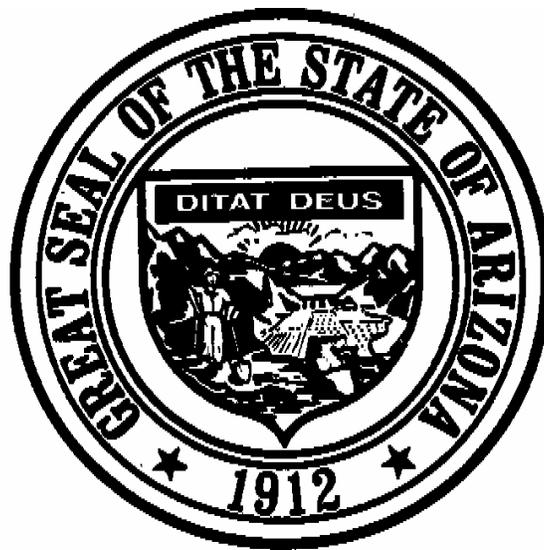


# ARIZONA STATE BOARD OF NURSING

**Janice K. Brewer**  
Governor

**Joey Ridenour**  
Executive Director



## REFRESHER COURSES ANNUAL SURVEY REPORT 2009

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by

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## *Arizona State Board of Nursing*

# **REFRESHER COURSES ANNUAL SURVEY REPORT 2009**

### **BACKGROUND**

In 2003, the Arizona State Board of Nursing implemented a requirement for 960 hours of nursing practice within the previous 5 years (equivalent to 6 months full time) to renew an RN or LPN license. Renewing nurses are asked to sign a statement testifying that they practice and provide the practice setting. The Board interprets “practice” consistent with the statutory definitions of registered and practical nursing (A.R.S.§ 32-1601) which includes non-patient care activities. Nurses engaged in consulting, recruiting nurses, teaching, coordinating care and supervision of nursing or nursing related services would meet the practice requirement. “Practice” also includes providing nursing services in a volunteer capacity and any employment where the license is required or recommended. If a nurse does not have the required hours of practice, the nurse may either inactivate the license or enroll in a refresher course. Arizona State Board of Nursing approved refresher courses have been surveyed since 2006 regarding enrollments and completion.

The criterion for approval of a refresher course includes:

- A minimum of 40 hours of didactic instruction and 112 hours of supervised clinical practice for a licensed practical nurse program;
- A minimum of 80 hours of didactic instruction and 160 hours of supervised clinical practice for a registered nurse program;
- A planned and supervised clinical experience that is consistent with course goals and provides an opportunity for the student to demonstrate safe and competent application of program content. The student may spend up to 24 of the required clinical hours in a supervised lab setting;
- Instruction in current nursing care concepts and skills including:
  - Nursing process;
  - Pharmacology, medication calculation, and medication administration;
  - Communication;
  - Critical thinking and clinical decision making;
  - Delegation, management, and leadership; and
  - Meeting psychosocial and physiological needs of clients

## DATA ANALYSIS

### DATA COLLECTED

Refresher courses approved by the Arizona State Board of Nursing were asked to provide information regarding their courses for the calendar year. The information requested consists of:

- The number of persons admitted into the refresher program
- The number of persons still enrolled from the previous year
- The number of graduates
- The number still enrolled into the next calendar year but progressing at the recommended pace
- The number of persons who failed or withdrew
- The number of persons continuing, but are repeating or lagging

In 2007 the data form was revised to separate RN and LPN enrollments.

### RESULTS 2009

Seven RN and 3 LPN refresher programs reported enrollments in 2009. One facility based (J.C. Lincoln) and one distance RN (CNE-Net) program ceased admissions in 2009 reducing the number of available RN refresher programs from 9 to 7. One distance LPN (CNE-Net) ceased admissions in Arizona in 2009, reducing the number of LPN programs from 4 to 3. All approved refresher programs responded to the survey. The results are tabulated below.

Number of <b>RN</b> refresher students admitted to the refresher program in 2009:  Total=317	Number of <b>RN</b> students admitted in 2008 who continued enrollment into 2009:  Total=57	Number of <b>RNs</b> students who graduated from the program in 2009:  Total=241	Of those admitted in 2009, number of <b>RNs</b> continuing in the program into 2010 at the recommended pace (e.g. regular students):  Total=68	Number of <b>RNs</b> who failed or withdrew from the program in 2009:  Total=43	Number of <b>RNs</b> who remain in the program but are repeating or lagging due to failure or other reasons:  Total=12
Number of <b>PN</b> refresher students admitted in 2009:  Total=51	Number of <b>PN</b> students admitted in 2008 who continued enrollment into 2009:  Total=9	Number of <b>PN</b> students who graduated from the program in 2009:  Total=38	Of those admitted in 2009 number of <b>PNs</b> continuing in the program into 2010 at the recommended pace (e.g. regular students):  Total = 4	Number of <b>PNs</b> who failed or withdrew from the program in 2009:  Total=11	Number of <b>PNs</b> who remain in the program but are repeating or lagging due to failure or other reasons:  Total=0

