (and since all of the programs were NLN accredited, that left very little staff time required). Instead, they focused on approving new programs, etc. There was a very short annual report that was required, and that was that. In California, even if a program is NLN accredited, or in the case of some of our BSN programs, accredited by the AACN (American Association of Colleges of Nursing), the program still needs to be visited and revisited by the BRN according to the schedule of the California BRN.

As a result, they have a huge job and their limited resources are being assaulted by the huge fiscal problems in the state. Nursing boards are a revenue source for all of the states of the union, which is the major reason that “States’ rights” concerns have limited all efforts to get national consistency to licensing requirements.

All but 3 states have a combined board that regulates at least RNs and LVNs (or LPNs, which is what they are called almost everywhere else). Three years ago, the ANA/C has resolved to bring legislation that would combine the BRN with the BVNPT (Board of Vocational Nursing and Psychiatric Technicians) and the HHS authority that approves CNAs. As of May 2009, in the heat of the budget crisis, the Governor’s Office called once again for consolidation of many of the Boards that are part of the Department of Consumer Affairs. Of course, their motivation is to save money. The concern is, will the BRN be able to sustain the quality of services RNs are accustomed to if they are trying to do that for LVNs, CNAs, *and* RNs. As usual the devil is in the details, but philosophically, it makes sense that a single board would oversee the scope of practice of nurses at the RN, Advanced Practice and LVN levels.

California Community Colleges Chancellor’s Office (CCCCO) – Grants; www.cccco.edu

This website needs to be at the TOP of every ADN director’s favorites list, and it needs to be checked frequently. In addition to providing one’s most current contact information to the BRN, providing this information to the CCCCCO office is critical as well. More and more, all announcements are coming by email in order to save money on postage. Each school of nursing has a project manager from the Chancellor’s Office assigned to that college’s nursing grants.

The CCCCCO provides various important guidelines for schools of nursing on their website including the following:

Advisory on Use of “Model Prerequisites” for Enrollment in Associate Degree Nursing Programs

- Appendix A: Strategy for Implementing the ADN Prerequisite Model

- Appendix B: Evaluating Effectiveness of Selection Model (*Instructions for using EXCEL Spreadsheet*)
- Appendix C: Work Sheet to Implement Formula for Determining Enrollment and Disproportionate Impact
- Appendix D: Calculations for Adverse Impact in Selection
- Appendix E: Expanding the Workbooks to Accommodate More Than 190 Applicants/Students

Several years ago Barbara Whitney, former Dean of Nursing and Allied Health in the Chancellor's Office, had the foresight to establish a Nursing Advisory Committee to assist with the initial implementation of the Model Prerequisite initiative. The committee is composed of nursing directors representing the various parts of the state and they meet quarterly. Their composition and minutes, as well as other information, is posted on the HWI's web page (<http://ca-hwi.org>). This is another important website to bookmark. The committee morphed into the 3C-NAC (California Community Colleges Nursing Advisory Committee), which continues to "advise" the Chancellor's Office and the HWI on pressing matters of concern to the ever-changing ADN nursing education environment. They sometimes meet with influential Senate Education Committee staff or legislative analysts to provide accurate and timely input concerning the needs of California nursing programs. Many of these conversations lead to new grant initiatives or legislation that has resulted in many changes in admission and retention issues throughout the state. There is always discussion about legislative initiatives, some designed to help us and some that would not.

In addition to the quarterly reports there is another new CCCCCO annual report required of all programs that are using Chancellor's Office money to provide assessment testing to their applicant pools. This is due each year on **October 15**. There are spreadsheets that are submitted in early fall to each program director from the vendor the program uses for ATI testing and/or HESI or NLN testing that includes some of the required data needed by the Chancellor's Office. This data are required to determine if the current cut scores are predictive of sufficient success in the applicant pool and disproportionate impact. This is a tedious task, but can be completed by a capable classified worker. This Resource has become the driving force of change in ADN programs across California in recent years. The Nursing and Allied Health Department of the CCCCCO oversees the direction of support of the Chancellor's Office of the California Community Colleges and legislative initiatives to expand the capacity and quality of California ADN Programs.

Health Workforce Initiative (HWI) <http://ca-hwi.org>

The HWI is closely associated with the Chancellor's Office and California Economic and Workforce Development Department (EWD) and provides enormous support to health occupations programs throughout California. As a matter of fact, and in the spirit of full disclosure, they have financed this guide for new directors of ADN programs. This is a great example of how identify needs among our programs and then act quickly to fill that need.

