

# ADVISORY COMMITTEE MEETING MINUTES

<b>PROGRAM COMMITTEE NAME:</b>	Associate Degree Nursing	
Committee Chair: Laura Reyher, BSN, RN		
MEETING DATE: March 25, 2013	MEETING TIME: 3:00 p.m.	MEETING PLACE: WCB*104
RECORDER: Carolyn Leslie		PREVIOUS MEETING: April 24, 2012
<b>MEMBERS PRESENT:</b>		
Name and Title:	Employer Info:	Email and Phone Number
Vicki Brockman, RN, MSN	Division Director-Northwest Texas Hospital	vicki.brockman@nwths.com 354-1588
Don Nicholson	Amarillo College Board of Regents	donnicholson@yahoo.com 676-1512
Carolyn Witherspoon, RN,BSN	Executive Director -Coalition of Health Services	carolyn.witherspoon@cohs.net 654-2570
Marrietta Branson, DHS, RNC	Assistant Professor-WTAM University	mbranson@wtamu.edu 651-2634
Maggie Schulenburg, RN	Clinical Educator, Amarillo VA	margaret.schulenburg@va.gov 355-9703
Marty Harston	Recruiter-BSA Healthcare System	marty.harston@bsahs.org 212-5325
Kimberly Kirkpatrick	Manager-Human Resources BSA	kimberly.kirkpatrick@bsahs.org 212-5296
Kay Peck, PhD	CEO-Kindred Hospital	
Dolores Deer	Assistant Human Resources Director-NWTH	dolores.deer@nwths.com806-354-1552
<b>EX-OFFICIO S PRESENT</b>		
Paul Matney	President-Amarillo College	pmatney@actx.edu
Dr. Richard Pullen, EDD, MSN, RN	Assistant Director ADN Program-Amarillo College	rpullen@actx.edu-354-6024
Sheryl Mueller, MSED, MSN, RN	Director ADN Program-Amarillo College	sismueller@actx.edu 354-6011
Susan McClure	Academic Advisor-Amarillo College	shmccclure@actx.edu
Mark Rowh	Dean of Health Sciences-Amarillo College	mrowh@actx.edu
Jeanette Embrey, PhD, MS, RN, BC	Assistant Professor-Amarillo College	jembrey@actx.edu
Carolyn Leslie	Administrative Assistant ADN Program-Amarillo College	csleslie@actx.edu 354-6009
<b>Agenda Item</b>	<b>Action / Discussion / Information</b>	<b>Responsibility</b>
<b>Call to Order:</b>	Ms. Mueller called the meeting to order at 3:00 p.m. Laura Reyher, ADN Advisory Committee Chair, was unable to attend the meeting.	
<b>Approval of Minutes:</b>	Ms. Mueller asked for the approval of the April 24, 2012 meeting minutes.	Don Nicholson made a motion to approve the minutes, and Marty Harson seconded the motion. The minutes were approved by majority vote.
<b>Old Business:</b>		
<b>Implementation of DECs</b>	<b>Implementation of the DECs</b>	
	The incorporation of the Texas BON Differentiated Essential Competencies (DECs) for ADN programs was completed by the June 29, 2012 deadline. This required integration of the DECs into the program mission, philosophy/organizing framework, student learning outcomes (SLOs), level and course outcomes and clinical performance evaluation of competencies (CPEC) tools.	
<b>Continuing Business:</b>		
<b>Health Sciences Core Curriculum</b>	<b>Health Sciences Core Curriculum</b>	
	The Health Sciences Core Curriculum includes BIOL 2401: A&P and HITT 1305: Medical Terminology I. The adoption of this core curriculum required the ADN program to substitute HITT 1305 for HECO 1322: Principles of Nutrition in the program of study.	
	The timeline for the implementation of the Health Sciences Core Curriculum will be August 2013. Nutrition content will be integrated	

	across the nursing curriculum.	
