



**Janet Napolitano**  
Governor

**Joey Ridenour**  
Executive Director

## Arizona State Board of Nursing

### EDUCATION ADVISORY COMMITTEE MINUTES February 15, 2008

#### **MEMBERS PRESENT:**

Kathy Malloch, Co-Chair, PhD, RN, MBA  
Constance Woulard, Co-Chair, RN, MSN  
Sherrie Beardsley RN, MBA/HCM  
Judi Crume, PhD, RN  
Sally Doshier, EdD, RN, CNE  
Terry Duffy, RN, MN, CDE  
Mary Killeen, PhD, RN  
Ela-Joy Lehrman PhD, RN  
Carol Mangold, RN MSN  
Marty Mayhew RN, MSN  
Jo A. Podjaski, MSN, OCN, RN  
Cheryl Roat RN, MSN  
M. Kitty Rogers, MS, RN  
Margaret Souders, MS, RNC, CNS  
Brian Stewart, MSN, BSN, BFA, RN  
Sandra Truelove, BS, MA, MBA  
Marilyn Whinton, RN, MSN (telephonic)

#### **BOARD STAFF ATTENDING:**

Joey Ridenour, Executive Director  
Pamela Randolph, Associate Director, Education  
Karen Grady, Education Consultant

#### **MEMBERS ABSENT:**

Rita Jury, MSN, CPHQ, RN  
Linda Riesdorph RN, MS, DON  
Jane Werth, MS, RN

#### **GUESTS PRESENT**

Sharon Caves, Pima Medical Institute  
Regina Cottrell, SEVEN Healthcare Academy  
Marie Gagnon, Baptist Health Systems  
Carol Gutierrez, ITT  
Shawn Harrell, John C. Lincoln  
Karen Herzog, Student, CGCC  
June Larson, University of South Dakota  
Christopher Lubke, Pima Medical Institute  
Dawn Mattison, Student, CGCC  
Ping-Rong Pearson, Student, CGCC  
Renee Schroeder, Student, CGCC  
Kristen Torres, Pima Medical Institute  
Paul Williamson, Pima Medical Institute  
Amy Ziolkowski, Student, CGCC

#### **1. CALL TO ORDER/OPENING REMARKS/INTRODUCTIONS**

The Education Advisory Committee meeting was called to order by Constance Woulard at 9:34 a.m.

#### **2. APPROVAL OF MINUTES – DECEMBER 7, 2007**

Killeen moved and Doshier seconded to approve the December 7, 2007 minutes without correction. Motion carried unanimously.

#### **3. INFORMATION/POLICY**

##### **A. Clinical Placement Issues/Solutions**

Guest: Marie Gagnon, RN, DM, Educational Coordinator

Randolph addressed the Committee stating that a review of the minutes from the Annual Statewide Educators Meeting noted that Dr. Marie Gagnon, Ms. Shawn Harrell, and Dr. Sue Roe volunteered to serve on a clinical placement panel. The panel has not yet met and was invited to sit in on this committee discussion. Dr. Sue Roe was unable to attend. Ms. Shawn Harrell, who was also unable to attend, is developing a website on clinical shortages.

Gagnon offered that the committee and educators need to look at outcomes. Gagnon stated that educators must spend more time with students to be sure they understand concepts prior to the clinical experience. Students must understand illnesses first, as it adds another layer of knowledge, and would impact patient safety.

Committee members discussed the following issues relative to clinical placement shortages:

- cost implications or associated practice cost
- proposals for alternate system that would approach clinicals in a different way
- effective clinical placement strategy based on data; then pilot to see if it works
- impact on quality of education
- administrative impact, clinical hours impact equated load
- impact on patient safety
- understand that clinical placement is a free market issue
- it's not that the current system is not working; Carnegie study says "good job"; problem is not enough placement sites
- before getting creative, think about not what's broken but how to get better
- Committee should work on clinical experience
- look at simulation, simulation can help prepare student for clinical
- do not want Board to regulate students
- explore more of the Oregon model
- follow-up with new and existing programs regarding facility availability
- survey schools annually – construct survey on facility availability
- lack of alternatives when agencies turn students away
- importance of literature being included as support for any model or solution proposed

Malloch stressed the importance of outcomes in the clinical placement dialogue to which committee members agreed that the following must be taken into consideration:

- look at process for approval of programs for clinical resources
- look at clinical hours and placement data
- meet objectives of course or clinical experience
- have faculty information about their perception about clinical placements
- agency input; how do they define when they can take students or not; clinical saturation; factors involved in reaching capacity
- student input – satisfaction with clinical
- look at the process used by programs when documenting availability of clinical space
- data regarding clinical specialties
- use of alternative scheduling times

Students in the audience were invited to share their thoughts regarding their experience with clinical placement and simulation. The students stated that while simulation is a good idea, it is not always helpful. Students shared their frustration with waiting in line to perform simulated action as it wasted a lot of time. Students also noted that it was difficult to note major distinctions in heart and lung sounds with simulation. Hours made up in lab when

clinical sites were not available were not as effective as the “hands-on” experience. Students recommended more clinical time and less simulation, and noted the value of Dr. Gagnon’s suggestion relative to critical thinking and understanding concepts prior to clinicals.

This item will be placed on the April 2008 agenda. Committee members will look at existing processes for clinical placement, and revisit the Clinical Hours Survey. Randolph and Grady will provide a literature review that would include information on clinical placements, Dedication of Educational Units, ratios, and the Oregon model. Randolph will reorder the Creative Solutions to Clinical Placement Shortage list. Randolph will work with Richard Henn, Carol Mangold, and Jane Werth to organize the information relative to clinical agencies’ availability and the variables that influence clinical capacity, including strategic initiatives, to see if there are any trends. Randolph will take the ideas identified by individual committee members regarding innovation or restructuring clinical experiences and place them in one document.

#### **B. Student Falsification of Pre-admission Testing Results**

Randolph addressed the committee stating that the issue of student falsification of pre-admission testing results came to the Board’s attention as the result of a complaint filed against a licensed practical nurse when NET testing scores used to gain admission to a LPN program were discovered to have been falsified. The investigation into this matter revealed that NET testing results are often reported to students who then provide scores to nursing programs as admission criteria. Of those falsification cases reported, documents submitted appeared authentic as they were computerized. Randolph offered that in a separate incident involving falsified transcripts, an investigation ensued when the school of record was notified that the student failed NCLEX and informed the Board that she was not their student.

The Education Advisory Committee discussed prevention, detection, and the broader implications of students being awarded placement in nursing programs as it results in the denial of placement for eligible candidates.

As a process of verification, many nursing programs obtain results directly from ERI even though students may receive a copy of their results from ERI or at the testing site. Program verification does not result in a delay in the admission process. Committee members offered that testing data is easily obtained from ERI, and saw no value in students directly providing this information.

Malloch recommended the subject of assuring test integrity be used as a new column for the AZBN journal. Information in the column would be used as a source for educators, and cover such topics as the patterns that lead to breaches in Canada and the Philippines. The purpose of the column would be to inform educators and nursing regulators about the issues related to validating documents; obtaining correct scores; and the frequency of incidents of cheating, and falsification of documents. Dr. Judi Crume and Steven Coachman of Caveon Test Security, who consulted with Board investigators regarding the falsification of pre-admission testing results matter, have been invited to contribute to columns that will address student nurses, professional integrity, everyday teaching, guidelines, and cues to be watching for. Members agreed that such columns may impact student cheating, can be referred to, and may heighten all individuals’ need for critical reading and review. Killeen suggested requesting information from readers on what they think and issues that they would like addressed as there may be even more to learn from the experiences of others.

Caveon Test Security will be invited to do a presentation for the Education Advisory Committee.

**C. Survey of Nursing Programs Regarding Board Functions**

Randolph addressed the committee stating that this item is a follow-up to the CORE Report which was based upon 2005 data on functions of the Board and the Education Advisory Committee. The trend seems to be that programs want more communication from the Board, and the Education Advisory Committee must continue to make decisions from a regulatory perspective and not from personal experiences that pertain to members' specific programs. Overall, it was a very good evaluation of the department.

Committee members appreciated the suggestion to have an annual committee in-service to cover conflict of interest and restriction of trade. Randolph stated that the committee in-service will continue, noting that the in-service is usually held every two years when a new committee is seated. Committee members will consider having in-service annually.

