



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
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Meeting Topic: Nursing Education Advisory Group
Meeting Date: June 2, 2016
Meeting Time: 9:00 am to 12:00 pm

Location: Oregon State Board of Nursing
Facilitator: Joy Ingwerson
Recorded: No

NAME

Debra Buck
Michele Decker
Beverly Epeneter
Debbie Henry
Joy Ingwerson
Mallie Kozy
Joanne Noone
Ginger Simmons
Nancy Stephen
Gerry Sullivan
Dawn Vollers

AFFILIATION

Oregon State Board of Nursing
Central Oregon Community College
Oregon State Board of Nursing
Legacy Health & StudentMax Connections
Oregon State Board of Nursing
Linfield College
OHSU SON – Ashland
Oregon State Board of Nursing
Oregon State Hospital
Chemeketa Community College
St. Charles Health System

Other Attendees: Kelly Ilic

Excused: Sheryl Caddy, Bonnie Cox, Troy Larkin, Marilyn McGuire, Cynthia Stegner, Dawn Vollers

| TOPIC | DISCUSSION | DECISION/FOLLOW-UP |
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| Review, Revision and Approval of Minutes from May 5, 2016 | J Ingwerson commenced the meeting and thanked M McGuire and M Decker for facilitating the previous two meetings in her absence. All attendees, in-person and via teleconference/webinar, introduced themselves. The minutes were tabled to the July meeting due to the need for a clarification from M McGuire. | Minutes tabled until July 7, 2016 meeting |
| Check-In on Adobe Connections | The group found the Adobe Connect webinar software to be working well. | Distance attendees please advise either J Ingwerson or G Simmons of issues with connecting or accessing materials for meetings |
| 12-Hour Night Shift Model for Placements | This item was tabled until the presenter, S Caddy, could be present. | 12-Hour Night Shift Model will be on the July agenda |

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| High Stakes Testing Approaches Interpretive Statement | <p>J Ingwerson explained that the interpretive statement was sent out to the Deans and Directors and a few responses were received. The group discussion included the following suggestions:</p> <ul style="list-style-type: none"> • Provide a pop-up link to the OSBN's definition of an interpretive statement so readers know the purpose of the document. • Create additional Q & As to further clarify purpose and provide an example that is not high stakes testing. <p>Any additional feedback from the Deans and Directors will be brought to the group for further discussion.</p> | J Ingwerson to update High Stakes Interpretive Statement and continue to provide the group with any additional feedback from the Deans and Directors. |
| Sharing of Compiled Data (SONs and Facilities) | <p>At the July meeting, J Ingwerson will provide a revised PowerPoint presentation with data slides followed by analysis slides including the key findings from the programs and the clinical facilities. The group agreed to the following data release schedule:</p> <ul style="list-style-type: none"> • In August, present the information to a small selected test group for feedback. • In September, present to the universities for feedback. • In October, present to the Deans and Directors. <p>StudentMax Connections and NWOne were named as additional small groups that might need this information for their future planning.</p> | K Ilic to provide current slides to J Ingwerson for analysis slides to be added. |
| Update on Data Discrepancies | J Ingwerson explained that some erroneous information submitted by a few programs impacted the data. While the actual numbers were affected, the represented trends remained valid. | Some data slides will be used only to show trending rather than to give actual numbers of placement hours |
| Brainstorming on Actionable Data | <p>The group discussed the survey data and specific information that could positively affect clinical planning in the future.</p> <ul style="list-style-type: none"> • Wide variance in hours of final practica experiences revealing the commitment the facilities make when they agreed to put a CTA with a student. Figures vary from 120 hours to over 500 hours depending on the program, semester or quarter placement, etc. • How do we determine the optimal cohort size? Would the facilities be willing to experiment with increases? For example, would it be less work for the facility to have four or five students with faculty on that floor continuously versus only two students on a unit and faculty going | |