<b>Program Faculty Needs</b>	<b>Program Faculty Needs</b>	
	In the fall 2012 semester, the ADN program had 27 full-time faculty and 1 director, 8 part-time faculty (lab and clinical) and 8 clinical teaching assistants (CTAs). There was one full-time position vacant. In the spring 2013 semester, one full-time position remained vacant.	
	During the 2013-2014 school year, the ADN program anticipates at least two full-time faculty retirements.	
<b>New Business:</b>		
<b>Program Requirements</b>	<b>Program Requirements Changes</b>	
	<b>DSHS Required Immunizations:</b> Beginning in the summer/fall 2013 semesters, cohorts will be required to have completed all DSHS-required immunizations prior to the first class day in RNSG 1209: Introduction to Nursing. Beginning in spring 2014, all cohorts being admitted into the ADN program will be required to have completed all DSHS-required immunizations at the time of application to the program.	
	<b>Texas BON Student Criminal Background Check Program:</b> Beginning in summer 2013, all newly-admitted ADN students will be required to submit a DPS/FBI-level Criminal Background Check (CBC) to the BON. The procedure includes submitting a roster of newly-admitted students to the BON. The BON then issues a FAST PASS to each student on the roster for a fingerprint scanning appointment at Morpho Trust. Fingerprint scans are then electronically submitted for a DPS/FBI CBC. The BON will mail a blue card to students with a clear CBC. Students who have a positive CBC must petition the BON for a declaratory order (DO) of eligibility for licensure. All applicants who are offered program admission will still be subject to a CBC by PreCheck for clinical privileges determination at the affiliated clinical agencies.	
<b>Comments:</b>	Positive comments were made by those in attendance as to the incorporation of the criminal background procedure with the BON.	
<b>Program Admission and Enrollment Data</b>	<b>Ms. Mueller provided program outcomes data for the AC ADN graduates. There were 108 total graduates in December 2011 and 108 total graduates in May 2012. December 2012 graduates totaled 105 and May 2013 has 115 projected graduates. Ms. Mueller also presented enrollment trends between fall 2011 and spring 2013. Enrollment numbers peaked at 573 students in Fall 2011 in the ADN program. The program had 540 students in spring 2012, 558 in fall 2012, and 491 in spring 2013. The projected number of students by fall 2013 should be around 500. The number of new students accepted for admission in summer 2012 was 30 for Fast Forward Transition and 23 for Fast Forward Generic. The rate of acceptance for new students in summer 2012 was 45% (30/67) for Fast Forward Transition and 48% (23/48) for Fast Forward Generic. The fall 2012 rate of acceptance for Traditional Generic was 52% (97/188).</b>	
	The spring 2013 traditional generic rate of acceptance was 45% (73/163). The number of ADN-declared majors peaked in spring 2012 with 1,117 students in the pool. The number of students in the ADN-declared major pool declined in spring 2013 to 894.	
	There are many obstacles to expanding the program's enrollment: 1) lack of clinical faculty, 2) lack of specialized clinical space, 3) limited NRC space/time availability, 4) limited computing center space/time availability and 5) classroom space restraints.	
<b>Discussion:</b>	Dr. Pullen commented on the difficulty of having high numbers of students in clinicals. Ms. Mueller noted that the program has to limit the acceptance of students into the Fast Forward Generic and Fast Forward Transition options since these students increase clinical numbers when they enter level I and level III. She also noted that increasing student enrollment in any of the program options would further increase congestion in the clinical specialty areas and cause classroom crowding. Dr. Peck asked about a classroom video connection, and Ms. Schulenburg asked if any nursing classes were offered online. Ms. Mueller answered that Health Assessment was offered online and that the program might consider more online classes; although student surveys indicate that students prefer to be in the classroom. Dr. Peck commented that the use of narrated power points may be helpful. Ms. Brockman asked if any clinicals are conducted in the evenings or weekends. Ms. Mueller said that biggest obstacle to evening and weekend clinicals has to do with faculty	

	availability for those rotations. Ms. Brockman noted that the pediatric volume at NWRHS is changing primarily due to immunizations.	
