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Annual Statewide Educators Meeting Minutes
October 5, 2007

Attendees:

Sue Adams, Rio Salado College
Janet Alford, University of Phoenix/Tucson
Lori Andrus, Pima Medical Institute
Lisa Ranae Baba, Phoenix College
Joyce Benjamin, Arizona Nurses Association
Sue Bond, Pima Community College
Fabiana Bowles, Arizona Western College
Marisol Carrizoza, Arizona State University
Sharon Caves, Pima Medical Institute
Leisa Chapman, Apollo College
Sue Crawford, Pima Medical Institute
Laura Crouch, Northern Arizona University
Judi Crume, Estrella Mountain Community College
Vivian Denson, Central Arizona College
Rose Dermody, Paradise Valley Community College
Denise DiGianfilippo, Glendale Community College
Sally Doshier, Northern Arizona University
Terry Duffy, John C. Lincoln Health Network
Caroline Ellermann, Northern Arizona University
Dina Faucher, Apollo College
Irene Fawcett, Phoenix College
Sandra Fox, Maricopa Skill Center
Mary Francoeur, Arizona Western College
Margaret Fridell, Mesa Community College
Marie Gagnon, Baptist Health System
Helen Garcia, Cochise College
Kathryn Givre, Central Arizona College
Salina Gonzales, Phoenix College
Victoria Goodrum, Southwest Skill Center
Shawn Harrell, John C. Lincoln
Pat Harris, Maricopa Community Colleges
Linda Hemmila, Central Arizona College
Deanna Hogue, IIA/Ethel Bauer School of Nursing

David Hrabe, Arizona State University
Michael Hughes, Central Arizona College
Marjorie Isenberg, University of Arizona
Marcia Jasper, Arizona State University
Donald Johnson, Coconino Community College
Rita Jury, Mayo Clinic
Mary Killeen, Arizona State University
David Kutzler, Pima Community College CTD
Jennifer Lakosil, Cochise College
Kim LaMar, Grand Canyon University
Ela-Joy Lehrman, University of Phoenix
Katie Lemke, Pima Community College CTD
Cathy Lucius, Maricopa Community Colleges
Marty Mayhew, Pima Community College
Debra McGinty, Northland Pioneer College
Anne McNamara, Rio Salado College
Lois Miracle, Central Arizona College
Brenda Morris, Arizona State University
Heather Mullenberg, Pima Community College CTD
Pat Murray, Pima Community College
Nellie Nelson, Scottsdale Community College
Beth Patton, University of Phoenix
Dottie Pennington, Maricopa Skill Center
Emily Pogue, Pima Medical Institute
Marsha Ramstad, Grand Canyon University
Sharon Rayman, St. Joseph's Hospital
Susan Rieck, Northern Arizona University
Linda Riesdorph, Mohave Community College
Cheryl Roat, Grand Canyon University
Sue Roe, IIA/Ethel Bauer School of Nursing
M. Kitty Rogers, Everest College
Evangeline Rosette, Cochise College
Delphi Rush, Phoenix College
Karina Sabot, Pima Community College CTD
Betty Shockey, East Valley Institute of Technology
Mayuree Siripoon, Eastern Arizona College
Sally Stimpson, Pima Community College
Margaret E. Souders, GateWay Community College
Jon Stevens, Central Arizona College
Brian Stewart, Pima Community College CTD
Betty J. Teague, Kaplan College
Melba Travis, Cochise College
Susan Wambach, RETS Tech Center
Kathy Watson, University of Phoenix
Marilyn Cox Whittenton, Arizona Western College
Barbara Winckler, Chandler/Gilbert Community College

Christine Witbeck, Yavapai College

Clinical Coordinators

Carol Mangold, University of Arizona (Tucson area)

Jane Werth, Maricopa Community College District (Maricopa County)

Board Staff

Karen Grady, AZBN Education Consultant

Pamela Randolph, AZBN Associate Director of Education

Joey Ridenour, AZBN Executive Director

- I. The meeting was called to order by Pamela Randolph at 9:00 a.m. Program representatives were asked to review the current admissions requirements document and note any additions, deletions or corrections. The revised document will be posted on the Arizona State Board of Nursing website under Educational Resources. Joey Ridenour welcomed the participants and announced Pamela Randolph as the Associate Director of Education and Evidence Based Regulation, and Karen Grady as the newly appointed Education Consultant for the Arizona State Board of Nursing. Participants were introduced and oriented to their packets. Randolph requested one representative from each institution complete the Survey of Nursing Programs Regarding Board Functions. The document will serve to assist the Board in improving services and address any issues program representatives may have.

Attendees reviewed and accepted the 2006 Statewide Educators Meeting minutes without correction.

