

EDUCATION COMMITTEE MINUTES

February 11, 2005

MEMBERS PRESENT:

Kathy Malloch, Co-Chair PhD, RN, MBA
Sherrie Beardsley RN, MBA/HCM
Joyceen S. Boyle PhD, RN
Teri Pipe PhD, RN
Paula Calcaterra RN, MSN
Kathleen Ellis RN
Mary Killeen PhD, RN
Ela-Joy Lehrman PhD, RN(telephonically)
Cathy Lucius RN, MS
Sue Macdonald RN, MSN, MBA
Marty Mayhew RN, MSN
Barbara Nubile RN, MSN
Linda Riesdorph RN, MS, DON
Cheryl Roat RN, MSN
Judith Sellers RN, DNSc, FNP
Sue Roe PhD, RN

BOARD STAFF ATTENDING:

Joey Ridenour, Executive Director, RN, MN
Pamela Randolph RN, MS, CPNP
Rose Wilcox RN, BSN, M.Ed

MEMBERS ABSENT:

Sue Hanauer RN, BSN, MS
Karen Hardy, Co-Chair RN, MSN

GUESTS PRESENT

Emily Jenkins, NAU
Gina Long RN, DNSc, NAU
Canda Byrne, Asst. Prof, NAU
Carol Mangold, Clin.Coor. UofA
Pat Harris, Dist.Dir, MCCDNP
Dan Tetting MCCDNP
Marie Barrentine, PCC-WC
Richard Patze, Division Dean PCC
Bridget Nettleton, Dean, Excelsior
M. Sharon Boni, Asst.Dean, Excelsior
Sharon Akes-Caves, EdPMI
Janis Stiewing, Ed. Director, PMI
3 Nursing Students CAC
Ilene Borze, RN MS, GWCC
Betty Heying, GWCC

1. Call to Order – (Opening Remarks)

Kathy Malloch called the Education Committee to order at 9:30 a.m. in the boardroom of the Arizona State Board of Nursing.

2. Introductions

Malloch announced that this meeting will be a long session and thanked Randolph for pulling together all the data and documents needed for the committee.

3. Approval of minutes 12/3/04

Roe moved and Roat seconded to approve December 3, 2004 minutes as corrected by Lehrman. Motion carried unanimously.

4. Clinical Capacity (Discussion)

Carol Mangold, UA; Dan Tetting MCCDNP; and Pat Harris, MCCDNP, were present to participate in this roundtable discussion of clinical capacity. Malloch requested that Roe facilitate parts of the discussion and Roe agreed. At the end of the discussion, Roe was

asked to facilitate a subcommittee to identify the data needed to measure capacity and outline the areas of concern. Sellers, Killeen, Pipe, and Boyle volunteered for the subcommittee, which Randolph will coordinate. The subcommittee will consult with Mangold, Harris and Tetting. Malloch suggested that this become a permanent agenda item so information can be shared at each meeting. Malloch requested that Board staff put any available information on AZBN website and communicate concerns to AzNA, AZONE and Hospital Association.

5. **Clinical Competency Exam (Nubile/Calcaterra) (Discussion/Recommendation)(Old Business)**

Killeen moved and Sellers seconded to table this discussion. Motion carried.

6. **Gateway Community College Fast-Track LPN (FT LPN) Program Application for Full Approval (Discussion/ Recommendation)**

Cathy Lucius, Nursing Chair, was available to answer questions or concerns regarding the self-study and site visit reports. Discussion centered on the high attrition of the program which is attributed to the High School programs. and faculty evaluation which is not conducted by the nursing administrator throughout the district. Currently Lucius evaluates all FT LPN program faculty due to their recency of hire. Randolph stated that she is consulting with the MCCDNP program administrators to help resolve the issue.

Roe moved and Ellis seconded to recommend full approval (5 years) with a request for a report in two years on the progress of addressing the problem of faculty evaluation. Motion carried.

7. **Procedure for Out of State Programs Seeking Clinical Experiences in AZ (Discussion/ Recommendation)**

Randolph discussed the document “Procedures for Out of State Programs Seeking Clinical Experiences in AZ” and the rationale for having such a worksheet in lieu of a self-study. Committee members suggested adding another column for documentation and page numbers, and suggested it be used for all out-of-state program applications and state-approved provisional, initial, or renewal programs. It was suggested that documents be sent electronically if possible. Randolph will keep the catalogue and/or handbook in program files for review by committee/Board members as needed.