Their website is a treasure trove of critical information about what ADN directors need to know to do their jobs and also what is required to meet the demands of the critical needs for nurses and allied health workers in California (<http://ca-hwi.org>). There are five regional centers for the HWI, and it is critical that the new ADN director makes contact with the HWI director in the associated region early in the role transition process.

The five regional sites are identified on their website. Be aware that the director in each region may or may not be the same person who was there last year.

In addition to the grants that the Chancellor's Office makes available to promote growth and excellence in nursing programs, the HWI, whose mission statement is "to promote the advancement of California's health and economic growth through quality education and services focusing on workforce development and continuous workforce improvement in health care delivery", financially supports many other initiatives to meet their Mission Goals. The new ADN director should check with the outgoing director or the Business Office to see if the nursing program has any of these grants going on. A recent example of an HWI funding initiative involved stipends that supported an online standardized orientation program for students. The goal was to reduce the redundancy of repeat "hospital orientations". Another recent example is a small grant that was made available to support a local partnership that led to a new educational program for Health Promoters (health promoters or health promoters, are individuals who provide health education and support to community members, provide their services in the community, and are generally from the community they serve).

The HWI website, <http://ca-hwi.org>, is a vitally important resource. Linda Zorn is the Statewide HWI director at this time. Each of the five regions has a director and each regional office is located on a community college campus. The HWI seeks out ways to support the many health occupations programs in their regions in promoting innovation and "replicable initiatives". A few years back, Jim Comins, former Statewide HWI Director, saw the need for this guide for the new directors who are stumbling, jumping into, or being pulled into the role of dean or director of nursing programs throughout the state of California. That was the seed idea behind this project.

As mentioned throughout these modules, the HWI is a best friend in promoting innovations and support systems for nursing programs across the state.

California Institute for Nursing and Health Care (CINHC) www.cinhc.org

The California Institute for Nursing and Health Care has emerged in the last few years as the leading statewide organization committed to leading the effort to resolve the multiple challenges facing Nursing in California. Their website, www.cinhc.org, is full of their achievements and initiatives.

This organization emerged in the heat of the nursing shortage, to create a statewide response to the lack of capacity of the nursing programs to meet the growing RN needs for California. At the start of this effort, California ranked "dead last" in the number of RNs per capita (100,000

persons), and as far as we know we still do despite significant gains in enrollments and graduations of California based nurses. The efforts of CINHC have resulted in a 54% increase in nursing program capacity through legislative initiatives and grant opportunities since 2005.

CINHC has undertaken an ambitious effort to complete a statewide nursing “master plan”. Building on previous work, including former Governor Davis' Workforce Initiative (WIA), this effort will result in a first-ever statewide plan that assures:

- An educational system that provides an adequate supply of nurses
- A workforce representative of California's rich, cultural diversity
- A working environment that supports quality care and professional development
- A recruitment strategy that benefits all health care providers and patients

A statewide master plan will link scarce resources to the greatest areas of demand, reduce duplication, reduce wasteful competition, and limit the "robbing Peter to pay Paul" syndrome.

The Master Planning process includes seven phases: Planning, Preliminary Master Plan Development, Consensus Building, Master Plan Revision and Completion, Implementation and Roll-Out, Tracking, and Evaluation. The links below provide access to much of their work and the work of many contributors.

Delores Jones, founder and previous Executive Director of CINHC, accomplished much by working with other state initiatives for nursing, nursing associations, educational institutions, health care systems, foundations, policy leaders, legislators, etc, in order to resolve the nursing shortage in California. Of course, these days, there is question as to whether we really have a “nursing shortage” because of the current recession and the difficulty that new grads are having finding positions in hospitals. For more information about the nursing shortage forecast in California, see <http://www.rn.ca.gov/pdfs/forms/forecasts2011.pdf>

Many important spinoffs of the work accomplished by CINHC pop up everywhere. Their efforts were jump-started in the Bay Area thanks to funding from the Betty and Gordon Moore Foundation and the Foundation for California Community College Programs. The Bay Area Resource Center Website highlights their innovative Computerized Clinical Placement System (CCPS), their Centralized Faculty Resource Center (FRC) and Bay Area Simulation Collaborative (BASC). The website is www.bayareaNRC.org. NRC – stands for Nursing Resource Center. Don't miss their White Paper for Nursing Education on the web-site. The Executive Director usually gives a CINHC update every year at the fall COADN meeting and sometimes attends the other regional meetings. CINHC has also co-sponsored the annual “Magic in Teaching Conferences” together with the BRN in both the north and south for the last couple of years. Lately, they have combined that one day event with a Regional Simulation Center Conference as well.

