



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
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Meeting Topic: Nursing Education Advisory Group
Meeting Date: July 7, 2016
Meeting Time: 9:00 am to 12:00 pm

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

NAME

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

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: Debra Buck, Nancy Stephen

TOPIC	DISCUSSION	DECISION/FOLLOW-UP
Review, Revision and Approval of Minutes for <ul style="list-style-type: none"> • May 5, 2016 • June 2, 2016 	<p>The updated minutes of the May 5, 2016 NEAG meeting and the minutes of the June 2, 2016 NEAG meeting were reviewed.</p> <p>J Ingwerson reminded the group that due to the Institute of Medicine's (IOM) name change to Health and Medicine Division (HMD), any urls with IOM in them no longer work.</p>	May 5 th and June 2 nd minutes were approved as presented.
12-Hour Night Shift Model for Clinical Placement	<p>Sheryl Caddy presented information on Linn-Benton's 12-Hour Night Shift for student clinical placements. She explained that they had implemented the shift about five years ago. Night shift information and discussion included the following:</p> <ul style="list-style-type: none"> • Clinicals were primarily for students in their second year. • The placements were located at the busiest facility on four med-surg units. • Each student was assigned to one nurse. 	N/A

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	<ul style="list-style-type: none"> • Students were required to work eight - 12 hour shifts per term. • This shift was never mandated; the students volunteered as they found the experience to be very positive: <ul style="list-style-type: none"> ○ It was an easy transition as many students were already working nights. ○ The later shift solved some childcare issues. ○ It was considered a special opportunity because they were able to float to specialty units. For example, if the med-surg unit wasn't busy, the students floated to oncology and PCU. ○ Because there were less other staff and visitors around, the students: <ul style="list-style-type: none"> ▪ Had more time with the patient, allowing for a better psycho-social experience and more time for critical thinking. ▪ Felt less in the way and more welcome. The over-all environment was more welcoming because they physically had room to be there. ○ Nurses were generally more approachable and had more time to have discussions with the students. ○ The willingness to work night shift provided positives for their resumes, showing flexibility and varied experiences. 	
<p>Review and Revise Data Presentation Slides</p>	<p>The group reviewed and provided input to ensure the data presentation from the surveys to nursing programs and clinical facilities would provide information that would be actionable and understood regardless of whether it was seen with or without a presentation. The discussion included the following:</p> <ul style="list-style-type: none"> • <u>Purpose of Surveys</u> slide – <ul style="list-style-type: none"> ○ Change the last bulleted item to “Explore the relationship between clinical placement structure, usage patterns and capacity.” ○ Add statement that recommendations made based on data analysis. • Insert a definitions slide after the slide titled <u>Note on Quarters and Semesters</u>. Use same definitions as provided in survey. • <u>Placement Hour Trends</u> slide – <ul style="list-style-type: none"> ○ Define results by color coding and indicating terms. ○ Clarify it's an academic calendar. 	

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	<ul style="list-style-type: none"> • <u>Facility Denials of Cohort Requests</u> slide - <ul style="list-style-type: none"> ○ Clarification that the results were reported by the facilities. ○ Provide results reported by the programs for comparison. ○ Change data titles to “Denied” and “Not Denied”. ○ Change to two slides: one for the number of denials (change from percentages to numbers) and one for the geographic location. <ul style="list-style-type: none"> ▪ Utilize a pie chart with colors to indicate geographic coverage or a heat map. • <u>Top Reasons for Cohort Denials</u> slide – <ul style="list-style-type: none"> ○ Clarification that data was reported by the facilities. ○ Include top five reasons rather than just top four. • <u>Analysis of Placement Hours</u> slides 14-15 – <ul style="list-style-type: none"> ○ Change to analysis statements. ○ At the end of the slide presentation, have an analysis key/summary and related recommendations. ○ Provide statement related to the reluctance of facilities to assign students to new staff. Recommendation would be to challenge the current assumptions and define “new staff”. A new employee might find working with a student advantageous. ○ Include statement of the importance of addressing student expectations, specifically that it’s not the nurses’ <i>job</i> to teach them. <ul style="list-style-type: none"> ▪ Nurses should not feel that they have five patients <i>and</i> a student. That type of model may lead to feelings of burnout. ▪ Need to help nurses and faculty understand how faculty-led clinical placements are supposed to be conducted. <ul style="list-style-type: none"> → C Stegner to send J Ingwerson an online module used for training staff in working with students. → The module could be utilized to provide expectation guidelines for the nursing staff, the program faculty and students. 	<p>J Ingwerson to write Sentinel article on faculty-led clinical placements.</p> <p>C Stegner to send J Ingwerson the online teaching module used at Samaritan Health.</p>

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	<ul style="list-style-type: none"> ○ Explain that the data showing the low number of placement denials did not mean that clinical placement availability was adequate. May be more reflective of programs giving up on even requesting certain placements. There were also informal requests to facility partners that indicated a placement was not available so a formal request was never made to the facility. 	
High Stakes Testing Approaches Interpretive Statement	<p>The group discussed what constituted high stakes testing and reviewed the feedback received from the Deans and Directors. Additional Q & As or clarifying statements were recommended, including:</p> <ul style="list-style-type: none"> • The IS did not state a program couldn't use high stakes testing; it provided recommended considerations when and if it was used. • Allowing remediation did not mean it was no longer high stakes testing. Whenever there was one thing that would stop the student from progressing, it was high stakes. • Review and document the appropriateness of assessment methods by utilizing the recommended considerations. 	J Ingwerson to update the IS draft based on feedback of the group and input from Deans and Directors.
Summarize/Wrap Up	<p>The next meeting was scheduled for Thursday, August 4, 2016 at the Oregon State Board of Nursing.</p> <p>The group discussed adding a second meeting in August. A date was not determined.</p> <p>The meeting adjourned at approximately 12:03 pm.</p>	<p>J Ingwerson to send out Doodle poll for second meeting in August.</p> <p>The agenda and July minutes to be sent to group prior to the August 4th meeting.</p>

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