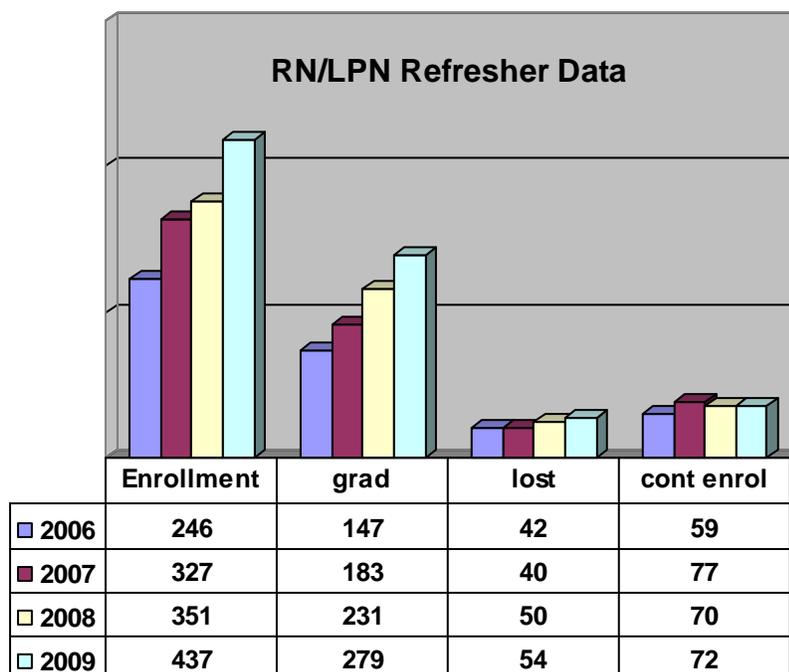
With 368 new enrollees and 69 continuing students there were a total of 437 persons enrolled in a nurse refresher course in 2009. This is an increase of 86 students when compared to total enrollments in 2008—a 25% increase. 279 students (75% of enrollees) graduated in calendar year 2009 and 72 are continuing at the normal pace, indicating that 80% of students are either successful or have the potential for success. This is a slight decrease from 2008 when 84% of students were either successful or had the potential for success. Fifty-four (12%) are lost to the program either through failure or withdrawal, similar to 2008 when 14% failed or withdrew. Twelve students (2%) are lagging which is the same as last year.

Programs were also asked to report how many students enrolled as a result of a consent agreement or Board disciplinary order. There were only 6 such students, a decrease from 2008 where 17 such students were reported. This may also be an artifact of reporting as some programs later informed Board staff that they reported students who were required to attend in order to renew their license, which would not be considered discipline.

Programs were asked to report how they verified licensure prior to clinical experiences. All reported either using the Board of Nursing website or placing a copy of the license in the student’s file. Most programs used both methods of verification. The Board requires either a temporary or permanent license to complete the clinical portion of the program.

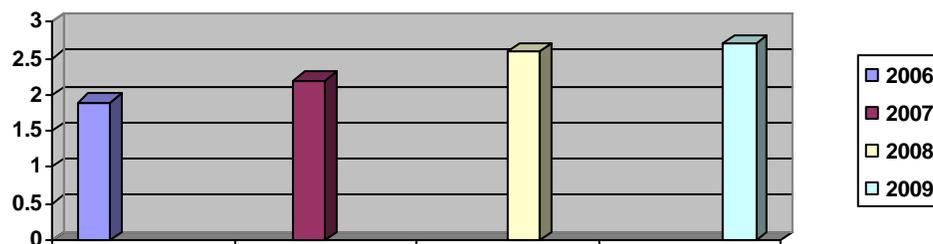
## COMPARISON DATA

Some of these data can be compared to 2006 and 2007 data, as shown in the chart below.



In 2009 there were 16,377 nurses who renewed their license, a 22% increase over 2008 (13,324). Enrollments in refresher courses represent 2.7% of all 2009 renewals, nearly the same percentage as reported in 2008 (2.6%). This also is a sustained increase from the proportions in 2006 and 2007 (1.9% of nurses renewing in 2006 and 2.2% in 2007; 12,547 nurses renewed in 2006—12,756 in 2007). Enrollment figures may be slightly inflated due to the same person re-enrolling after a withdrawal or failure of the course. Also refresher courses report that 10-30% of enrollees are not mandated to take the course as a condition of renewal but to re-train for a clinical role in nursing. There was an increase of 48 graduates in 2009 as opposed to 2008, a 20% increase which may merely be a reflection of the increased number of renewing nurses. There were not appreciable differences in students who failed or withdrew (lost) and continuing students across the 4 years we have been gathering these data.

