



State of Oregon
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Meeting Topic: Nursing Education Advisory Group
Meeting Date: May 5, 2016
Meeting Time: 9:00 am to 12:00 pm

Location: Oregon State Board of Nursing
Facilitator: Marilyn McGuire
Recorded: No

NAME

Sheryl Caddy
Bonnie Cox
Michele Decker
Beverly Epeneter
Debbie Henry
Troy Larkin
Marilyn McGuire
Joanne Noone
Ginger Simmons
Cynthia Stegner
Gerry Sullivan
Dawn Vollers

AFFILIATION

Linn-Benton Community College
OHSU Hospital & StudentMax Connections
Central Oregon Community College
Oregon State Board of Nursing
Legacy Health & StudentMax Connections
Providence – Oregon Region
Portland Community College
OHSU SON – Ashland
Oregon State Board of Nursing
Samaritan Health Services
Chemeketa Community College
St. Charles Health System

Other Attendees: Carla Danley, Kelly Ilic, Jolie Manning

Excused: Debra Buck, Joy Ingwerson, Mallie Kozy, Nancy Stephen

TOPIC	DISCUSSION	DECISION/FOLLOW-UP
Welcome/Introductions and Agenda Revision	<p>Marilyn McGuire, MSN, RN, Nursing Program Director, Portland Community College, commenced the meeting of the Nurse Education Advisory Group (NEAG).</p> <p>All attendees, in-person and via teleconference/webinar, introduced themselves, including Carla Danley, BS, RN, and Jolie Manning, MSN, RN. C Danley, a graduate student in nursing education, is attending as Troy Larkin's guest. J Manning is the current Chair of Nursing and Health Sciences at Breckinridge School of Nursing, ITT Technical Institute.</p>	Agenda items reordered.

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	M McGuire requested the agenda order be changed to review the High Stakes Interpretive Statement when Michele Decker was able to join the meeting. The discussion on the nursing program Survey Monkey data was moved to the top of the agenda.	
Approval of March Minutes	The minutes of the April 7, 2016 NEAG meeting were reviewed.	The April 7, 2016 meeting minutes were approved as presented.
Review Data Compilation from Program Survey Monkey Questions (starting on page 27)	<p>The group reviewed the Survey Monkey clinical placement data results as provided by K Ilic. Discussion included the following:</p> <ul style="list-style-type: none"> • K Ilic pointed out that the schools responding to this survey differed from those that responded to the spreadsheet survey: <ul style="list-style-type: none"> ○ Several schools did not submit any data via Survey Monkey. ○ Only two schools did not respond to the survey spreadsheet. • Program Increases Over the Next Four Years: <ul style="list-style-type: none"> ○ Six PN programs; 3 ADN; 3 BSN plan to increase their programs. ○ The top two reasons for planned increases were the growth of the qualified applicant pool and pressure from administration. ○ Reasons for program increases were broken down by program type. The main reason for ADN programs planned increases are linked to requests by the clinical/workforce partners for more graduates. • Program Decreases Over the Next Four Years: <ul style="list-style-type: none"> ○ Two ADN programs had plans to decrease which would occur in the fall of this year (2016) due to faculty shortages. • Difficulty Securing Faculty-led Placement by Unit/Setting: <ul style="list-style-type: none"> ➤ Recommendation to combine the hospital units in Survey Monkey data as was done for the spreadsheet data. ○ C Stegner commented that the challenge of placing students in the specialty areas, such as Emergency and Labor and Delivery, wasn't necessarily due to the availability of spots, but rather due to documentation training. Most nurses use specific applications of electronic medical records which aren't available to students. Because the documentation differs 	<p>Regarding data, K Ilic to check with J Ingwerson on combining some of the hospital units.</p> <p>S Caddy to provide 12-hour night-shift model utilized successfully at Linn Benton.</p> <p>K Ilic to meet with J Ingwerson to update the program survey report per today's discussions.</p>