Roe moved and Pipe seconded to recommend to the Board the adoption of the “Procedure for Out of State Programs Seeking Clinical Experiences” with the addition of adding another column for documentation and page numbers, and the recommendation that all out-of-state initial programs and state-approved initial or renewal programs begin using this procedure.

8. **Pima Medical Institute (PMI) Application for Provisional Approval (Discussion/ Recommendation)**

Randolph reported on the PMI site visit. Sharon Akes-Caves, Nursing Education Coordinator, and Janis Stiewing, PMI Education Director, were present and provided the following information:

- Planning June 13, 2005, first class admission – 30 students
- Future plan is to obtain NLN accreditation.
- Transferability of credits – If they are transferring in, the Program Director reviews the credits and places the student where appropriate. In compliance with the new rule, PMI will provide information to students on where their credits are transferable. Lehrman verified PMI that PMI credits will be accepted by University of Phoenix. PMI is continuing to work with other programs to seek articulation for students and graduates.
- Availability of clinical sites – PMI is working with Dan Tetting and exploring alternate sites such as urgent care centers
- Development of general education and nursing curriculum was explained.
- Introduction to Nursing does not have clinical; the Fundamentals of Nursing does have clinical.
- It is the policy of PMI that Nursing faculty will be on board 60 days before the start of the program

Calcaterra moved and Riesdorff seconded to recommend that the Board grant provisional approval to Pima Medical Institute and submit names, license number, and qualifications of nursing clinical and didactic faculty for the first year of the program. Motion carried.

9. **Excelsior College Application for Clinical Testing in AZ (Discussion/Recommendation)**

Representatives from Excelsior College (EC), Sharon Boni, Associate Dean, and Bridget Nettleton, Dean of the School of Nursing, appeared at the Board and responded to questions and concerns of the Committee regarding their request and self study application to conduct pre-licensure clinical testing in Arizona. Discussion topics and Excelsior response (italics) are detailed below:

- Protection of patient safety in evaluation plan—*not in the EC evaluation plan.*
- Learning laboratories in Arizona—*EC does not have a learning laboratory but has optional workshops around the country in a hotel with models (sim-hip, IV equipment, wound model).*
- Lack of clinical testing in Psych/Mental Health and Maternity—*therapeutic communication tested in CPNE (Clinical Performance in Nursing Exam)—EC cannot create testing in a mental health and maternity clinical settings.*
- Students in AZ—*251 enrolled (18 of those in BSN program).*
- CPNE exam—*Many sites—most AZ students go to Long Beach, CA, at the present time since they no longer have a contract with Maricopa Health Systems.*
- Progressive sequencing of classroom and clinical instruction—*EC is not able to meet this rule as written—EC measures outcomes and the outcomes are comparable to outcomes of other programs—students and employers report that graduates are well prepared—EC students are more mature and experienced in health care—EC is not a traditional model—the focus is on assessment of learning.*
- Admission requirements—
- *Prior to 1994, there was no admission criteria; found that students did not benefit and could not graduate;*
- *Eliminated: EMT, M.A.s, Surg. Techs;*
- *Eligible: LPNs, military corpsman, respiratory therapists, paramedics, foreign physicians (ECE evaluation of transcripts);*