	There are not as many pediatric patients being admitted to the hospital, which makes it difficult to assign students in clinical rotations.	
	Ms. Mueller noted that preceptors can be utilized for student clinical experiences, but coordination and management is challenging.	
	Dr. Branson stated that clinical experiences can be accomplished in simulation labs.	
<b>Program Outcomes:</b>	The benchmark for the program's first-time NCLEX-RN Exam pass rate is at or above the national mean. The program's first-time pass rate	
<b>NCLEX First-Time Pass Rates</b>	for academic year 2012 is 84.5%. The national mean for academic year 2012 is 90.22%. There were 105 graduates in December 2012.	
	As of March 25, 2013, 77 graduates were licensed. Ms. Mueller summarized the ADN Program's first-time pass rate history.	
	In 2008-2011, the ADN pass rates were at or above the national mean. In 2012, the ADN pass rates fell below the national	
	mean. Many variables have impacted these pass rates. Many strategies have already been implemented to improve NCLEX-RN Exam pass	
	rates, including: 1) Level IV student remediation in Prep-U based on HESI Exit Exam results, 2) improvement in program testing practices	
	and test item writing, 3) faculty development in student success and teaching effectiveness, and 4) Level IV student assignment to NCLEX	
	teams lead by faculty members. Other strategies are being implemented to improve NCLEX-RN Exam first-time pass rates as follows:	
	<b>For Admission:</b> 1) increase required HESI A2 content and composite scores, 2) establish required GPA in general education courses.	
	<b>In Progression:</b> 1) increase program grading scale in nursing courses, 2) eliminate rounding final grades in all nursing classes, and	
	3) require additional remediation based on Evolve specialty exam scores. <b>For Graduation:</b> 1) establish the Prep-U mastery level for	
	remediation, and 2) require a specific HESI Exit score to pass capstone course. Program completion in 2012 was reported as follows:	
<b>Program Completion Rate</b>	Traditional Generic had a 56.8% on-time completion rate (benchmark-70%). The Fast Forward Generic Program had an on-time	
	completion rate of 71.4% (benchmark-70%). The Fast Forward Transition Option had an on-time completion rate of 77.2%	
	(benchmark-70%). Ms. Mueller commented that the decrease in NCLEX pass rates may partially be the result of emphasis on completion.	
<b>Graduate Program Satisfaction</b>	In fall 2012, the Graduate Exit survey had a 30% response rate. Eighty percent of graduates who took the survey agreed or strongly agreed	
	that they were prepared to assume the role of GN (benchmark-85%). The highest satisfaction scores were in the following	
	areas: 86.7% said they were able to utilize a systematic process and clinical reasoning to promote, maintain and restore the health	
	of patients and their families within communities across the development life span; 86.7% felt they were able to utilize evidence-based	
	data to reduce patient risks and promote a safe and quality patient-care environment; and 86.7% believed they were trained to comply	
	with professional standards and regulations to promote and ensure patient safety. The lowest satisfaction score was in training in the	
	ability to coordinate resources to provide comprehensive, quality care within the healthcare system to patients and their families. The	
	satisfaction score in this area was 76.5%.	
<b>Employer Program Satisfaction</b>	In spring 2012, 25 employers submitted surveys of one-year alumni. Overall preparation to assume the role of GN was at 73.0% with a	
	benchmark of 85%. The employers' highest satisfaction scores were in coordinating resources to provide comprehensive, quality	
	care within the healthcare system to patients and their families at 87.5%. The lowest satisfaction score by employers was in the ability	
	to utilize evidence-based data to reduce patient risks and promote a safe and quality patient-care environment. That satisfaction level	
<b>Job Placement Rates</b>	was 70.9%. Ms. Mueller also showed statistics for job placement rates on graduate exit surveys. (See Handout)	
<b>Discussion:</b>	Representatives from the clinical facilities said that they still need graduates. Ms. Harston (BSAHS) said that those employees who leave	
	usually return after a year. Ms. Brockman (NWRHS) stated that AC graduates perform well in the hospital setting. Ms. Schlenburg (VA)	
	asked if there is any possibility for expansion of the local healthcare facilities. A comment was made that Kindred may expand, but	
	other facility representatives said no increase in beds is anticipated.	