In fact, new ADN directors in the Bay Area will need to learn to input their clinical agency requests into the Clinical Placement System since most of the hospitals have come to depend totally on this system to place clinical groups. Nikki West at CINHC is infinitely patient and willing to orient new people to their system, which continues to improve year by year. It tends to

be challenging for those who are not computer gurus. Unfortunately, there is a cost involved with participating in this system now that the startup funding from the Moore Foundation is withdrawing.

CINHC has recently opened an LA Office (see Resources) which will enable them to more easily include Southern California in the various CINHC initiatives.

Below is a sampling of resources available through CINHC website:

San Francisco Bay Area Regional Planning

- Best Practice Collaboration Examples & Creative Ideas
- Regional Planning & Discussions
- San Francisco Regional Bay Area Planning Update
- CNO Survey Results
- Snapshot 2008 Nursing Workforce
- Nursing Redesign White Paper

Nursing Education Redesign Project Thought Leaders

To access the internal working documents, please click on the "Redesign White Paper" bar, and enter the project name and password. The project name and password can be obtained from Jan Boller: jan@cinhc.org.

Public Documents: Nursing Education Redesign for California:

- Nursing Education Redesign White Paper and Strategic Action Recommendations
- Appendix A: Consensus-Building Process: Summary of Highlights & Findings
- Appendix B: Strategic Action Group Recommendations
- Appendix C: Nursing Education Redesign References - Organized by Topic Area
- Appendix D: Review Panel
- Project Summary (Contains Excerpts of White Paper and Recommendations)

Faculty Shortage Workshop (December 2008)

- Faculty Development/Recruitment Expert Panel Research
- Nurse Leaders Take Action To Resolve Faculty Shortage

Additions 2/16/09

- Nursing Faculty Shortage Action Plan
- Topic Summary: Salary and Funding Faculty Positions
- Topic Summary: Educating Faculty
- Topic Summary: Changing How We Teach
- Topic Summary: Work Environment

- Topic Summary: Policy and Hiring Constraints

The Centralized Clinical Placement System (CCPS)

- The www.bayareaNRC.org (Nursing Resource Center) and the www.losangelesNRC.org websites describe the CCPS which as one of their initial efforts to help schools identify clinical sites available for their students. There has been a consistent effort to give preference to “historical” placements. At this point, many in the Bay area think that this provides more help to new programs than it does to existing programs. However, it is critical that we learn how to make clinical requests through this process. Also, CINHC, who relies on external financial support for all of their efforts is now charging almost \$1,000/year for this service.

The Centralized Faculty Resource Center (FRC)

- The FRC is located at www.ITeachNursing.org, another resource developed by CINHC. It can also be accessed via the websites www.bayareaNRC.org and www.losangelesCFRC.org. Primarily, it is a website for posting available teaching positions in nursing education and for potential faculty candidates to post their resumes.

California Simulation Alliance (CSA)

- The California Simulation Alliance was formerly called BASC (Bay Area Simulation Alliance). The Bay Area Simulation Collaborative (BASC) was also established during the development of five Gordon and Betty Moore-funded, regional Simulation Centers in the five counties directly abutting the San Francisco Bay. The Alliance has spread statewide and offers two conferences a year in conjunction with the *Magic in Teaching* Conference that is a joint effort of the CINHC and the BRN.

California Nursing Students’ Association (CNSA) www.cnsa.org

Per the CSNA website the California Nursing Students’ Association leads by example, creating a statewide community of politically conscious, technologically savvy, and socially aware nursing students. CNSA fosters the transition of the student to the role of the professional nurse through the development of leadership, activism, and advocacy. CNSA supports scholarship, volunteerism, and mentorship to influence nursing education and nursing care in California. Their vision is to create the future by leading the way.

This organization represents the nursing students. Once a school develops a branch, nursing students at that school are eligible for scholarships. The CNSA also houses *Flo’s Cookie Jar*, a statewide, web-based emergency fund for nursing students.

This group functions under the auspices of the ACNL.

Community College League of California (CCLeague) www.ccleague.org

Per the website of the Community College League of California, it is a nonprofit public benefit corporation whose voluntary membership consists of the 72 local community college districts in California. Within the League are two major organizations which share a common mission, staff and fiscal resources: the California Community College Trustees (CCCT) and the Chief Executive Officers of the California Community Colleges (CEOCCC).

In addition, two other organizations are affiliated with the League: the Association of California Community College Administrators (ACCCA); and the California Community College Classified Senate (CCCCS). ACCCA and CCCCCS are located in the League's Sacramento office. The League affiliated organizations have many goals and objectives similar to CCCT and CEOCCC and recognize that the sharing of facilities and some resources helps strengthen those common purposes. Yet it also is recognized that the League affiliates maintains total independence to pursue the objectives of its members which on occasion may be at variance with the positions taken by CCCT and CEOCCC.