**D. Grant Application for Competency Testing Using High-Tech Simulation**

Randolph worked with Arizona State University and Scottsdale Community College to complete the grant application for competency testing using high-tech simulation. Major contributors to the application were Jeanine Hinton, Ruth Brookes, Bunny Kastenbaum, Dan Waberg, and nationally recognized consultants that have agreed to be on the project. The grant is for the development of a legally defensible competency test using high-tech simulation. The Board will learn if the grant has been awarded by late February.

Committee members requested information regarding members of the research team, their roles and responsibilities, timeline, and budget. Randolph will provide that information to the committee if the grant is funded.

**E. Statute Changes/Board Merger**

Ridenour stated that in January the Governor outlined measures that would be taken by her administration to address the \$1.3 billion deficit which included the elimination of a number of Boards and Commissions. Part of this effort is the potential merger of the Board of Nursing and the Board of Respiratory Therapists. The Board of Respiratory Therapists has 4,500 respiratory therapists, and processes 7-8 complaints per month. The Arizona State Board of Nursing processes approximately 135 complaints per month. The Board of Respiratory Therapists has voiced opposition to the merger.

Other potential board mergers include Nursing Care Home Administrators (Assisted Living) with the Arizona Department of Health Services, Veterinary Board with the Dept of Agriculture, Cosmetology Board with the Arizona Board of Barbers. The ten remaining boards will be merged to form one "modern board". Many profession associations have not received the information well. Ridenour will keep the committee informed.

**F. Report from AZHHA Regarding Simulation/Day of Innovation 2/22/08**

Malloch addressed the committee stating that the questions raised regarding this topic are as follows: Do we need a statewide initiative to help with clinical simulation? Do we need a partial solution? What are the advantages and disadvantages?

Ridenour stated that new workforce projections have been made. Rather than working with the numbers from SB1260, projections have suggested that Arizona will need twice as many nurses. Approximately 40,000 nurses will need to be replaced.

Committee members stated that simulation will increase in nursing programs, and that more coordinated support from the hospital association would be helpful. Members also discussed the usefulness in reviewing the Oregon model. Members expressed concern that legislators may believe enrollment can be doubled if simulation is there, which would result in the risk of mandate without funding.

**G. Ombudsman's Report Dual Regulation Board of Nursing/Private Post Secondary Board**

Randolph addressed the Committee stating that this issue was brought to the Ombudsman's attention by Regina Cottrell. The Arizona State Board of Nursing (AZBN) was the sole regulator of certified nursing assistant training programs. Prior to 2005 the Private Post Secondary Board (PPSB) questioned AZBN jurisdiction. PPSB was informed that AZBN was the sole regulator of certified nursing assistant training programs as there was a statute that stated that if another Board regulated a single program PPSB did not have jurisdiction. Unbeknownst to AZBN, the statute changed and gave PPSB the authority to regulate any private institution that leads to a certificate. AZBN was informed by Ms. Cottrell that PPSB had been issuing Cease and Desist orders to privately run CNA programs, which are typically owned by nurse entrepreneurs. To date there have never been complaints of fraud or taking student funds and not delivering education on these types of programs.

Ms. Cottrell filed a complaint with the Ombudsman, which serves to protect consumers and people that feel state regulation has been excessive, citing dual regulation between PPSB and AZBN. In response to the complaint, the Ombudsman did a thorough investigation of the functions of AZBN and PPSB. The Ombudsman came up with 5 areas of review. In all but the financial area, AZBN was deemed to have provided better and more consistent oversight than the PPSB. A meeting was held to establish joint jurisdiction where the 2 agencies could share responsibility. One of the issues for PPSB was charges. PPSB charges include \$800; \$15K bond; have CPA report on their accounting; and a renewal fee which is a percentage of gross income. PPSB was willing to allow AZBN to cover 4 areas providing that they would still be allowed to charge. It was decided that a legislative solution would be appropriate. Senator Aboud has taken on this topic. The first draft Bill contains language not accepted by AZBN as the language limits jurisdiction of all nursing programs:

Notwithstanding any requirements of this chapter, for pre-licensure nursing programs, nurse practitioner programs and clinical nurse specialist programs that are approved pursuant to §32-1644 the Arizona State Board of Nursing shall establish standards for instructor or operator qualifications, curriculum requirements, and facility requirements.

AZBN has jurisdiction to investigate complaints and discipline programs that violate its standards. The Bill as it is written would limit jurisdiction in that capacity and of organization of administration and evaluation plans for nursing programs.

