

AMARILLO COLLEGE

NURSING DIVISION ADVISORY COMMITTEE MINUTES

DATE: April 20, 2010

TIME & PLACE: 3:00 p.m., West Campus Building A, Room 108

ATTENDANCE: Members Present: Bonnie McMillan – Geriatric Care Manager; Committee Chair; Charlyn Snow – NWTHS, HR Director; Don Nicholson – AC Regent; Casie Stoughton – City of Amarillo Public Health; Maggie Schulenberg – VA, Education Service; Jeanette Williams – VA, Nurse Recruiter; Marietta Branson, WTAMU; Deborah Sugden, The Arbors; Ronda Crow, NWTHS; Belinda Gibson, VP, Patient Services, BSAHS; Kristi French, Nurse Recruiter, NWTHS; Adonna Ballard, NWTHS; Laura Reyher, BSA Home Care and Hospice; Carroll Forrester – AC Regent; Lilia Escajedo – AC Regent.

Ex-Officio Members Present: Bill Crawford – AC, Dean of Health Sciences; Sheryl Mueller – AC, Nursing Division Chair; LaVon Barrett – AC, Vocational Nursing Program Coordinator; Jeanette Embrey – AC, Assistant Professor ADN Program; Connie Lax – AC, Staff Assistant, Vocational Nursing Division.

MINUTES:

Agenda Attached

TOPIC	DISCUSSION (RATIONALE)	ACTION/ RECOMMENDATIONS
Welcome & Introductions: Bonnie McMillan	Ms. McMillan welcomed everyone and asked everyone to introduce themselves.	
LaVon Barrett: Vocational Nursing Report VN enrollment NCLEX-PN Pass Rate	<p>LaVon Barrett announced the Vocational Nursing Program has a full faculty roster. Ginny Coppock, R.N. (Level I Instructor) and Tammie Tabor, R.N., (Level II Instructor) are currently in school to obtain their MSN.</p> <p>VN Level I currently has 42 enrolled. Level I began the semester with 44. 35 students will move to Level II with 7 students needing to repeat Level I.</p> <p>VN Level II currently has 39 enrolled. Level II began the semester with 40 students.</p> <p>It is anticipated that the VN program will be able to accept more students in the fall.</p> <p>VN Pinning will be held on May 11, 2010 at 6:00 p.m. in the Amarillo High School Auditorium.</p> <p>There were 38 graduates in the December 2009 class. Currently, we know of 4 students who have failed the exam. One student that graduated in Spring 2009 took the test with this group and passed.</p> <p>Our current pass rate is 90%. This is lower than normal. In assessing the lower pass rate, there are several factors we believe contributed. We started the school year with 2 faculty members resigning at the beginning of the semester, and we also added two new faculty members to our program.</p>	