- *All students must have evidence of clinically oriented health care background.*
- *Professional role socialization/caring for groups of patients/competing priorities— Measure some concepts in theory exams; no direct measurement of caring for groups of patients; during the clinical exam the student will identify priority care for the patient assigned (Committee member comment—may not be adequate and reasonable for today’s reality).*
- *Status in California—still in dialogue with the California Board; students enrolled after 12/5/03 are no longer eligible for licensure in CA; EC informs students of licensure eligibility—currently 5,000-6,000 students in CA.*
- *Workshops—workshops provide an additional optional learning resource for students --1/3 who get to CPNE stage take advantage of workshops and other additional resources, however there is no difference in success rate on the CPNE for those who take the workshops and additional learning; overall 65% first time pass rate on CPNE.*
- *Attrition—about ½ who enroll complete the program;*
- *NCLEX—national data reveals an 89-90% first time pass rate.*
- *Follow-up surveys—most graduates still working in nursing after 2 years; do not know response rate of employers but can find and report on this—employer surveys are positive.*
- *No outcome data included in evaluation plan—EC will provide data.*
- *Discipline with boards of nursing—EC is talking with many Boards to gain data regarding whether or not EC graduates are disciplined at a greater rate than graduates of other programs—current available evidence indicates that Excelsior graduates are being disciplined at a the same or a lower rate than other programs e.g. lower rate of discipline in Texas.*
- *Teaming with an RN—this is a voluntary relationship that Excelsior recommends for students; no criteria for “preceptors”; students can obtain RN knowledge by observing RNs and completing the assigned readings—for these students it is a cognitive process—not a manual skills process—the relationship is student directed and has nothing to do with Excelsior—the student chooses the RN, but Excelsior does have some recommendations on choosing an appropriate RN mentor.*
- *Open to fraudulent “nursing programs” that are really publishing companies—this has been a problem; it helped when EC identified students who were inappropriate for the program—then EC could initiate legal action against companies marketing to inappropriate populations; also Excelsior is in litigation against some publishing companies; Excelsior is responding aggressively; occasionally enrolled students market “Excelsior” materials and if a violation of academic honesty is substantiated, the students have been disciplined.*

Committee comments:

- *The lack of clinical monitoring and reinforcement is problematic. While there is a need to look at other ways of delivering education, there is also a need for validation of applied knowledge; optional experiences do not support consistent validation of competence. A minimum level of clinical experience and validation is needed for Arizona students.*
- *More information is needed to assure that relational and technical skills are examined and developed; would like to see sequencing and validation of learning—legitimate preceptor relationships.*
- *Need to look at AZBN discipline data specific to EC graduates.*

- Would like to see employer evaluations from AZ employers.
- AZBN rules require process—the Committee is responsible for requiring that every program meet rule requirements—how do we continue to be creative and innovative and still enforce rules?
- Impressed with CPNE and other exams but information is needed as to how a student develops knowledge.
- The level of competence of the RN selected by the EC student is undesignated and may not be competent to oversee the student.

Excelsior Comments:

- Where is the data that there are flaws in our model?—we have confidence that our model is effective and “tried and true”
- Will provide data requested and survey graduates and employers in AZ.
- Invited Committee members to observe CPNE.
- Excelsior is only attempting to do clinical testing in Arizona—are not asking to be an Arizona approved program. (*Consultant note: to do testing (clinical) with pre-licensure students practicing nursing under the exemption in A.R.S. 32-1631(3) the program needs to meet the approval standards of the Board*)
- Use NCLEX results to benchmark program.
- Adult learners are very different and students do have experience working with patients in other roles and scopes of practice.
- Faculty advise but do not offer instruction—no classrooms—have chatrooms that faculty lead, but participation is not required.
- No significant differences in outcome data by healthcare background (LPN vs.others).
- If you can learn it and demonstrate it, we can evaluate it.

Outcome:

Moved by Boyle, seconded by Mayhew and unanimously carried that Excelsior College continue to work with Randolph to meet intent of regulations and then return to the Education Committee; members may submit additional requests for information to Randolph to forward to Excelsior. Motion carried with nine in favor; four opposed.

10. Renewal of Approval for Refresher Courses (Discussion/Decision)

A. Gateway Community College RN and PN

Ilene Borze and Betty Hyne, Gateway Community College (GWCC), were present to respond to questions. Randolph stated that she had requested GWCC to provide more differentiation between the RN and PN Refresher courses and that the program had responded with some changes. The Committee expressed the following concerns with the application:

- Same amount of hours and program courses for both RN and LPN;
- Syllabi and classroom objectives are the same for RN and LPN;
- There appears to be little differentiation between level of critical thinking and role of the RN and LPN;

- Program utilizes the same case studies with both RN and LPN students;
- Evaluation documents appear to lack differentiation between RN and LPN;

Roe moved and Roat seconded that the Gateway **LPN** Refresher program return to the next committee meeting with differentiated objectives, evaluation and course content consistent with the **LPN** scope of practice. Motion carried unanimously.