Ridenour encouraged those persons affected go before the committee hearing the Bill and testify to help the committee members understand why substitute language is needed. Ridenour also noted that people can visit the state legislature's website and comment on Bills. Malloch requested Ridenour draft bullet points regarding the issue that outline the disadvantages and what is trying to be accomplished.

## **H. Request for Mutual Recognition for University of South Dakota**

University of South Dakota representative present: June Larson, Chair of the Nursing Program (telephonic)

Randolph addressed the committee stating that this is a request to allow the University of South Dakota to offer a distance program and conduct clinicals in Arizona. The University of South Dakota would like the Education Advisory Committee to accept the South Dakota approval without going through the AZBN approval process. Documentation that would show the difference between South Dakota rules and Arizona rules was not provided.

Larson stated that the online program curriculum was developed so that the program would be accessible to students in the rural areas of the state. University of South Dakota developed a business partnership with Evangelical Lutheran Good Samaritan Society to address Good Samaritan's nursing shortage in their long-term care facilities. This partnership began with the six states closest to South Dakota. As a result of the program going well, Good Samaritan asked that the program be expanded to areas where there are critical shortages for nurses. Arizona is one of those states. The South Dakota Board of Nursing granted approval of the Mutual Recognition Model whose students are attending the University of South Dakota through the cyber highway/Internet with clinical placements in the students' home state. North Dakota, Minnesota, Iowa, Nebraska, New Mexico, Idaho, and Kansas have approved clinicals for the University of South Dakota's Mutual Recognition Model based on the South Dakota Board of Nursing's approval. Students are usually already employed by the facility or the Good Samaritan Society. Larson stated that the University of South Dakota abides by the rules from the other states, and that it does not intend to set up nursing programs, but rather looks for opportunities to work with students to do clinicals in their home state. Larson has reviewed AZBN regulations insofar as the rule which requires any institution wishing to establish a nursing program in the state of Arizona to submit an application and go through the approval process.

Randolph shared the questions and concerns submitted by Education Advisory Committee members that could not be in attendance.

Ms. Jane Werth's concerns were as follows: 1) Inconsistency – no other program has been allowed to use the approval of another Board with possible differences in statutory regs to suffice for approval in our state. I would not even think that the Arizona regs would allow such a practice; 2) Logistics – at a time when our clinical facilities are overloaded with groups of students and approximately 809 senior capstone preceptor requests each semester, their ability to place students outside their long-term care partner network would be questionable.

Ms. Linda Riesdorph's comments were as follows: Mutual Recognition Model, I like the concept but we've seen approvals from other boards, i.e. refresher courses that were far different from our standards. I would be willing to agree if we assessed equal or above our standards at least one time.

Committee members expressed their concern with: additional clinical experiences needed to be in compliance with AZBN regulations; jurisdictional issues – AZBN would have no assurance and no evidence that students are following AZBN rules; University of South Dakota's understanding of the difficulty in finding clinical placement in Arizona; other states' experiences with the program regarding clinical placement shortages, rules and statutes; data acceptable for approval in home state, compare to Arizona to identify whether or not in sync. Committee members also discussed a compact between educational facilities.

Randolph noted that the existing compact is clear on jurisdiction. The same would be needed for education programs.

Malloch requested Larson provide additional information to the committee that would include Board jurisdiction for practice and disciplinary matters; the differences between South Dakota rules and Arizona rules; a table or summary regarding this program in other states, including how many students are participating in the program and how many have graduated; information regarding what the program does for OB, PSYCH or PEDS in rural areas; the location of the facility in Arizona and whether it is in a community already served by a local community college providing nursing education. Larson will be provided with a draft minute entry for this agenda item.

No formal vote was taken.

**I. Evidence and Informatics Transforming Nursing**

This item was on the agenda for information only and provided an opportunity for committee members to discuss the material which covered the initiatives driving education.

**J. NCSBN Recommendations for Transition Program**

Randolph address the committee stating that this item is based on research from the National Council of State Boards Nursing on transition into practice which finds that a formal transition program actually leads to less errors, lower turnover, more satisfaction, and less stress. Many individuals and agencies feel that this belongs in regulation and that there should be some regulatory mechanism that ensures every new graduate gets a preceptorship or into a transition program. This recommendation will be reviewed at the mid-year meeting or delegate assembly for a regulatory model of a transition program. The NCSBN recommendation is six months which is based on competency and perceived competency (driven by data on residency and by CCNE).