<b>Curriculum Considerations</b>		

Program Length	NLNAC has expressed concern about ADN Program length because of new Department of Education requirements. The DOE considers each summer session equal to one semester. ADN programs should be no more than 5 semesters. By DOE definition, all of the current options are greater than 5 semesters. The Traditional Generic Program equals six semesters (including one summer session). The Fast Forward Generic Option equals eight semesters (including two semesters of general education prerequisites, three summer sessions and three semesters). The Fast Forward Transition Option equals six semesters (including two semesters of general education prerequisites, two summer sessions and two semesters). The NLNAC consultant suggested that we look at the Tennessee ADN programs. These programs are legislatively mandated to be no more than 60 credit hours and their outcomes (NCLEX pass rates) are good.	
Concept Based Curriculum	The Texas Higher Education Coordinating Board approved and funded a two-year Nursing Innovation Grant (NIG) on 10/25/12. The goals of this NIG are to: 1) complete a standardized 60-semester hour curriculum for implementation in Texas community colleges. (Thirty-six hours are concept-based nursing courses and 24 hours are general education core courses) and 2) implement the first year of the concept-based curriculum (CBC) and evaluate its effectiveness at a minimum of six community colleges. Ms. Mueller provided details of the concept-based curriculum project. Seventy-five faculty experts from twenty-six SONs across the state were selected to participate in developing the standardized concept-based curriculum (1/13 to 3/14). Jan Cannon and Sheryl Mueller were selected to participate in one of the small groups developing each of the forty-three concepts. Ms. Cannon's group is developing curriculum to teach "Thermoregulation" and "Fluid and Electrolytes". Ms. Mueller's group is developing curriculum to teach "Immunity" (including infection and inflammation). The nursing curriculum consists of four levels (4 semesters) of didactic and lab/clinical courses. The faculty experts are developing the concept analysis diagrams, extensive, detailed student and faculty syllabi, learning activities including simulation case studies, Power Point slides, and test questions for each concept. Ms. Mueller further noted that a concept based curriculum promotes development of clinical judgment through deep learning of relevant concepts. It provides an efficient method of content management to prevent content saturation. A concept based curriculum is taught differently. The learner focuses on generalities of concepts and then applies conceptual learning to specific priority exemplars (examples). The concepts are applied in a variety of clinical settings to more effectively utilize limited clinical sites and prepare graduates for a greater variety of positions. In the future, it may not be an option to adopt a concept based curriculum. The Texas Higher Education Coordinating Board may mandate the adoption of a concept based curriculum as early as 2015. It is generally believed that nursing programs are oversaturated with content. Ms. Mueller stated that she taught in an ADN program with a concept based curriculum in California in the early 1990's and the program outcomes were very strong.	
Other:		
Academic Progression in Nursing (APIN) Grant	Ms. Mueller presented the following questions from APIN to the committee: 1) What do you envision that the nurse of the future will look like in your healthcare institution in terms of competencies and qualities? 2) How will the nurse of the future find/participate in clinical education opportunities? and 3) What does your institution do to facilitate RN to BSN progression?	Ms. Mueller requested that committee members email comments and thoughts to her, and she will forward them to the project coordinator for APIN.
Announcements:	The spring 2013 ADN Pinning Ceremony will be May 9, 2013 at 6:00 p.m. at the Central Church of Christ. The spring 2013 AC Commencement Ceremony will be May 10, 2013 at 7:00 p.m. at the Civic Center Coliseum.	
Discussion:	Ms. Mueller opened the floor for comments and discussion by committee members. There were no further comments or discussion.	
Adjournment:	Ms. Mueller invited all committee members to email e-mail her at any time with any program issues or concerns.	
CHAIRPERSON SIGNATURE:	DATE:  Sheryl Mueller	NEXT MEETING: Spring 2014