<p>VN Advising</p>	<p>During the Spring 2010 semester, 96 students have been advised for application for the 2010 fall semester. There are 25 more students registered for the next VN Advising Sessions. Summer advising sessions will begin in June, and the deadline for applications for Fall 2010 will be July 30th at noon.</p>	
<p>2009 LVN Nursing Knowledge Survey</p>	<p>According to the survey, the average newly-licensed LPN/VN responder was an English-speaking, white female with an average age of 24 years. She held an LPN/VN diploma/certificate and primarily worked in a long-term care facility caring for older adults (ages 65-85) with stabilized chronic health conditions. She has been an LPN/VN for just under one year.</p> <p>The average LPN/VN Educator responder was an English-speaking, white female with an average age of 49.9 years. She held an RN Baccalaureate degree from an institution within the United States. She primarily worked in a hospital caring for older adults (ages 65-85) with acute conditions. She has been an LPN/VN Educator for almost nine years.</p>	<p>Committee members from several healthcare agencies reported that there are "lots of jobs" available for LVN's, however it may not be the job/shift that they are wanting.</p> <p>There was some discussion among committee members about how some nurses have become too "techy". It was agreed that the effect of the focus on technology is that there is less interaction with the patients and families.</p>
<p>2009 LVN Practice Analysis</p>	<p>92.4 % received some form of formal orientation. 66.6 % reported working with an assigned preceptor for an average of 2.7 weeks. 3.6 % reported having a formal internship lasting an average of 3 weeks. 61% reported earning additional certificates. 56.9 % were working in Long Term Care 74.5% were caring for clients ages 65-85 41.9 % were working days</p>	<p>Committee members discussed that many newly-licensed nurses are not prepared for the reality of nursing. Some lack professional skills, social skills and a strong work ethic.</p> <p>There was also discussion about how nurses need to receive education regarding respecting each other in professional relationships.</p>
<p>Time Spent in Care Categories</p>	<p>Pharmacological therapies - 14.9% (the greatest amount of time) Safety and infection control - 13.3% Basic care and comfort -12.8% Physiological adaptation - 12.8%</p> <p>47.3 % reported having some administrative responsibilities (65.8% of those were in LTC versus and 11.7% were in hospitals) 25.6% reported being enrolled in an RN education program (80.5% of those were in an associate degree program)</p>	<p>Don Nicholson commented that he believes the nursing programs need to address more community health issues, i.e. Teen Pregnancy, Aging, Nutrition and Weight Loss.</p>
<p>Summary</p>	<p>The newly licensed vocational nurse is female with an average age of 33 years. The majority worked straight day, evening or night shifts in nursing homes or rehabilitation centers. The majority were provided an orientation with an assigned preceptor or mentor for an average of 2.7 weeks. The responders cared mostly for clients with stabilized chronic conditions who were 65-85 years old.</p> <p>Ms. Barrett thanked everyone for their support of the VN program and the students in their clinical areas.</p>	

<p>Associate Degree Nursing Report: Sheryl Mueller</p>	<p>Mrs. Mueller advised that the anticipated completion date of Jones Hall is mid-July. The Nursing Division will occupy the 2nd and 3rd floors.</p> <p>The second floor will consist of the Nursing Division office, a waiting area, three 75-seat classrooms, 39 faculty offices, two conference rooms, a faculty work room, student “sticky” spaces, a file room and a storage room.</p> <p>The third floor will consist of two seven-bed Practice Labs, two eight-bed Skills Lab, a Resource Lab, two faculty offices, a three-bed simulation center, three debriefing rooms, a control room, a conference room, a faculty workroom, a student lounge and “sticky” space, multiple storage rooms and a laundry room.</p>	
<p>May 2010 Graduates</p>	<p>There are 50-55 anticipated graduates for May 2010. The ADN Pinning Ceremony will be held May 13, 2010 at 6:00 p.m. at Central Church of Christ.</p> <p>The college commencement ceremony will be held May 14, 2010 at 7:00 p.m. at the Civic Center Coliseum.</p>	
<p>Graduates versus NCLEX-RN Exam</p>	<p>The NCLEX-RN Exam passing standard increased on April 1st as a result of practice analysis findings in 2009. In order to prepare May 2010 graduates for the higher passing standard, the following measures have been implemented or will be implemented:</p> <ul style="list-style-type: none"> • All potential graduates that scored <850 on the HESI Exit Exam have been assigned remediation. Scores for this class ranged from 593 to 1079 with a mean score of 819. (The national mean was 823.) • There will be a NCLEX Live review for graduates May 17th, 18th and 19th from 8:30-4:30 in West Campus Lecture Hall. • Level IV faculty has been assigned to mentor potential graduates. 	
<p>Employment Opportunities for May 2010 Graduates</p>	<p>Ms. Mueller asked the committee members about healthcare agency hiring freeze rumors that are circulating among the potential graduates.</p>	<p>Committee members assured Ms. Mueller that there are no “hiring freezes” in place. Members did report that there are jobs available for new graduates, but those jobs may not be the “desired” shifts or clinical areas for the new graduates. The committee expressed strong support for continuing to increase enrollment in the ADN Program.</p>
<p>Associate Degree Program Stats</p>	<p>Currently there are 820 ADN-declared majors. There are currently 480 students actually enrolled in the ADN program. It is projected that there will be 90 students less than originally projected in Spring 2010 due to high program attrition, especially in the Level I medical-surgical course and the Level III Mental Health and Pediatric courses.</p>	
<p>Program Admission</p>	<p>The generic program had 159 eligible applicants in Spring 2010. Of these, 123 new students were accepted. There were six eligible repeating students for a total of 129 students.</p> <p>The LVN to RN AP Option had 19 eligible applicants in Spring 2010. Eighteen students are in the program. One</p>	