II. EDUCATION CONSULTANT REPORT

A. NCLEX®

Randolph reviewed the 2006 NCLEX® pass rates, and reported that the Arizona pass rate was above the national pass rate. Data shows that the overall pass rate decreased during the 2001-2002 academic year but has steadily increased since. PN pass rates have remained high, maintaining the trend of being well above the national average.

NCLEX® Quarterly reports are posted on the AZBN website, however, the G5 reports will continue to be sent to individual programs. NCLEX program summaries will continue to be mailed to individual programs twice a year. This report provides a detailed list of all graduates that took the NCLEX® in another jurisdiction. Each report must be redacted, as social security numbers and dates of birth are included. Detailed test plans for RN and PN are available on the NCSBN website.

University of Phoenix representatives shared their experience and strategies for increasing NCLEX scores for their LPN to BSN program. The following strategies were implemented: suspended student enrollment for two years while the curriculum was revised completely, worked with Elsevier, incorporated RICHI involved testing.

B. Program Annual Report

Randolph stated that annual report forms are sent out to programs on an annual basis. The report is released to the public, media, hospitals, nursing organizations, and other agencies. Funding decisions are reportedly based on the annual report data. Randolph reviewed definition of terms, assumptions about data, trends in admission, RN and PN enrollment, progress on Senate Bill 1260, admissions, graduates, and faculty. Data is based on calendar year and school self report.

Randolph stated that the number of qualified applicants not admitted may have been over estimated. 2006 data may include a number of students that applied to more than one program, and some programs have factored in wait time for those that did not want to enter the program immediately. With regard to the number of unfilled placements, the data collected does not necessarily mean the placements will be open for other students.

Randolph reported that 69% of students in RN programs graduated on time. Twelve percent of original cohorts remain in the programs and 19% dropped out. The drop-out rate is slightly higher. Enrollments steadily increased since 2002 and by 26% in 2005 alone. There has been a four year increase of 67%.

With regard to Senate Bill 1260, programs have made significant progress; however, to meet the requirements of SB1260 there would need to be an additional 1,539 students by the end of the 2007 academic year. It is unlikely that that goal would be met as there may not be the resources to do so.

While full-time and part-time faculty are increasing, faculty salaries remain lower than industry. Allegations of faculty unprofessional conduct have increased over the past two years. More faculty vacancies were reported to be at the universities.

Total admissions for RN are up to 27% in 2006 and 78% from 2001-2006. BSN admissions increased by 19% and 82% from 2001-2006; however, they are still less than 1/3 of the total. Associate degree increased by 29% in 2006 and 77% from 2001-2006. Arizona is over 2,000 for total admissions. In 2006 programs admitted and placed more students than capacity. There were 25 unfilled placements in 2006.

There was an overall 14% increase in graduates which is slightly under the national average. There is a need for more baccalaureate prepared nurses that will subsequently fill the gap in clinical faculty.

In sum, nursing programs are growing, not as fast as mandated but as fast as possible considering resources available in terms of faculty and clinical placements. Randolph expects to see an increase in BSN program enrollment in 2007.

C. CORE Report

Randolph stated that the Arizona State Board of Nursing participates in the Commitment to Ongoing Regulatory Excellence (CORE) report along with 24 other states. The CORE Report is a project sponsored by the National Council of State Boards of Nursing. The report that shows how well a Board is doing in their state, how the Board can improve, and what the Board is doing well. The Arizona State Board of Nursing has been ranked as one of the top nine Boards of Nursing.

Practicing nurses, employers and nursing organizations were surveyed. In 2002 there were a large number of nurses with experience averaging over 20 years as compared to 2005 which showed a large number of relatively inexperienced nurses, averaging 7 years experience. Ninety-two percent of nurses felt they were very well prepared for practice. 2002 results showed more felt very well prepared than in 2005.

Employers rated newly graduated nurses on a scale of 1-4. New nurses in Arizona rated 2.11 (somewhat adequate), which was above the national average of 1.9. Arizona ranked 20th of 24 states on specific tasks, and had the best ratings when compared to other states for administering medication by common routes, performing psychomotor skills, recognizing abnormal findings, and responding to emergency situations. Arizona also had the best ratings numerically for administering medications by common routes, working effectively within healthcare teams, working with machinery, recognizing abnormal findings, and medication math. The worst ratings compared with other states were for documenting a legal account of care, teaching patients, creating a plan of care, supervising, recognizing abnormal lab findings, and assessing the effectiveness of treatments.

Arizona ranked first in public protection, and highly in promotion of quality nursing programs, and responsiveness to innovation/health care changes. The program review process was highly rated; however Arizona received lower ratings for faculty input into curricula, employment input into curricula, time spent on visit, and communication with Board staff.