This group provides for some staff development. It is primarily directed at providing for the development of administrators in the community college system.

The Office of Statewide Health Planning and Development (OSHPD) www.oshpd.ca.gov

Per the website, the Office of Statewide Health Planning and Development is one of 13 departments within the California Health and Human Services Agency. OSHPD administers programs which endeavor to implement the vision of "Equitable Healthcare Accessibility for California".

Federal and state authorities provide guidance and criteria for HWDD program operations. HWDD supports healthcare accessibility through the promotions of a diverse and competent workforce while providing analysis of California's healthcare infrastructure.

Besides providing approvals for health care structures and funding support for physician education, OSHPD now provides funding for nursing schools located in areas deemed as underserved in nursing. These areas may be found on their website.

MODULE 19

NATIONAL ORGANIZATIONS

American Nurses Association (ANA) www.ANA.org

Along with the NLN, these two national organizations do more to preserve and build the nursing profession than all of the many splinter groups that have emerged in recent years put together. Specialty organizations are needed but they do tend to weaken the strength of the ANA in terms of numbers and influence.

There is often a destructive separation between the ANA and the State Associations over union issues, California and Massachusetts included. This battle destroys or seriously damages the significant influence that nursing has had across the country and in Washington DC. Nevertheless, the current ANA president (Rebecca Paton) was at the table at the White House to tackle the huge challenges associated with developing a solution to the “health care crisis”.

The ANA sends out daily emails with the latest news and critical information going on across the country involving nurses and the so called “health care system”. Knowledge is power! Nursing director can help spread the word by forwarding on to my staff some of the info received from the ANA, particularly if that information will be useful to them in their teaching.

The National Council of State Boards of Nursing (NCSBN) www.NCSBN.org

The good news is that nursing is the only profession in the US and territories to have the same licensing procedure throughout the country (NCLEX-RN and NCLEX-PN). Talk to colleagues in RT, PT, OT or the many other health occupations, and you will learn of the many “variations on the themes” that their students have to deal with. Nursing, with its strong state by state and territories affiliation with the NCSBN – National Council of State Boards of Nursing (www.NCSBN.org) enjoys a unique and strong position. Their website is full of extremely useful materials and resources. The NCSBN provides a very useful cumulative report (through a vendor) titled “Program Reports” that includes detailed percentages of students’ performance in all of the aspects of the NCLEX Test blueprint. Sometimes the vendor providing this service changes which results in difficulty keeping up with the source of these reports. These reports provide the rankings of “first time testing” students on NCLEX against all other student groups across the country. They rank a college’s graduates against other similar programs in the US (i.e. other ADN programs and other programs in the state and in the US). Like everything else of real value, this costs money, but the feedback is a vital source for program evaluation and helps your faculty readjust curriculum on a yearly or half yearly basis. Many faculty object to the concept of teaching towards the “test”, but given the constraints of our admission processes, we need to factor in these data very carefully.

The NCSBN also offers very useful training programs in test construction. They also put out a Newsletter several times a year that contains valuable information (see “Module 20:

Resources”). ADN directors should encourage faculty to sign up to participate in the test construction programs that occur every year in Chicago. The NCSBN covers their expenses to learn how to write NCLEX appropriate questions. What a deal!

National League for Nursing (NLN) www.nln.org

Dedicated to excellence in nursing education, the National League for Nursing is the preferred membership organization for nurse faculty and leaders in nursing education. NLN members include nurse educators, education agencies, health care agencies, and interested members of the public. The NLN offers faculty development programs, networking opportunities, testing and assessment, nursing research grants, and public policy initiatives to its 33,000 individual and 1,200 institutional members.

Some years ago, the US Department of Education forced the NLN and many other such organizations to separate their Accreditation functions from their membership functions, so now the NLNAC (National League for Nursing Accrediting Commission) has separated and even moved its offices to Atlanta GA from the “mother ship” in New York City.

National League for Nursing Accreditation Commission (NLNAC) www.nlnac.org

The National League for Nursing Accrediting Commission (NLNAC) supports the interests of nursing education, nursing practice, and the public by the functions of accreditation. Accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules and to the oversight of preparation for work in the profession.

It appears that more programs in southern California are NLNAC accredited than ones in the north.