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| | <p>between multiple floors. Discussed the possibility of piloting more students on some units with faculty continuously present and students assigned to clients, not to nurses.</p> <p>→ K Ilic suggested it was time for the clinical and education partners to meet and evaluate what systems were currently effective and what areas necessitated changes.</p> <ul style="list-style-type: none"> • The perception and the expectation of the role of a clinical instructor in a cohort model was discussed. How much are faculty depending on unit RNs to “take a student” even during faculty-led placements? • Questions were raised on the effectiveness of faculty-led clinical placements if the faculty member relies heavily on the unit staff to supervise students. • Reliance on unit staff to supervise students may lead to unwillingness of staff to have students on the unit. • When there is frequent turnover in adjunct clinical faculty, they are not as well oriented to the facility. May need to rely more on staff if they are not familiar with unit and routines. • The DEU model provides a one-to-one or one-to-two ratio for a student to be assigned to a nurse for the day. The nurse assigned this way in a DEU, the DEU nurse must be Board-appointed as faculty and trained as faculty by the nursing program. • Discussed the faculty:student ratio as stated in Division 21. Need to help programs and administrators understand that the 1:8 ratio is a worst case. Faculty need to define factors that impact the ratio. Currently, many facilities provide placement only for 4-6 students at one time. • The clinical and educational partners exploring a one to four student ratio and the funding for it. Information that could: • The data revealed less clinical hours scheduled in the Summer months. • Clinical and education partners shared the flow of their daily and weekly schedules which impacts how clinical hours can be scheduled. | |
| Review of 2016 Goals | <p>The group discussed the 2016 Goals, including:</p> <ul style="list-style-type: none"> • Next priority project will be to begin review of Division 21 for proposed revisions. | Review of Division 21 to begin in Fall of 2016 |

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| | <ul style="list-style-type: none"> Exploring the opportunity for the NEAG to work with the Oregon Health Authority on language related to licensee substance use for the Clinical Requirements in OAR 409-030. | |
| <p>Questions form Spring OCAP Meeting</p> | <p>M Decker provided queries that developed during the spring OCAP meeting. The questions and discussion included:</p> <ul style="list-style-type: none"> Whether nursing students must complete a program to be eligible to take NCLEX®. J Ingwerson explained that is the norm in most states, but some states allow exceptions. Board staff determines whether a candidate has met the “equivalent” of required education in some states. For example, in WA, a student who can’t complete an RN level program may be allowed to the NCLEX-PN® if staff determine enough credits/content have been completed. In CA, those with military training may challenge the NCLEX-PN® even though they have never attended or completed a nursing program. In Oregon, only students enrolled in a program with an approved PN exit option may take the NCLEX-PN® at the completion of the PN portion of the program. Completion of the PN certificate must be shown on the transcript. Clarification of the appointment by exception rules will be a part of the review of Division 21. Current exception categories were reviewed. Concern about Board approval of new nursing programs when current programs are facing challenges in finding clinical placements and faculty. Discussed Board authority to determine whether new programs meet the standards which includes impact on clinical placements and availability of faculty. Can look at strengthening language with revisions to Division 21 standards. | |
| <p>Discuss Membership and Seeking Applicants</p> | <p>In the current group, only two people have terms that end this year. The remainder have appointments ending in 2018 which doesn’t meet the need to stagger the addition of new appointees so the group has a balance of continuing members and new members.</p> <p>J Ingwerson received some inquiries from interested parties after the article in The Sentinel on the work of the group. A general recruitment will be placed on the website but these specific individuals will be contacted to see if they are still interested.</p> | <p>J Ingwerson to send out notices to recruit new members and to request early term dates, if desired, for current members.</p> |

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| Reports from Members and/or Pertinent Committees | <p>Various members of the group shared their activities with other committees:</p> <ul style="list-style-type: none"> • J Ingwerson stated that the Faculty Shortage Work Group's plans to have a summit in the fall to address faculty work force issues is moving forward. • D Buck announced that the Department of Human Services and OSBN will host a summit on recruiting faculty for nursing assistant programs. She explained that based on a recent survey, a large number of nursing assistant training faculty are retiring in the next five years. • M Kozy stated that the Oregon Action Coalition is encouraging nurses to join boards and that there is a conference on June 9th at the University of Portland focused on this topic. | |
| Summarize/Wrap Up | <p>The next meeting will be held Thursday, July 7, 2016 at the Oregon State Board of Nursing.</p> <p>The meeting adjourned at approximately 11:50 am.</p> | <p>Agenda, revised May minutes and June minutes to be sent to group prior to the July meeting.</p> |

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