Randolph noted that the amount of regulation was rated as “just right” on protection of public and practice standards; and that the survey showed over regulation in the area of complaint resolution/discipline and education program approval.

Randolph encouraged participants to complete the survey to inform the Board how needs may be met and the public better served. Participants wanting access to complete data should contact Pamela Randolph.

D. Transition to Practice - NCSBN Research

Randolph reviewed the research and presentation by Dr. Suling Li regarding RN transition into practice. The report looked at RNs struggling to transition into practice. Dr. Li reported that factors involved include the shortened gap between taking NCLEX and being licensed, high job stress and high turnover rates, the complexity of the health care environment, and increased workload due to the acute nursing shortage.

Goals of the study were to describe the transition experience of newly licensed RNs, identify factors influencing transitions into practice and to examine the impact of the transition experience on clinical competence and safe practice.

E. Faculty Load

Mary Rhona Francouer, Director of Nursing at Arizona Western College addressed the participants stating that the nursing department at Arizona Western College has recently encountered issues with the administration with regard to faculty load, noting that some faculty are working up to 52 hours a week. Francouer maintained that there appears to be a national trend and suggested that as there are rules stating that a director of nursing is not permitted to work more than 45 hours there should be a similar rule for faculty. Participants were invited to share how Arizona nursing programs are measuring faculty load and their positions on how the Board can protect faculty as with directors of nursing.

Participants discussed the faculty shortage and work overload resulting in faculty resignations, options for faculty, and policies in place at various teaching institutions. Suggestions included faculty discontinuing performing tasks/duties that were not specific to the role of nursing faculty. Participants recommended Board involvement in the form of site visits to address nursing faculty issues rather than regulation.

F. Board Updates

Randolph addressed participants stating that statutes and rules being reviewed have resulted in the research of FERPA law and whether or not nursing boards should have jurisdiction over students. Randolph stated that only one state, Louisiana, has board jurisdiction over students. In Louisiana permits are issued to nursing students. During this process students must pass a criminal background check. If a student does not pass the background check the permit is rescinded. The Arizona State Board of Nursing is exploring the possibility of student jurisdiction to enable the Board to identify those students potentially dangerous to the public. Because of FERPA nursing programs are sometimes unable to share information with the Board.

Attendees stated that the matter of discipline is a program responsibility. Many programs have administrative policies and policies found in student handbooks that state the criteria under which a student may be reprimanded or dismissed from the program. Other programs suggested that in instances regarding transferring students the original program share with the newly accepting program whether or not the applicant would be allowed to return to the original program. Some program representatives stated that they maintain the right to deny applications, while others received recommendations from their legal departments to obtain signed release forms from students that allow for the release of information, as disclosure of information would not otherwise be permitted.

It was the consensus of the participants that Board regulation in this matter was not needed.

G. Clinical Models

Shawn Harrell addressed participants with regard to the necessity of new clinical models. Harrell maintained that there is a need to move in a different direction to meet the need of clinical placement and workforce issues. Clinical resources, placement, faculty salaries and onsite supervision need to be addressed.

Randolph offered that the Board does not require onsite supervision of clinical students, but requires faculty to look at the acuity of patient and level of ability of student to determine the type of supervision needed. A 1:10 ratio would remain and the decision for the type of supervision would have to be justified. National Council data shows having the didactic instructor act as the clinical instructor as well has proved to be beneficial. Randolph suggested establishing a pilot program to gather data and research for new clinical models. Ms. Shawn Harrell, Ms. Marie Gagnon,

Ms. Cheryl Roat, and Dr. Sue Roe led by Karen Grady will form a committee to explore a pilot study on clinical models.

H. New Programs/Out-of-State Programs

Randolph reported that the Board continues to receive applications from out-of-state programs. Programs that were sending students to Arizona for clinicals without faculty supervision are now required to have Board approval to conduct clinicals in Arizona. Chamberlain College received proposal approval and has submitted an application for provisional approval which will be reviewed by the Education Advisory Committee on October 26, 2007. Everest College will be admitting students in 2008; RETS Technical College has submitted applications for proposal approval; and Kaplan College has received proposal approval but has yet to submit an application for provisional approval. All programs are now required to submit a provisional application within one year of proposal approval or will be required to resubmit the proposal approval application.

Ms. Jane Werth reported that spring and summer placements are completed. Werth expressed concern with new programs coming into the area which increases the demand for clinical placement, and programs not having to return to the Board for approval when increasing enrollment. Werth stated the importance of obtaining proof of clinical placements during the program approval process, and noted that the community may be unaware of program increases, suggesting that clinical agencies should be informed of existing program expansions.