The advantages of being an NLNAC accredited school are significant. For instance, students who move to other states are sometimes restricted from applying to BSN and MSN programs because they did not graduate from an NLNAC-accredited program. The military gives preference to graduates from NLNAC-accredited programs, and Kaplan says that they only offer their money-back guarantee to new grads from NLNAC-accredited programs (however, this “rule” is not always applicable to all areas of California. Check with the local Kaplan representative to find out if this rule applies).

New ADN directors who do have to complete an NLNAC self-study shouldn't hesitate to ask for help from other directors.

National Organization for Associate Degree Nursing N-OADN

www.noadn.org

Per the website for N-OADN, this organization is the leading advocate for associate degree nursing education and practice, and promotes collaboration in charting the future of health care education and delivery.

N-OADN strives to:

- Maintain eligibility for registered nurse licensure for graduates of associate degree nursing programs.
- Educate students and promote AD nursing programs at community colleges nationwide.
- Provide a forum for discussion of issues impacting AD education and practice.
- Develop partnerships and increase communication with other professional organizations.
- Increase public understanding of the role of the associate degree nurse.
- Participate at national and state levels in the formation of healthcare policy.
- Facilitate legislative policies supportive of N-OADN policies.

MODULE 20

RESOURCES

AACC (American Association of Community Colleges) www.AACC.NCHE.EDU/Bookstore offers an excellent variety of texts, monographs, white papers and research papers for Community College leaders. They also publish the Community College Times (24 issues a year) and the Community College Journal, which is bi-monthly. They are also available on line at: www.CommunityCollegeTimes.com

Competencies for Community College Leaders

Member Price 18.00 Non-Member Price: 18.00

Developing well-prepared leaders is vital to the continued success of community colleges. The retirement of many community college leaders has added urgency to this growing need. AACC and community college leaders collaborated to delineate this competency framework for today's and tomorrow's college leaders. Sold in packs of 20. 2005 8 1/2 x 11 Product Code 1608 Free download available at <http://dbtext.aacc.nche.edu/dbtw-wpd/data/CompetenciesForLeaders.pdf>

Insider's Guide to Community College Administration, 2nd Edition

Member Price: 30.00 Non-Member Price: 38.00

Robert Jensen and Ray Giles How well can you tolerate occasional fire, no-win decisions, justified and unjustified criticism? Drawing from their varied experiences, the authors of this helpful guide, now in its second edition, offer firsthand advice on the skills and attitude needed to succeed as a community college leader. Topics include * Making the right career choices * Thriving and surviving on the job * Navigating institutional politics * Taking the presidential helm * Becoming a trustee, selecting a board, and evaluating a CEO 2006 6 x 9 softcover 99 pages Product Code 1603

ADN Curriculum Model Project – Available from the HWI at the website and on CD
<http://ca-hwi.org>

Aquililera, Donna, “Crisis Intervention Theory and Methodology”

January 1998 - this edition is still available on Amazon but the theory of Crisis Interventions is probably available in every Mental Health text book by now. This very helpful theory is applicable to counseling students.

American Association of Community Colleges Publications Catalog
www.aacc.nche.edu/bookstore

BRN (Board of Registered Nursing) <http://www.rn.ca.gov/>

Community College Journal - published bimonthly

Community College Times - published biweekly www.CommunityCollegeTimes.com

Creative Health Care Management www.chcm.com - Resources for Health Care Professionals

DEAN'S Notes – Published by Anthony J. Jannetti, Inc, as a service to the National Student Nurses' Association, Inc. This resource is published five times a year (Sept, Nov, Jan, March and May). It comes free, directed to the dean/director of the school of nursing. This four page newsletter, of course, focuses on NSNA activities and suggestions for deans.

Healthstream – This service provides for e-learning and continuing education for improved clinical and business outcomes. Students use it as part of their learning experience.
www.healthstream.com

Interest Based Bargaining – This is an important tool when dealing with faculty and it can be used when working with student issues. www.BeyondIntractability.org

Journal of Nursing Education - Published by Slack Incorporated; is a monthly publication and, therefore, more costly. Christine Tanner is the Editor, and the Editorial board also has a nice distribution of ADN, BSN, and MSN programs. Some of the editions feature articles on special topics such as Distance Education and Technology or critical thinking. This is one of the priciest of the Nursing Ed Journals, partly because it is monthly.

Nurse Educator - Published bi-monthly by Wolters Kluwer/ Lippincott/ Williams & Wilkins. This affordable Journal offers some special features, such as a Student Issues page; Rx for Deans; Technology; and Spotlight On.

Nursing Education Perspectives – This is the research journal of the National League for Nursing (NLN). This Nursing Ed-focused Journal is published bi-monthly and is available online and in print to members of the NLN.

The Nursing Voice - Published four times a year for all nurses and student nurses in California by the American Nurses Association/California.) ANA/C.