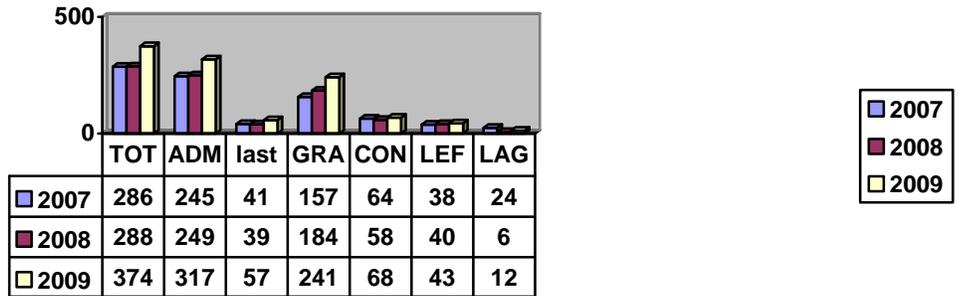
**Percent of renewing nurses enrolled in a refresher course**



## **RN REFRESHER PROGRAMS**

The bulk of refresher program students were RN refreshers. The numbers of RN refresher students increased 86 (30%) from both 2007 and 2008. Of total enrollments 85% were admitted within the calendar year and 15% were continuing from 2008. This closely mirrors the proportion of admitted to continuing students in 2007 and 2008. In 2009 as in 2008 64% of RN refreshers successfully completed within the calendar year, 12% withdrew from the program before finishing, and 18% are continuing enrollment into 2010. 3% of students are either lagging behind the recommended pace or repeating the course due to failure. These ratios closely resemble those from 2007 and 2008. The increased in enrollments in refresher courses in 2009 is attributed to an increase in the enrollments in RN programs.

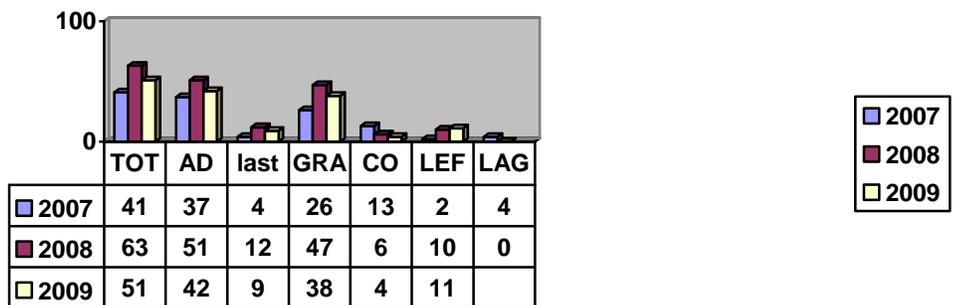
### RN REFRESEHER



### LPN REFRESHER PROGRAMS

The numbers of LPN refresher students decreased from a high of 63 last year to 51 in 2009, a 19% decrease from 2008 but an increase from 2007. 75% of enrolled students graduated in 2009, the same proportion as in 2008 as contrasted with 63% who graduated in 2007. Students who failed or left the program remained nearly the same at 11. As was the case in 2008, no students remained in the program who were lagging behind.

### LPN REFRESEHER



### DISCUSSION 2009

The annual meeting of all refresher courses took place on April 9, 2010. Discussion focused on evidence for success of refresher graduates and clinical placements. Discussion included:

- Presentation of an offering for a transition course for currently practicing nurses seeking career moves to a new care setting; this course would not need Board approval and may also be suitable for new graduates who lack employment.

- One program is cutting back on refresher enrollments due to lack of clinical space
- Clinical space may be more available in dialysis units and the OR
- Programs are adding simulation to refresher courses and report the students are enjoying it
- The issue of Board referrals was discussed. Participants were asked to compile case studies of each Board referral including factors that contributed to their success or failure in the course.
- It was agreed that refresher programs would retain student records for a period of 3 years

## **DISCUSSION 2008**

At the annual refresher course provider meeting held in the Board offices on February 5, 2009. The following is a reflection of the discussion that took place at the meeting as categorized by issues facing refresher course providers.