III. EDUCATION TOPICS

A. Student/Academic Dishonesty

Dr. Dina Faucher, Ms. Sharon Caves, and Ms. Betty Shockey offered a combined presentation on Academic Dishonesty. Faucher introduced the topic Innovative Cheating Techniques, and discussed various ways students attempt to circumvent assessment and exam security. Faucher noted three primary domains: cheating by taking; low-tech cheating or giving/receiving information; high-tech cheating or cheating through the use of forbidden materials or information, and cheating by circumventing the process of assessment. In sum, Faucher stated that students utilize low and high level innovative cheating techniques when taking exams, writing papers, with group work and during clinical. Cheating occurs by taking, giving and receiving information from others; by using forbidden material or information; and by circumventing the process of assessment.

Ms. Sharon Caves introduced the topic Prevention, Detection & Atonement. Caves discussed several aspects of prevention including a

formal assessment of student attitudes toward cheating, moral development and writing style. Caves recommended assessments that measure attitudes toward values, idealism, and doing no harm to other people such as the Ethical Physician Questionnaire (EPQ), the Sensation Seeking Scale, the Myers Briggs Type Indicator, and the HESI Personality Profile. Caves discussed cheating deterrents, discipline for cheating and faculty measures that can be taken to make students aware that cheating will not be tolerated.

Ms. Betty Shockey introduced the topic The Power of Policy. Shockey discussed establishing a culture of academic integrity through policy, discipline procedure, and levels of reprimand. Faculty collusion was noted to be detrimental to efforts toward eliminating academic dishonesty. Shockey discussed the importance of documentation to establish patterns of behavior and suggested establishing a code of academic integrity.

B. Academic Freedom

Dr. Judi Crume addressed the attendees and introduced the topic Academic Freedom. Crume stated that academic freedom is relevant to nursing education as it is defined as the principle that teachers and students have the right and the duty to pursue the search for truth wherever the inquiry may lead, free of political religious or other restrictions except those of excepted standard of scholarship. Crume also noted academic freedom being different in nursing because of nursing's social contract with the public. This idea was discussed at the recent NLN meeting.

Participant responses to the questionnaire of academic freedom included:

- Academic freedom encompasses having the freedom to facilitate students' learning in conjunction with individualized teaching styles, delivery being maintained.
- The ability to present content in a style that I feel best reaches the student.
- Lecturing, facilitate classroom as seen fit to enhance learning; and it's the choice of presentation styles.
- It is very valuable to nursing education and the wave of the future. It enhances what an instructor chooses to teach at that institution.
- We need to utilize our freedom more.
- The right to present information in a manner particular to the faculty member.
- Avoid the fact that the same size fits all.
- Freedom for faculty to choose how to teach a course.
- Autonomy with vision.
- Freedom to choose content from student perspectives.

- Freedom for teaching styles from the instructor with faculty perspectives.
- Joey Ridenour shared that academic freedom is the freedom to pursue choice without restriction. Academic freedom is not the same as equivalent to access to the profession of nursing. You may have successfully passed the academic requirements but still may not be deemed competent based on other conduct requirements.

Crume stated that the environment of academic freedom can affect people wanting to be instructors at specific institutions.

Cathy Lucius discussed the challenges to academic freedom. Lucius stated that academic freedom is the freedom to teach the curriculum in the method the instructor deems appropriate for their students. Faculty have the right and responsibility to follow policy and procedure from department colleagues, administration, and the state nurse practice act. Faculty cannot ignore standards.

Lucius listed some potential problem areas as: decreasing/lowering the standard of the profession; curriculum short-cuts; fear of students; evaluations from classrooms and clinicals; channels of communication; independently changing class schedules and introducing new content while requiring students to know that material; required vs. optional classes. Lucius noted that all faculty and administrators need to understand academic freedom, and recommended program directors get existing or new faculty to discuss academic freedom and how it is beneficial to their practice.

In conclusion, Lucius offered that the misuse of academic freedom may result in consequences that include litigation, unsafe patient care, grievances to administration, internal faculty conflicts, loss of integrity, role modeling for students, and role modeling professional behavior. Lucius recommended all participants read the editorial in the Journal of Nursing Education, 12/2003 volume 42, no. 152.

IV. ACTION PLAN – WHERE DO WE GO FROM HERE?

Randolph reviewed the following matters discussed at the Annual Statewide Educators meeting:

- Clinical Models – Participants signed up to work as a group on the clinical models issue.
- FERPA – Communication between programs regarding unsafe students will be explored.

- Faculty Load – Attendees came to no conclusions. A survey may be developed to ascertain how different programs address this matter.
- Ideas about cheating and prevention of cheating
- Discussion on academic freedom
- Clinical Capacity – Experts noted that clinical capacity continues to be a challenge particularly in Maricopa County.

There being no further business or discussion, the program was adjourned at 3:00 p.m.