<p>New ADN Program Option</p>	<p>student declined the offer for admission.</p> <p>The plan is to admit 30 students into the new Fast Forward ADN Option in Summer 2010.</p> <p>For Fall 2010, the plan is to accept 100-110 students into the traditional generic program, (144 attended advising sessions) and to admit 30 students into the LVN to RN AP Option (50 students were advised).</p> <p>Implementation of a new accelerated generic option will begin in Summer II (Fast Forward ADN Option). This program can be completed in 18 months or 68 weeks of instruction. The traditional generic program can be completed in 28 months or 80 weeks of instruction. Features of the Fast Forward ADN Option are:</p> <ul style="list-style-type: none"> • Students are admitted once per year in Summer II for the Introduction course. • Courses in the traditional generic program have been repositioned to accomplish the accelerated pathway. <p>The admission requirements for the Fast Forward ADN Option are:</p> <ul style="list-style-type: none"> • Seven of nine general education requirements within the ADN Program of Study completed. • GPA of 3.0 in general education courses completed within the ADN Program of Study. • Scores of 80 or greater on the three required content areas of the HESI A2 Exam. • Residency in one of 26 counties of TX Panhandle. 	
<p>Graduates</p>	<p>The number of Fall 2008 and Spring 2009 graduates totaled 128. There were 84 Fall 2009 graduates and there are 51 projected to graduate in Spring 2010 for a projected total of 135 graduates in 2009-10.</p>	
<p>NCLEX-RN First Time Pass Rates</p>	<p>The 2009 NCLEX-RN first-time pass rate was 88.19% (December 2008 and May 2009). The pass rate for the December 2009 class was 92.85%.</p>	
<p>Graduation Rates</p>	<p>The 2009 graduation rate by THECB calculations was 62.4%. There were 116 graduates that met the THECB definition, but 128 students actually graduated. Generic students must graduate in 36 months (six semesters) and transition students must graduate in 18 months (3 semesters) to count in the THECB graduation rate.</p>	
<p>ADN Program Attrition</p>	<p>ADN classroom course attrition ranged from 0% - 18% in Fall 2009. Mean classroom course attrition was 8%. The highest classroom attrition in Fall 2009 was in the Pediatric (18%) and Mental Health (17%) courses.</p> <p>Some solutions to program attrition include:</p> <ul style="list-style-type: none"> • Hire a Retention Specialist (position posted) • Expand SI into courses with the highest attrition • Implement other retention strategies identified by the Nursing Success Taskforce 	