The Professor in the Classroom - Offers subscriptions that include 18 issues, with two new topics each month of the nine-month academic year. It is generic for all levels of Higher Ed in all disciplines. They do recognize the reality that most people we hire “are experts in their subjects”, but, no one has taught them how to teach. The rate runs from \$19.00 -\$21.00 /faculty member/year.

SENATE ROSTRUM – Academic Senate for California Community Colleges Newsletter. A quarterly publication of the Academic Senate for California Community Colleges. 428 J Street, Suite 430, Sacramento, CA 95814

Donna Cardillo - <http://www.dcardillo.com/> Every month Donna Cardillo sends out articles along with her promotions to speak in your college or state. Some recent examples include “Foster Horizontal Respect” in February 2009. These articles make good sense and promote positive affirmations to help nurses proceed successfully through the day and the week and the month. She emphasizes the importance of “making self-care a priority”.

David Allen, author of three books: **Getting Things Done: the art of Stress-Free Productivity**, Viking, 2001; **Ready for Anything: 52 Productivity Principles (for Getting Things Done)**, Viking, 2003; and **Making it All Work: Winning at the Game of Work and the Business of Life**, Viking, 2008. This author shares great ideas that help managers and directors cope with their stressors.

Malcolm Gladwell is another very popular writer these days. He explains the changing cultural scene among students, faculties and colleges. Four highly recommended books include **The Tipping Point**, 2005, **Little Brown and Co**, **Blink, The Power of Thinking Without Thinking** and his latest **Outliers**. In this book he describes those who “follow their instincts and win, while others end up stumbling into error”.

Advance for Nurses is published all over the US, but the California edition focus on Northern and Southern California. They do a good job of keeping up with the ever-changing matters going on in the State. For example, their Jan. 5th, 2009 cover story “Back to the Future” summarized the White Paper published by the California Institute for Nursing and Health Care. (CINHC).

The Arbinger Institute, **The Anatomy of Peace: Resolving the heart of conflict**. (2006)

James Autry, **The Servant Leader: How to build a creative team, Develop Great Morale & Improve Bottom Line Performance** (2004)

Ronda Mintz-Binder, “What About Deans of Associate Degree Programs?” *Nurse Educator*, 33:6, Nov/Dec 2008. Ronda wrote a Letter to the Editor describing her less-than-happy experience of five years as dean of an ADN program in the LA District. She encouraged greater focus on adequate secretarial support and release time for assistant directors, which are too often lacking in community colleges. She also encouraged studies to glean knowledge from long-term directors and on how new deans and directors can be better prepared.

Mary Ellen Bond, “Exposing Shame and Its Effect on Clinical Nursing Education”, *Journal of Nursing Education*, Vol. 48, No. 3 (March 2009)

Vern L Bullough and Bonnie Bullough’s “**History Trends and Politics in Nursing**” is another must read for directors new to nursing education leadership. This book and others on the subject are available on Amazon.com.

California Education Code 2009: There is an abridged version of the famous Title 5 codes that we hear about so much but do not necessarily have access to. This tome is called a pamphlet, but it is at least 2 inches thick, is published by Thomson West and costs \$50.00+, ISBN 978-0-314-98616-0

Kevin Cashman, **“Leadership from the Inside Out: Becoming a Leader for Life”**, Revised Edition (2008)

Cynthia M. Clark, PhD, RN; and Pamela J. Springer, PhD, RN “Incivility in Nursing Education: A Descriptive Study of Definitions and Prevalence. *Journal of Nursing Education* (January 2007)

Community College Update comes out every week and is geared to Community Colleges in California only. Sometimes the president’s office subscribes and sends out the Table of Contents so that if there is something important to faculty or directors, they can ask to look at the publication.

Stephen R. Covey

The 8th Habit: From Effectiveness to Greatness (2005)

The 7 Habits of Highly Effective People (1989) pb

The Speed of Trust: The One Thing That Changes Everything (2008) pb

First Things First (1996) hb

Dean & Provost – “Building and Leading Successful Learning Communities”

This is a new newsletter is now published by Jossey-Bass. This \$177.60 is on the high end, and seems directed to all levels of Higher Ed.

Dean’s Notes is published 6 times a year by the National Student Nurses’ Association. This seems to come whether a college has an active NSNA chapter or not.