Ellis moved and Boyle seconded to recommend to the Board the approval of the Gateway **RN** Refresher program as presented. Motion carried unanimously.

B. CNE Net RN and PN

Randolph stated that program documents did not include Med/Surgical content. The program provided a letter explaining where the content is found. Randolph also directed committee members to the new rules, effective March 7, 2005, which require programs address meeting physiological needs of clients, not traditional medical surgical nursing. The Committee noted that the Clinical Practicum and Competencies are not differentiated between RN and LPN courses.

Mayhew moved and Boyle seconded to request CNE Net to provide increased differentiation between the RN and PN course objectives and evaluation. Motion carried unanimously.

Staff was directed to give CNE Net feedback from this meeting regarding:

- Need for clarification around assessment,
- Evaluation of the student,
- Inconsistencies in the document regarding hours of clinical, and
- Information regarding differentiation of levels of nursing contained in the AZBN “Competency Model” on the website.

C. Pima Community College CTD PN

Mayhew moved, seconded by Roat to recommend approval of the Pima Community College CTD PN Refresher Program. Motion carried.

12. Pima Community College Request for Program Change (Discussion/Recommendation)

Marie Barrentine, Director of Nursing, and Richard Patze, Division Dean for Healthcare Professions, Pima Community College (PCC), were present to address questions or concerns.

Riesdorff moved and Roe seconded to recommend approval of Pima Community College’s request for program change. Motion carried unanimously.

13 A. Northern Arizona University Request for Program Change (Discussion/Recommendation)

Judith Sellers, Chair Nursing Program, Dr. Canda Byrne and Emily Jenkins, from Northern Arizona University (NAU), were present to address this proposal.

Discussion included the increase in number of students being admitted in the Tucson area and the concerns regarding clinical placements especially in Pediatrics and Psych/Mental Health. The program indicated that they would be examining alternate sites for clinical such as long term care facilities, and non-traditional hours such as summers, evenings and Saturdays..

Killeen acknowledged the effort being made in collaboration across the state to facilitate the balance of the clinical experiences.

Roat moved and Killeen seconded to recommend the approval of Northern Arizona University's request for program change. Motion carried unanimously.

13 B. MCCDNP-Scottsdale CC Request for Program Change (Discussion/Recommendation)

Randolph explained that Scottsdale Community College (SCC) is requesting another site for their MCCDNP program at Scottsdale Healthcare. A an unsigned contract was included in the application. Scottsdale Healthcare will provide compensation for the faculty and the laboratory.

Pipe moved and Roe seconded to approve the program change upon receipt of a copy of a signed contract. Motion carried unanimously.

14. Clinical Models (Discussion)

This will be an ongoing agenda item.

15. Strategies to Increase Student Awareness of Board Functions and Decision Making (Roe)(Discussion/Recommendation) oral report

Tabled to next meeting.

16 A. Board Decisions (Oral Report)

Randolph reported on Board decisions regarding education at the January Board meeting.

16 B. House Bill2465 (Discussion)

Dicussed earlier under clinical capacity discussion.

Randolph will email a document she prepared comparing NLNAC faculty standards with the CCNE standard. The analysis concludes AZBN faculty standards are below the standards of the national accrediting agencies.

17. Call to the Public

18. Future Meeting Topics/Dates (Decision)

- April 8, 2005 9:30 a.m.
- June 3, 2005 9:30 a.m.

19. De-briefing on Today's Meeting (Discussion)

Suggestions:

- Consider consent agenda items; staff will think on this possibility.
- Incorporate some electronic device to keep the content but not lose the dialogue.
- Video conferencing (sites: Phoenix, Tucson, Flagstaff) would eliminate the driving.
- University of Arizona video conferencing on 3rd Street, could this be used?
- Could UA, ASU and NAU link together and make this available?
- When there is so much volume of material being discussed, is there a gravitation to lower levels of cognitive behavior or are the same levels of thinking being maintained throughout the meeting?
- The proposals and provisional program requests need to be early in the agenda.
- Don't want to start earlier; don't want more meetings; let's see how it progresses.
- For special topics, i.e. clinical capacity, have a special meeting.

20. Adjournment

Meeting was adjourned at 3:45 p.m.

MINUTES SUBMITTED/APPROVED BY:

_____ Signature