

AMARILLO COLLEGE

ASSOCIATE DEGREE NURSING FACULTY COMMITTEE MINUTES

DATE: January 14, 2015

TIME & PLACE: 10:45 a.m. - West Campus, Jones Hall, Room 207

ATTENDANCE: Present: Kati Alley, Jan Cannon, Cindy Crabtree, Melva Davis, Angela Downs, Theresa Edwards, Jeanette Embrey, D'Dee Grove, Carol Hergert, Denise Hirsch, Paul Hogue, Verena Johnson, Marianne Jones, Marcia Julian, Jody Kile, Tabatha Mathias, Becky Matthews, Susan McClure, Khristi McKelvy, Kim Pinter, Phyllis Pastwa, Richard Pullen, Claudia Reed, Tamara Rhodes, Lyndi Shadbolt, Teresa Smoot, Kelly Voelm, Kerrie Young, Connie Bonds-Executive Secretary

ABSENT: None

MINUTES:

TOPIC	DISCUSSION/RATIONALE	ACTION/RECOMMENDATION
1.0 OPENING REMARKS APPROVAL OF MINUTES	<p>Call to Order and Approval of Minutes – Dr. Richard Pullen Dr. Pullen called the meeting to order at 11:00 a.m. The minutes from the faculty meeting on December 3, 2014 were approved</p> <p>Welcome again to everyone including our new folks that I mentioned in the Nursing Division meeting earlier.</p> <p>The ADN Program will be placed on Full Approval with Warning at the Texas BON meeting January 26, 2015. Directors have the option to submit a report apprising Texas BON of the status of Self-Study Strategies in preparation for their meeting on January 26, 2015 about the 18 programs going on warning status. I submitted a report on December 1, 2014. I also submitted a Substantive Change Report to ACEN about the change in program approval status from Full Approval to Full Approval with Warning on January 13, 2015. All constituents have been apprised of the change in approval status including college administration, clinical agencies, students, and community. The Amarillo Globe News has done two stories and each of the 3 TV stations did stories. I wanted to make sure notification happened well in advance of the official posting of the warning status on Texas BON website January 26, 2015. Dr. Jan Hooper, Educational Consultant will be visiting the program sometime in spring 2015.</p> <p>Dr. Georgia Vest, Consultant from ACEN may conduct a focused visit of the program in spring 2015.</p> <p>We have advised approximately 215 students in the generic (traditional) option. A total of 68 of these students submitted applications. 51 were accepted (75%). The number of students advised is usually about the same. However, the number of applicants is usually approximately 100.</p>	<p>Carol Hergert made a motion to accept the December 3, 2014 minutes. Jan Cannon seconded the motion. The motion carried by majority vote to approve minutes.</p> <p>Further discussion in subsequent meetings.</p> <p>Further discussion in subsequent meetings.</p> <p>Continue to track enrollment trends.</p>

Approximately 60% of applicants are selected. However, attrition in Introduction to Nursing is one major variable that impacts the number of newly admitted students. In spring 2015, total enrollment in Introduction to Nursing should be approximately 80, which includes newly admitted students and those repeating from fall 2014. 56 students were advised in the Transition Option. 24 students made application and all were accepted.

Total program enrollment in fall was 413. I expect that this number will be less when I check the numbers next week after school starts. I expect enrollment to be at about 400. We will see next week.

I am currently evaluating the allocation of the NSRP funds. I would like to send a group of faculty to the Boot Camp for Nurse Educators in Scottsdale, Arizona in July 2015. We will have to evaluate the current budget situation first. The NSRP funds will be used to continue funding a faculty position for the next few semesters. The nursing programs still have an excellent resource for Professional Development through the Nurse-Time subscription.

We will be implementing the new 60-hour curriculum in fall 2015. Health Assessment and Community Health have been deleted as stand-alone courses. Students admitted to the program prior to fall 2015 will have these courses deleted from their program of study. Math and Medical Terminology have been deleted from the program of study. Students initially received a memo apprising them of the up and coming Curriculum change (See attachment #1). Students will receive a color-coded table (See attachment #2) that shows how the change will affect them. Each level has a unique color. Let's take a look a couple of examples. Program materials and handbooks will need to be changed. Advising sessions will begin mid-February 2015. In an effort to save money, we will be placing Advising Packets online. Potential students will print these packets and then bring them to in-person Advising Sessions.

We need to offer Pharmacology (RNSG 1301) in summer 2015 to diminish overlap with new students coming into the new curriculum in fall 2015.

Classroom Observation will be conducted this semester using a tool that Sheryl Mueller and I developed many years ago. This tool is used as a guide to help faculty in the classroom setting. Team Coordinators have been assigned to make observations and then visit with the classroom faculty member. The tool is used in a casual manner to help faculty celebrate excellent teaching and then identify areas that they need to improve. It is not intended to be a critique, but rather a helpful tool.

Dr. Tamara Clunis, Dean of Student Success, met with Debby Hall and me. A pilot project is slated to be conducted in RNSG 1248, Concepts of Clinical Decision-Making II involving Supplemental Instruction, tutoring and other strategies. This now means that we have SI in RNSG 1209, RNSG 1301, RNSG 1331, RNSG 1248 and RNSG 2221. Identifying SI is often challenging. We are hoping to include SI in every classroom course at some point.

Trend student to faculty ratios

Determine availability of funds after evaluating budget resources.

Dr. Pullen will attend classes in all levels to discuss with students how the 60-hour curriculum will affect them.