### Out of practice for extended periods

- Older nurses in their 60s and above are trying to come back into nursing; many are successful; nurses out of practice more than 15 years need extra attention that is not provided in a basic on-line refresher course;
- Those who have never worked need more structure than a basic on-line refresher course can provide; Instructed clinical has helped students who have been out more than 15 years;
- One program requires those nurses out more than 20 years to fill out a questionnaire and self evaluation; they are also directed to talk to nurses in health care facilities to ascertain the differences in practice over the past 2 decades; many potential students, realizing the obstacles, elect not to enroll, but 3 individuals did enroll, were successfully mentored and completed the course;

### Computer Skills

- Refresher students need to obtain computer skills—many do not have e-mail or know how to attach a document;
- Refresher students are under the impression that an on-line program is easier despite not having computer skills;

### Clinical Preceptorships/Hiring

- It was the consensus of all programs that finding preceptors/clinical is very difficult
- Up to 30% in one program do not finish related to inability to find preceptor
- Facilities are reluctant to take precepted refreshers due to liability issues;
- It is “impossible” to obtain preceptors in Phoenix hospitals but some alternative placements are successfully obtained;
- One program has successfully placed students who subsequently were hired at Catholic Health Care West, Hacienda los Ninos, and other rehabilitation facilities; this program has also successfully placed every LPN;

- Most acute care facilities have a hiring freeze;
- There are too many new grads for acute care to consider refresher students as hires; in the past most refresher students were hired by the preceptor agency but that is not the case this year; even new LPN grads are having difficulty being hired in long-term care;

#### Board Ordered Refresher Students

- Students under Board order for a refresher course are having difficulty obtaining insurance; this is usually only a problem if the nurse's license was revoked or suspended; GateWay offered that such students would be covered under group insurance if they attended their program;
- Board ordered refreshers take a tremendous amount of time; one program stated that most board-ordered nurses in their program had significant behavior problems and dysfunction; if the problems stemmed from a medical problem, the program has been successful in teaching the student; if there are underlying psychological problems, the student requires intensive counseling.
- Students on Board order were reported to do better in a program where there is more traditional structure and instructed clinicals;
- CANDO students do very well;

#### Innovations

- Mesa CC received a grant from the DOE to pilot modules; their program will change to a series of core modules covering all of basic nursing and ½ credit of pharmacology; after completing the core modules, the student may choose a specialty path (med-surg, OB, peds) and take that module plus another ½ credit in pharmacology specific to the specialty; clinical would be in the area of choice
- GateWay changed their case studies to multi-system case studies and is incorporating evidence-based practice concepts; they require a final paper with 10 references; drug dosage calculation tests must be passed or the student will need to complete a math class; they have also added an additional 1 credit on-line class on medication errors and documentation. GateWay is starting an evening refresher program at the end of March for RNs only and is developing a live class on ethical decision making to start Fall '09.
- Pima Community College CTD is requiring a "shadow" experience the first week of the course; many students find this "scary" but some enjoy it so much that they elect to do multiple shadowing experiences; the student finds their own nurse to "shadow" and since no hands-on care is delivered, there is no need for insurance/agreement etc.
- Abrazo reported that they conducted clinical concurrent with didactic instruction matching patients to the module discussed; students seem to enjoy this;
- SEVEN Academy has received approval from the South Dakota Board of Nursing—is working with the Board to see if compact extends to refresher course license so nurse can complete clinical in South Dakota;

## **SUMMARY 2008**

It was the consensus of the group that clinical placements and future employment is more difficult to obtain for refresher students in the current economic environment. Successful strategies for students out of practice 15 years or more include shadowing, pre-course interview, and structured class and clinical experiences. Board ordered students also appear to do better in a structured classroom and clinical environment. Innovations include tailoring the course to specialty areas of class, incorporating EBP, shadowing, and concurrent clinical reflecting didactic content. All participants agreed that the meeting was helpful and they enjoyed sharing their experiences.

## **CASE STUDY—2007**

Nurse A graduated from nursing school over 25 years ago. She worked for less than a year as a nurse, then returned to school and earned a master's degree in counseling. She has continuously worked as a counselor in a mental-health setting for 25 years. She sought licensure in AZ but did not qualify since she has not worked as a nurse for over 25 years. As required by the Board, she enrolled in a refresher course and requested a clinical experience in a psych-mental health clinic. Her performance in the didactic portion of the course was erratic with widely varying scores for tests and quizzes. She had difficulty with pharmacology and math calculations, but seemed to compensate and presented believable rationale for her performance. She was well liked by faculty and fellow students. She was placed in a psych mental health clinical setting and her preceptor noted several deficiencies in her nursing care. The preceptor stated that it appeared that she never really practiced nursing. She could not appropriately draw blood or administer an IM injection despite repeated coaching and instruction. She also did not seem to be aware of her limitations. Although she was considered stellar in interviewing patients and mastered the psychosocial aspects of patient care, she could never adequately demonstrate the nursing skills expected. She subsequently failed her clinical experience and was offered another clinical experience in a long-term care setting where basic nursing skills could be honed. She attended for a brief period, then decided not to seek licensure and dropped the program. A complaint was filed against the program for poor preparation of the student for clinical. The program made several changes to their policies and the Board dismissed the complaint in light of the remediation instituted by the program.