<p>ADN Faculty Status</p>	<ul style="list-style-type: none"> • Address student concerns identified in the survey "We Want to Hear From You" <p>There are currently 26 full-time ADN faculty members (excluding director). One faculty member with principal responsibilities to coordinate clinical simulation was added in January. There are three part-time faculty members at present.</p> <p>Two faculty members will retire this May. Two other faculty members resigned their full-time positions, but both will continue to work part-time in Fall 2010. It is anticipated there will be 1-2 more resignations and/or retirements in the near future. We are now in need of OB, Critical Care and Medical Surgical specialty faculty members.</p>	
<p>NLNAC Re-accreditation</p>	<p>The ADN Program is within 18 months of the NLNAC re-accreditation on-site visit in Fall 2011. The required Systematic Evaluation Plan (SEP) is already updated to be consistent with the 2008 changes in NLNAC Standards and Criteria. The NLNAC Self-study will be written during 2010-11 academic year.</p>	
<p>Curriculum Revision</p>	<p>A minor curriculum revision will be necessary as soon as the Differentiated Essential Competencies (DECs) are available from the Texas BON. The anticipated date for release by the BON is late October. The program is also reviewing the curriculum to ensure that the content areas in the new 2010 NCLEX-RN Test Plan are present.</p>	
<p>Clinical Instruction</p>	<p>Dr. Linda Caputi has been hired as program consultant. Her first program site visit focused on new approaches to clinical instruction. Clinical instruction has largely remained unchanged for last 40 years.</p> <p>There are now multiple initiatives driving changes in clinical instruction. These include:</p> <ul style="list-style-type: none"> • Nursing Executive Center: Bridging the Preparation-Practive Gap • National Council of State Boards of Nursing: Transition to Practice • Institute of Medicine (IOM) Reports • Quality and Safety Education for Nurses (QSEN) Reports • Agency for Healthcare Research and Quality (AHRQ) guidelines • The Joint Commission Recommendations <p>Some features of the newer models for clinical instruction include:</p> <ul style="list-style-type: none"> • Consider essential competencies embedded in program philosophy and outcomes • Focus on student learning outcomes (include not just nurse-patient relationships but also clinical micro-systems and the larger healthcare system) • Involve a variety of learning activities (not just every student takes care of 1-2 patients and 	

	<p>writes a care plan)</p> <ul style="list-style-type: none"> • Incorporate literature on situated learning, deliberate practice, and development of practice expertise <p>The newer clinical instruction models require a paradigm shift. The focus of clinical experiences is on “thinking” or clinical reasoning, not learning psychomotor skills. In the new paradigm, students must learn to use information to “think like a nurse”. The role of faculty is to understand and facilitate the experiences/activities necessary for students to form a professional identity and to make decisions that are the basis for safe, effective nursing care in a collaborative manner.</p> <p>New clinical instruction strategies require that students find and use information. Students need to be able to use EMRs at healthcare agencies, and students must be able to access healthcare agency policies and procedures.</p> <p>The major goal of clinical instruction in the new paradigm is to produce a better graduate who can “think like a nurse” at the onset of the transition from graduation to practice.</p>	<p>Committee members discussed and generally endorsed the concepts of the new clinical instruction approach for the ADN Program. It was the consensus of the group that the affiliated clinical agency administration and staff members would need to be consulted and oriented to the shift to “thinking” as opposed to the acquisition of psychomotor skills during clinical instruction. Ms. Mueller noted that the new clinical instruction approach would be piloted in the medical-surgical nursing clinical rotations this summer. She reported that the foundational work to help the agency directors and staff to understand and assist with implementation of these new approaches had already begun.</p>
<p>Comments and Questions</p>	<p>Ms. Escajedo noted that in her work with one of the major clinical facilities in the area, she has had physicians complain to her that the nurses of today do not have good communication skills or “people” skills.</p> <p>Ms. Stouton expressed her belief that there is a significant generation gap in communication skills. She noted that the younger nurses need to learn to speak professionally to physicians and healthcare providers and to speak differently to patients by using language that a lay person can readily understand.</p>	<p>Ms. Mueller thanked the committee members for their input and agreed to follow-up with the nursing faculty about the nursing communication concerns expressed by committee members.</p>
<p>Other business</p>		<p>There was no other business entertained.</p>
<p>Adjournment</p>	<p>Meeting adjourned at 4:30 p.m.</p>	

Sheryl Mueller, Nursing Division Chair

Connie Lax, Recording Secretary