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	<p>depending on the unit, staff do not want to place nursing students in those units.</p> <ul style="list-style-type: none"> ○ T Larkin stated that many of the specialty units were small and not viable for a cohort of eight. ○ B Cox pointed out that the ability to have students in certain units is dependent on the availability of the unit type. There's only one Labor and Delivery unit while there's 20 Med-Surg units. ● Contributing Factors to Needing Certain Days of the Week: <ul style="list-style-type: none"> ○ K Ilic stated that this data along with the chart on the breakdown of clinical hours combined with the facility information would help paint a picture of the current placement data. The data will be important to discuss with the clinical partners. ○ Top reasons why certain days of the week were requested: Course Schedules, Clinical Placement Availability; Faculty Availability/Willingness. ○ The difficulties of having students on weekends and night shifts. <ul style="list-style-type: none"> ▪ S Caddy shared that they'd had success with a twelve hour night shift cohort and that the students had "fabulous" experiences. They began in the third term of the first year and continued into their second year. <ul style="list-style-type: none"> → She agreed to provide a model for the group, including how they handled the shift change and class-time schedules. ▪ G Sullivan stated that they now used night shift for their precepted placements as the first-year students were unable to meet faculty-led placement course objectives due to low census. ▪ B Epeneter added that they also had students on night shift in the Mother/Baby Unit at Kaiser. ● Shift Preferences: <ul style="list-style-type: none"> ○ Question as to whether the data provided any useful information since the percentages are difficult to interpret with the differing numbers of programs of each type (PN, AD, BSN). <ul style="list-style-type: none"> ▪ K Ilic explained this particular data was kept in the survey for 	

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	<p>consistency because it showed how data differed by program type which was a running theme throughout the survey.</p> <ul style="list-style-type: none"> ▪ T Larkin suggested that the information be broken up into separate tables for the PNs, ADNs and BSNs in conjunction with the previous table (actual numbers, not percentages). • Biggest Barriers to Securing Faculty-led Placements: <ul style="list-style-type: none"> ○ The number one biggest barrier was the unit specific limits on number of students. • Clinical Placement Denials: <ul style="list-style-type: none"> ○ Fifty percent of the programs (all types) experienced denials that resulted in creation of a new learning experience. <ul style="list-style-type: none"> ▪ Suggestion that the data might be more helpful if the percentage was provided for each program type, e.g. 100% of the PN programs received a denial. ○ Geographic factors are likely important related to denials. <ul style="list-style-type: none"> ▪ Requested that the location of the programs be added to this data (a heat map). • Final Practicum Terms and Hours <ul style="list-style-type: none"> ○ Final Practicum defined as clinical experiences where students work with clinical teaching associates and a faculty member is not continuously present. ○ Data results yielded a number of questions from the group on the wide range of hours programs reported for final practicum hours. <ul style="list-style-type: none"> ▪ Do LPN Programs have that model or were they all faculty-led clinicals? <ul style="list-style-type: none"> → T Larkin recommended the LPN program data be provided separately from the RN program data. ▪ M McGuire questioned whether workforce data on demand for nurses could be linked to these findings 	
Initial Review of Compiled Facility Survey Monkey Responses	<p>The group reviewed the Survey Monkey facility survey data results. Discussion included the following:</p> <ul style="list-style-type: none"> • There were 76 total respondents to the survey: 	J Ingwerson to update the slides based on feedback.