Dr. Pullen will visit with spring 2015 Introduction to Nursing students to determine interest in summer Pharmacology.

Team Coordinators will conduct classroom observations as assigned for spring 2015.

Evaluate student participation in SI in RNSG 1248 and impact on exam performance.

2.0 ADN PROGRAM COMMITTEE REPORTS

Self-Evaluations (If you are scheduled) are due to me by March 13, 2015 for the Performance Review process. Please make sure you use the approved college-wide form that I sent to you.

2.1 Admission and Progression – Mathias and Dr. Pullen

The Admission and Progression Committee voted to adopt revision in the Admission Points System in its meeting in December 2014. Dr. Pullen discussed the following point-by-point:

*In our Board of Nursing Self Study Report (SSR), we determined that graduates were more likely to be successful on NCLEX-RN the first time when they score higher on the Vocabulary and General Knowledge portions of the A2. In our SSR, we thought that it might be a good idea to “weigh” the three sections of the A2. The “weight” in this draft is more on the Vocabulary/General Knowledge and Reading sections of the exam. These two sections seem to be a better predictor of success on NCLEX-RN. Many programs in the country are weighing the A2. In fact, many programs are using the A2 as the sole criteria for admission. Following discussion of the initial draft, Faculty Organization recommended that the Vocabulary and General Knowledge and Reading would each be 30% of the total points and Mathematics would be 25%. Therefore, the A2 would constitute **85%** of the total admission points.

*In our SSR, we noted that the number of general education courses completed may not be related to “thinking ability”, but rather one of persistence. In other words, it’s not always a reliable indicator of success when a student has completed those general education courses. Many students earn all of those points after repeating those courses several times. In our current Points System, a student could earn 4 points of the total 14 points (28.5% of the total points). In the proposed version, a student could earn up to 5 points of the total 100 points (5% of the total points). There is much less emphasis on the points for courses completed, and there are not points awarded for students who have completed less than 4 courses with a grade of “C”. Awarding “some” points as indicated above is a wise move, especially since it shows a record of student success in previous higher education.

*Students who come to the program with a proven record of success with earned degrees should be awarded points. They are more likely to be successful in the nursing program and on NCLEX-RN. In this draft, students could earn 5 points with an associate degree or higher. If that degree is in a health care field they would also earn an additional 5 points.

*The grade point average of 2.5 will continue that we started this fall in addition to allowing students to take the A2 only one time during an admission period. A grade point average of 2.5 and above could be earned by general education courses in the nursing program of study or from high school studies. Please remember that we must make it possible for a well-qualified student who is graduating from high school to be admitted to the nursing program without any general education courses completed. The program does not have prerequisite courses. In our current system, there is so much emphasis on the number of general education courses completed that it makes it virtually impossible for a high school graduate to apply immediately after high school and be accepted. In the revised Points Systems, we may have a highly qualified high school graduate who scores high on the 3 areas of the A2 that they would be able to compete for admission along with those students who have completed several general education courses.

Discussion ensued followed by a vote.

<p><u>3.0 Associate Degree Nursing Reports</u></p>	<p>*In this draft, there is deletion of points for residency. The new philosophy of the college is that it is open to all students even if they do not live in one of the 26 counties in the Texas Panhandle.</p> <p>The bottom line is that we will have a more qualified applicant pool that is more likely to be successful in the nursing program. This should enhance student success in the program and therefore decrease attrition.</p> <p>The above changes come as a motion from the committee.</p> <p><u>2.2 Curriculum – Shadbolt</u> No report</p> <p><u>2.3 Research & Program Effectiveness – Yarbrough</u> No report</p> <p><u>3.1 Level I—J. Cannon</u> Ms. Cannon reported that RNSG 1331 has 49 students; RNSG 1209 and RNSG 1105 have 82 students each; RNSG 1301 has 47 students. This is spring 2015 enrollment. Team meeting is January 16, 2015</p> <p><u>3.2 Level II—L. Shadbolt</u> Ms. Shadbolt reported that RNSG 1251 and RNSG 1247 both have 49 students. RNSG 1115 (class) has 37 students. RNSG 1115 (online) has 19 students. HPRS 2200 has 18 students. Team meeting is January 16, 2015.</p> <p><u>3.3 Level III—P. Hogue</u> Mr. Hogue reported that RNSG 1248 has 42 students. RNSG 2201 has 40 students. RNSG 2213 has 38 students. There are approximately 60 individual students among the Level 3 courses taking courses in various combinations.</p> <p><u>3.4 Level IV—D.Hall</u> Ms. Hall reported that RNSG 2221 has 62 students. RNSG 2231 has 68 students. RNSG 1110 has 60 students. There are approximately 70 individual students among the Level 4 courses taking courses in various combination</p> <p><u>Adjournment</u> The meeting was adjourned at 12:15 p.m. by faculty consensus.</p>	<p>Carol Hergert seconded the motion. Passed by majority vote.</p> <p>No action or recommendation.</p> <p>No action or recommendation.</p> <p>It appears that clinical most rotations will be capped at no more than 6-8 students to 1 faculty member.</p> <p>It appears that most clinical rotations will be capped at no more than 6-8 students to 1 faculty member.</p> <p>It appears that most clinical rotations will be capped at no more than 6-8 students to 1 faculty member.</p> <p>It appears that most clinical rotations will be capped at no more than 6-8 students to 1 faculty member.</p> <p>Next meeting March 11, 2015.</p>
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