



State of Oregon
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Meeting Topic: Nursing Education Advisory Group
Meeting Date: March 3, 2016
Meeting Time: 9:00 am to 12:00 pm

Location: Oregon State Board of Nursing
Facilitator: Joy Ingwerson
Recorded: Yes (Adobe Connect)

NAME

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

AFFILIATION

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

Excused Absence: Nancy Stephen, Diane Waldo

Presenter: Kelly Ilic, OCN

TOPIC	DISCUSSION	DECISION/FOLLOW-UP
Approval of February Minutes	The minutes of the February 4, 2016 NEAG meeting were reviewed.	The February 4, 2016 meeting minutes were approved as presented.
Review of Initial Data Compilation from Schools of Nursing	J Ingwerson updated the group on the number of facility surveys received to date. Survey responses have been received from a wide geographic representation throughout Oregon inclusive of large and small facilities and the nursing programs' clinical partners. While not anywhere near the level of response the group had hoped for, the group agreed the number of submissions (around thirty percent) of facilities was acceptable to close the facility survey and begin the compilation of the data.	J Ingwerson and K Ilic to discuss facility survey data compilation in conjunction with some program questions.

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	<p>The possibility of doing some data comparisons between the facility survey and the program facility was discussed. This may be possible with question with similar focus (such as denials).</p>	
<p>Review of Initial Data Compilation from Schools of Nursing</p>	<p>Kelly Ilic, Operations Manager, Oregon Center for Nursing, presented the preliminary results from the nursing program clinical placement survey, including the spreadsheet and Survey Monkey data. A summary of that data and the group's discussion included:</p> <ul style="list-style-type: none"> • Clinical hours by week provided data on the lulls and peaks of clinical placements throughout the year. <ul style="list-style-type: none"> ○ Joy shared with the group that at the NCSBN meeting she'd recently attended, the partners from Canada had adopted a pattern of blocks for a year round school for their accelerated baccalaureate programs. The pattern was a compressed semester: January, February, March with students off in April; May June July, with students off in August, etc. They found that this pattern was also what their clinical partners wanted. A compressed semester would be a different way of getting students out of the typical academic calendar. ○ Joanne Noone recommended having a focus group of staff nurses who could address issues around an alternative schedule such as having a sufficient number of CTAs available. Other issues would need to be addressed with the clinical partners, such as new employee orientations and other demands on clinical partner staff. • Faculty-led and rotate out placement data revealed: <ul style="list-style-type: none"> ○ Clinical non-day shift and rotate out non-day shift had a much lower number of clinical placements. <ul style="list-style-type: none"> → There were potentially more clinicals available if placements were not on the day shift, but on other shifts. → Rotate Out, Non-day shift opportunities might not exist; cath lab or OR might only exist in emergency situations, therefore a rotation couldn't be planned for those experiences on non-day shifts. ○ Med-Surg units had over 60 percent of the placements. <ul style="list-style-type: none"> → T Larkin suggested some of the units could be grouped together for clarification. 	<p>J Ingwerson to send existing copy of data results reviewed today to NEAG members.</p>

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	<ul style="list-style-type: none"> ▪ J Noone suggested the data be shared in two ways: one, with the individual units' total hours; and two, with the grouped units' total hours. → The make-up of the unit titled "Other" needs to be reviewed to better determine the types of clinicals in that category. → J Ingwerson described the reason for the high number of med-surg placements and the continued demand for them. <ul style="list-style-type: none"> ▪ The practice analysis conducted every three years guides the focus of the NCLEX exam. Over 60% of new grads report working in acute care settings which leads to an emphasis on acute care on the exam. ▪ There isn't a strong "secondary" practice area for new grads per se as the rest of the areas new grads typically work are divided into small percentages, e.g. 8-15 percent in areas such as home care, ambulatory care, skilled care, etc. ▪ The exam weighting links to programs with a strong need for med-surg clinical placements. ○ Days of the week with the least placement hours were on Saturday, Sunday and Monday. <ul style="list-style-type: none"> → This information may help some programs decide about possible decide whether to put their efforts in shifting their students' clinical placement schedules or continue to make requests for days that are in high demand. → Mondays are typically meeting days and/or student prep for clinical placements on Tuesdays. (Otherwise, students would have to prep on Sundays.) → B Cox shared that her clinical system does not support weekend placements when requested. If facilities are denying placements on certain days of the week or shifts, may need to work with chief nurse or regional offices to show the need. → T Larkin shared that facilities didn't want to schedule student placements on Mondays and weekends. On Mondays, there are more staffing challenges and on weekends, a lower census and lower number of resources are found. 	

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	<ul style="list-style-type: none"> ○ M McGuire stated if the results of the survey determined the only available times for additional student placements were when the facilities were unable to accommodate students due to clinical reasons, then the Board would know that resources were saturated. This would assist in evaluation of new program applications. ● CTA final practicum clinical placement data revealed: <ul style="list-style-type: none"> ○ There were fewer night shift final practicums than expected, approximately 30 percent. This was probably due to fewer available preceptors, less experienced CTAs, and lack of demand. ○ How to use the data to help promote comparisons was discussed. <ul style="list-style-type: none"> → K Ilic explained the data did not provide where the placements were taking place. → D Henry stated ACEMAPP data did provide facility info. If the data was shared, it would create a useful comparison tool. → T Larkin recommended grouping units together to review data (e.g. all critical care types of placements, all med-surg, all periop, etc.). → Data can be used to promote more facilities seeing themselves as teaching facilities. Review of the data will promote discussions of a cultural expectation that supports the education of Oregon nurses. ● Survey Monkey results showed that about a third of the current programs were considering increasing their program size over the next four years. <ul style="list-style-type: none"> ○ The programs should be able to utilize this data to make informed decisions about their expansions plans, especially related to clinical placements. ○ The data on program expansion helps inform the Board of current programs interested in expanding and how this would relate to any requests for approvals for the existing program expansions versus brand new programs. ○ Over half of the programs planning to increase their size were practical nursing programs along with several associate degree and bachelor degree programs between the years 2016 - 2018. 	<p>A few members of the NEAG will work to combine the ACEMAPP data with the survey's CTA final practicum data.</p>