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	<ul style="list-style-type: none"> ○ 43 hospitals (15 critical access), ○ 33 skilled care, long term care and assisted living facilities (majority were skilled) ● Centralized Placement Coordination and Placement Priority Criteria: <ul style="list-style-type: none"> → Suggestion that the colors utilized had more of a contrast for legibility. → Requested a heat map or a list of programs that <i>did</i> respond. ○ Twenty-six percent of respondents had a formal placement priority matrix and 74% did not have one. <ul style="list-style-type: none"> ▪ D Henry stated that they prioritized by history, which was how ACEMAPP worked. ▪ K Ilic responded that prioritizing by history was a guideline, but not a formalized process. ● Denied Cohort Requests: <ul style="list-style-type: none"> ○ The data was not congruent with the program clinical placement survey. <ul style="list-style-type: none"> → Group recommended this graph and the denied cohort graph from the program clinical placement survey be presented side by side to better show the differences. → Group agreed that geographic data was needed. ● Top Reasons for Cohort Denials: <ul style="list-style-type: none"> ○ Twenty-two of the 30 facilities (73%) responded the reason for cohort denials was due to the high percentage of new staff on units focused on their own orientation. <ul style="list-style-type: none"> → Suggestion that the facility results be in a similar graph/chart format as the program placement results. <ul style="list-style-type: none"> ➤ K Ilic cautioned trying to compare data that was similar, but not actually appropriate for a data-to-data comparison. The questions on the surveys on related topics may not be appropriate to link. → S Caddy proposed having some type of side by side presentation to make data informative. For 	

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	<p>example, the facilities indicated they're able to take on more students, therefore; the next couple of slides would have the data from the programs on clinical use preferences, etc.</p> <ul style="list-style-type: none"> • Reasons Unable to Expand Capacity: <ul style="list-style-type: none"> ○ Thirty facilities responded to the question with the majority (81%) stating that they "perceived to be at maximum capacity". <ul style="list-style-type: none"> → T Larkin recommended separating out the data for acute, skilled and long-term care facilities. • Ability to Host More Students and the Respondents: <ul style="list-style-type: none"> ○ Fifty-seven percent said yes; forty-three percent said no. Of the forty-three respondents, only two were <i>not</i> skilled/LTC facilities. Several noted they could only take two to four students as they were smaller facilities ○ Group brainstormed on how to encourage nurses to precept students. They advocated adding precepted hours to the licensure requirement. • More Capacity: <ul style="list-style-type: none"> ○ The data needs to be separated out by facility types ○ This info could potentially be helpful to the Board and their decisions related to new program requests. <p>The end goal of the survey data was reviewed. Various purposes of the survey were stated.</p>	
High Stakes Testing Approaches Interpretive Statement	The group reviewed the Interpretive Statement for the Use of High Stakes Testing or Single Assessment Approaches in Nurse Education Programs. With a few minor edits, the group concluded that the draft was ready to be distributed to the program directors for additional review and input.	High Stakes Testing Interpretive Statement to be sent to program directors for additional input.
Reports from members and/or Pertinent Committees	<ul style="list-style-type: none"> • T Larkin shared that the Oregon Health Authority Workforce subcommittee met yesterday, May 4, 2016. He shared the following: <ul style="list-style-type: none"> ○ They contracted with a firm to review all of the state programs that provided tuition reimbursements for loan forgiveness for 	M Decker, M McGuire and S Caddy to present questions from OCAP for NEAG member discussion.

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	<p>providers across the state, particularly in underserved areas.</p> <ul style="list-style-type: none"> ○ At the direction of the Oregon legislature, they did an analysis to determine if the reimbursement programs were effective and to make recommendations, such as funding changes, etc. ○ They focused on primary care providers including advanced practice nurses, with limited focus on nursing and EMT providers. ○ Projected need for professions by 2020 show Oregon would need 1,000 to 1,100 advanced practice nurses by 2020 in a healthcare market similar to the current one. ● M Decker, M McGuire and S Caddy mentioned that at the last Oregon Council for Associate Degree Programs (OCAP) meeting the group's discussion had led to some OSBN-related questions. They agreed to bring the questions to the June NEAG meeting for discussion. 	
Next Meeting	<p>The next meeting will be held Thursday, June 2, 2016 at the <u>Oregon State Bar Center</u> located at 16037 SW Upper Boones Ferry Road, Tigard, Oregon 97224.</p> <p>The meeting adjourned at approximately 11:52 am.</p>	Agenda and May minutes to be sent to group prior to the June meeting.

Minutes completed by Ginger Simmons, Policy Analyst Administrative Assistant, and Joy Ingwerson, Nursing Education & Assessment Policy Analyst.