The Department Chair - This resource for academic administrators is published quarterly by Wiley Subscription Services or Wiley Co. at Josey–Bass. It is available at \$99 a year, or less if an institution purchases more than 4 subscriptions, in print and online. The latest edition had 32 pages of very useful articles. There are some community college representatives on the advisory board. Website: <http://www.josseybass.com/WileyCDA/WileyTitle/productCd-DCH.html>, or email: www.squasedepe@wiley.com

Donnelly/Mengel/Sutterley, **Nursing System, Issues, Ethics, and Politics**, John Wiley and Sons (1980) – This is an ‘oldie but goodie’. This great book “introduces different ways of thinking about the nursing system and its interaction with other systems”. Many of the “Quotable Quotes” interspersed in these modules are borrowed from these authors.

Roberta J. Emerson, **Nursing Education in the Clinical Setting**, Mosby/Elsevier (2007) ISBN-13-978-0-323-03608-5. The last unit, entitled Clinical Educator Resources, is very helpful.

Anne Federwizch, “Skipping the BSN –Associate degree nurses in California go directly to their master’s” *NurseWeek* (March 23, 2009)

Jane Flarerty & Peter Stark, **The Competent Leader: A powerful and Practical Tool Kit for Managers and Supervisors** (1999)

Joyce S. Fontana, “Nursing Faculty Experiences of Students’ Academic Dishonesty”, *Journal of Nursing Education* Vol. 48, No. 4 (April 2009)

Basic Skills for the New Mediator, Second Edition by Allan H. Goodman (**Paperback** - Sep 2004)

Lynda Gratton, **Hot Spots** – “Why Some Teams, workplaces, and Organizations Buzz with Energy – and others don’t” (2007) hb ISBN- 10: 1-57675-4

Eric Harvey & Alexander Lucia, **144 Ways To Walk the Talk** (1995)

Higher Education Law in America, Center for Education and Employment Law 9th Edition, 2008, ISBN 978-1-933043-34-0 <http://www.ceelonline.com/ceel/education.asp>

Higher Education Legal Alert - (A monthly newsletter and supplement to the book above). This resource should probably be owned by the HR department of the college so that it is available as reference if/when it is necessary. It contains legal concerns of all levels of higher education and all disciplines. <http://www.ceelonline.com/ceel/education.asp>

Legal Notes for Education – A monthly newsletter available online at <http://www.ceelonline.com/ceel/education.asp>

Jason Hwang and Clayton M. Christensen, “Perspective: Disruptive Innovation in Health Care Delivery: A Framework for Business-Model Innovation” *Health Affairs*: Vol. 27, No. 5

Barbara H. Johnson, “Empowerment of Nurse Educators Through Organizational Culture”, *Nursing Education Perspectives*, Jan-Feb 2009

Joint Commission Resources: “**Must-Have Information for Nurses about Quality and Patient Safety**”, (2007). This short 50 page booklet is targeted to Nursing’s role in meeting the National Patient Safety Goals.

Journal of Nursing Education (January 2007) Vol. 46, No. 1, 7-14

This significant Journal for Nurse Educators, edited by Christine Tanner, is published by Slack Incorporated. It offers very good juried articles, but it is pricey. Every month there is a guest editorial, four or so major articles, an Educational Innovations section, a Research Brief and a one-pager at the end called Department.

Kenner, Pressler and Klepper, Rx for Deans, “Managing Up”, *Nurse Educator*. Vol. 30: No 6 (Nov/Dec, 2008). In this response to Mintz-Binders’ letter to the editor, Kenner and Pressler

invited Rosemary Klepper, the ADN Director at Oklahoma City Community College, to co-write their column with them. “Managing Up’ is a term that is used in the business world to examine the relationship between one level of management and the next one up”. Citing six articles on leadership/management issues with special attention to gender issues, the authors give some good advice on how to “discern which issues are worth the struggle and which are not”. “The nursing educator who is in a middle management academic role is well served to practice strategies that empower others, including the dean or next level of authority. Sharing knowledge in concise yet effective ways is essential”.

Phyllis Beck Kritek, “**Negotiating at an Uneven Table - Developing Moral Courage in Resolving our Conflicts**”. 2nd Ed. Paperback 2002. Happily this great book is still available on Amazon.com in the 2007 edition. This Jossey Bass publication by a well respected Nurse Educator is a must read for directors entering this new world.

Joanne Leski, “Nursing Student and Faculty Perceptions of Computer-Based Instruction at a 2-Year College, *Journal of Nursing Education* Volume 48, No. 2, Feb 2009

Liebert, Cassidy, Whitmore- A Professional Law Corporation, “**Best Practices in Personnel Management**” 2009. Organizations such as these contract with colleges to offer trainings to managers on topics like, “Managing the Marginal Employee for California’s Community Colleges”. They contract with Human Resources department to provide half day workshops, etc. Since these trainings are provided by a legal firm their focus is on “damage control” and preventing law suits when it comes to dealing with poor personnel performance. The principles spread to damage control when it comes to student issues as well.