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	<ul style="list-style-type: none"> ○ The top three reasons for increasing program size: <ul style="list-style-type: none"> → 30 % - The qualified applicant pool had grown (PN and BSN Programs); → 30 % - Administrative pressure from the institution (PN and BSN Programs); and → 20 % - Requests from clinical/workforce partners to produce more nursing graduates. (ADN Programs) ○ There were two programs considering a decrease in program size in 2016-2017, both were associate degree programs. The reason identified was lack of qualified faculty. ○ Faculty-led placement difficulty ratings by unit revealed: <ul style="list-style-type: none"> → Units most frequently deemed “Impossible” included L&D, LDRP, Pediatric, Neonatal ICU, and Pediatric ICU. These units and Urgent Care were also frequently deemed “Very difficult”. → The difficulty rating data on some units/settings may have been impacted by programs that no longer bothered to request certain units as they’d been unattainable for years. ○ Scheduling placements by day of the week: <ul style="list-style-type: none"> → Fourteen programs didn’t request Mondays; three programs listed Monday as impossible; and one program listed it as very difficult. → Saturdays and Sundays were not requested by 23 programs. ○ Top three contributing factors as to why programs requested specific days: <ul style="list-style-type: none"> → Course schedules → Clinical placement availability → Faculty availability and willingness ○ Top shifts <i>not</i> preferred: <ul style="list-style-type: none"> → Twelve hour night shift with 10 programs indicating the shift wasn’t an option; → Twelve hour day shift with four programs indicating the shift wasn’t an option; and → Eight hour night shift with 13 programs indicating the shift wasn’t an option. ○ Top three contributing factors for requesting certain shifts: <ul style="list-style-type: none"> → Faculty availability and willingness → Course schedules → Clinical placement availability → Gerry Sullivan, Chemeketa, stated they did night and weekend clinical 	<p>For clarification, some of the different units need to be grouped together.</p>

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	<p>placements, but lack of a shift differential or other incentive for faculty to work nights or weekends was a big deterrent.</p> <ul style="list-style-type: none"> ○ Top three barriers to securing faculty-led placements: <ul style="list-style-type: none"> → Unit specific limits on number of students; → Students from competing programs were already accepted; and → Facility temporarily did not have operational capacity to accept students (remodel, EMR rollout, etc.) ○ Fifty percent of the programs experienced denial of placements during the 2014-2015 academic year: six PN, six ADN, six BSN and two Acc-Bac programs. ○ New clinical learning experiences created due to the denials was reported for units including Med-surg; LDRP, L&D and Post-Partum; Pediatric; Wound Care; Skilled/Long Term Care Facility; Hospice; Acute Behavioral Health and Public/Community Health. ○ Learning activities created to replace the lost clinical experiences included high-fidelity simulation; virtual clinical learning exercises and skills lab training. ○ Acceptable travel distances for clinical placements ranged across the state and varied for acceptable faculty distance to travel and student acceptable distance to travel. ○ Three programs reported DEU partnerships for 2014-2015 and six programs reported current development of new DEU partnerships. <p>The group agreed to review the survey data and provide their list of questions and conclusions as well as any suggestions for different ways to share the data. The goal was to capture actionable data.</p> <p>K Ilic added that while there were additional ways for the data to be presented, it could also be simplified for the larger viewing public. The survey presentation erred on the side of providing more information, all of which was relevant, but could be focused down to more specific data.</p> <p>T Larkin recommended looking at the story revealed in the survey data, thinking about the program, the faculty, the student, the nurses, and the facilities.</p> <p>J Ingwerson encouraged the group to think about</p>	

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	<p>solutions, such as, having students complete simulations prior to actually being on a med-surg unit. The group recognized the challenges of providing successful simulation experiences.</p> <p>The NEAG members expressed their appreciation for J Ingwerson's leadership and the resulting survey data.</p>	<p>Group to review survey and provide feedback at the April meeting.</p>
<p>Reports from Members and/or Pertinent Committees</p>	<p>J Ingwerson reported that the Faculty Shortage Work Group recently met. They were designing a plan to have multiple programs work together for the purposes of recruiting faculty to come to Oregon. This would include working with Academic Affairs and HR departments to try to do an overall recruitment into the area that would benefit everyone.</p> <p>There may be a possibility of working regionally with Washington as Washington is also working to resolve the faculty shortage issue.</p> <p>D Buck announced there were membership applications available on the website for the CNA & CMA Advisory Group.</p>	<p>J Ingwerson to contact Washington's Mindy Schaffner for possibly collaboration on the faculty shortage issue.</p>
<p>Next Meeting</p>	<p>The next meeting is scheduled for Thursday, April 7, 2016 at the Oregon State Board of Nursing.</p>	<p>Agenda and March minutes to be sent to group prior to the April meeting.</p>

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