T.M. Marrelli “**The Nurse Manager’s Survival Guide**” (2004)

National Council of State Boards of Nursing also has a wonderful website www.ncsbn.org. The National Council of State Boards of Nursing is the National Organization of all of the State Boards of Nursing for the US, including its territories. This body had a significant influence on all nurses because nursing is the only profession that enjoys the privilege of licensing graduates in one state who can get reciprocity in other states (and in many cases other countries of the world) because this organization is so strong and so committed to high standards.

Every summer the NCSBN holds an annual meeting in different parts of the country. They send out an occasional newsletter about their priorities etc. They also offer online courses in item-writing for faculty (www.learningext.com). They also publish a print report that goes to Deans and Directors of all schools. It is called **Leader to Leader**, and this too is required reading.

Florence Nightingale, **Notes on Nursing- what it is and what it is not**, is full of Quotable Quotes for pinning ceremonies and Opening Day. First published in the US in 1860. My paperback (pb) was first published in 1969.

NCLEX Program Reports - These reports have been “outsourced” to a company in Portland Oregon, but they are CRITICAL to any Evaluation Plan for any nursing program. These reports

tell you what percentage of your recent graduates scored at what point/or percentile in every category of the NCLEX/RN test plan. The degree of detail of these reports clearly indicates when there is a blip or spike in any category. This gives the faculty the opportunity to re-examine what was different in the recent year which might try to explain the differences. These program reports are available from Mountain Measurement, Inc.

P.O. Box 12274 Portland, OR 97212 <https://nclex.mountainmeasurement.com>

The cost is \$300 at this point.

The Nursing Voice is published by ANA/C which is our affiliate Chapter of the American Nurses Association. This publication is sent out to all Nurses and Student Nurses in California four times a year (see ANA/C) above.

Nursing Economics - the Journal for Health Care Leaders is a Jannetti Publications, Inc. Journal. Specifically, they published an article in April 2008 on the California Regional Registered Nurse Workforce Forecast. Of course, due to the delayed production of all Journals they were not able to predict the changes that have occurred after the economic meltdown.

Nurse Educator is published bi-monthly by Lippincott Williams & Wilkins. These three sections are very helpful for new ADN directors: Student Issues, Rx for Deans, and Technology: Spotlight On. This journal is also available online for subscribers.

Nursing Education Perspectives is the research Journal of the National League for Nursing (NLN). This bi-monthly journal is provided as a membership benefit to members of NLN or can be subscribed to by non-members and at library rates. It is also available to subscribers online along with other online notices and updates.

Kerry Patterson, Jos. Grenny, David Maxfield & Ron McMillan, **Influencer: The Power to Change Anything** (2007) hb

Jana L. Pressler & Carole Kenner, “Embracing New Directions in Curricula and Teaching “ Rx for Deans, *Nurse Educator*, Volume 14, No. 2 (March/April 2009)

Robert D. Putnam, “Bowling Alone: The Collapse and Revival of American Community”. (Paperback) 2000, Simon and Schuster, available at Amazon and hopefully the library.

Creative Healthcare Management: Resources for Health Care Professionals. These publications are directed primarily to nursing administrators and many of them have significant application to our roles as nursing education administrators. www.chcm.com

HWI – Health Workforce Initiative <http://ca-hwi.org> – This vital resource to us all is part of The California Community College Economic Development

Teacher’s College Record – This resource is available online from Columbia Universities Teacher’s College on a very regular basis. Some of their reports are dealing with public schools, but ones like “Learning to Lead: What Gets Taught in Principal-Preparation Programs” have applications for what we need to know about program leadership, <http://www.tcrecord.org/>

The Chair Academy's events and publications are available online.
<http://www.chairacademy.com/>

The Maricopa Community College System in Phoenix is one of the biggest and most organized in the country. The programs they offer are directed to VP's and Deans for professional Development. <http://www.maricopa.edu/employees/divisions/hr/> (Highly recommended!)

The Teaching Professor has a newsletter offering and they also provide annual conferences regular workshops. Website: <http://www.teachingprofessor.com/newsletter> and email: theteachingprofessor@nagrapubllmail.com

CONCLUSION

This is the conclusion of this *Guide for ADN Deans & Directors*. As with all things, especially in healthcare and education, many of the details are changing. This is why all readers should make good use of the websites provided. That being said, the basics of being a good dean/director will never change. May your time as a dean/director be successful and fruitful!

A special thank you to the HWI for being the inspiration for this guide and for funding it.