Randolph shared the questions/comments from Education Advisory Committee members that could not be in attendance.

Linda Riesdorph: transition new graduate program – Can agencies be mandated? I would doubt that. Then what happens if this is required by the board and agencies do not do their part?

Randolph offered that licensees could probably be mandated as a condition of licensure. The license would be temporary or a graduate nurse license until completion of a transition program. This would result in more regulation for the Board, and may delay graduates' realization of income.

**4. Applications for Program Change**

**A. SEVEN Healthcare Academy Refresher Program**

SEVEN Healthcare Academy Representative Present: Regina G. Cottrell, MSN, RN, owner, operator

Note: Education Advisory Committee Member Cheryl Roat showed no bias.

Randolph addressed the committee stating that Ms. Cottrell would like to add a component to her RN refresher course to prepare refreshing nurses to take on teaching responsibilities.

Ms. Cottrell has had some requests for this and would like the Education Advisory Committee's approval.

Cottrell stated that the SEVEN Healthcare Academy refresher program exceeds the minimal requirements for clinical hours. Refresher students interested in the education program would be required to meet the minimum requirement of 160 clinical hours and use the remaining mandatory hours for the program in nursing education. Instead of doing the 180 hour preceptorship and completing all of the lab skills, the students may waiver and do independent projects (as shown in the advanced reading material for this agenda item). This would satisfy the refresher course criteria. Cottrell wants to shift the focus in preceptorship by spending 140 hours in clinical nursing and the extra 50 hours will be in nursing education. All hours in didactic will be dedicated to nursing refresher. Preceptors for the education component would be Grand Canyon faculty, and the students would have to take education requirements. This option provides a venue for BSN and MSN nurses to be acclimated to education.

Randolph shared the questions/comments from Education Advisory Committee members that could not be in attendance.

Ms. Linda Riedorph: "Our program has little use for an MSN to lecture here and there. It has to be full-time to maintain the schedule. Maybe others feel differently. This approach may be a benefit for BSN or MSN to do a stable clinical experience, but education portion of it really needs to be beefed up to cover critical thinking techniques or strategies, evaluation of students, documentation of performance, probation type of documentation, computer skills as well as current nursing practice. A preceptorship would not have time to cover all that is not covered in the course as presented."

Committee members offered that the challenge is communicating with students that this experience does not necessarily prepare students for full role as a nurse educator. Committee members requested information and clarity regarding the percentage of didactic and lab that relates to the educator/teaching component of the refresher course. Committee members expressed concern that the burden of educational expectation and responsibility may be an additional burden placed on the student, or if there is no didactic, the responsibility shifts to the preceptor to provide objectives, theory and background for pedagogy, and test questions. Members also expressed concern that refresher students may not be prepared because education requires current or recent clinical experiences and that the decrease of clinical hours to accommodate the program may have a negative impact.

Other committee members saw the change as a creative and innovative way to expose refresher students to the education system, suggested that this initiative may be a response to the faculty shortage, and noted that while refresher students will not automatically be ready to teach, it is a good way to introduce students to teaching.

Randolph informed the committee that there is a rule that allows refresher programs to adapt the curriculum based on the need to incorporate content applicable to specialty and indirect care areas of nursing practice for students who plan to practice in those areas. There is clear authority for this type of program change in the rules.

No formal vote was taken.

**5. APPLICATION FOR PROPOSAL APPROVAL**

**A.** None

**6. PROGRAM APPROVALS**

**A. Pima Medical Institute Application for Final Approval**

Pima Medical Institute representatives present: Ms. Sharon Caves, Program Director; Christopher Lubke, Mesa Campus Director

Grady addressed the Committee stating that a site visit was conducted on November 27, 2007. With the conclusion of the site visit there were some potential violations and recommendations. Ms. Caves submitted additional information and was thorough in her responses which were included in the revised site visit report with dates.

**Recommendation:** Revise to grant full approval for five years.

**Motion:** Recommend Board grant full approval for a period of five years.

**Moved:** Ms. Cheryl Roat

**Seconded:** Ms. Marty Mayhew

**Discussion:** None

**Vote:** Motion carried unanimously.

**7. NCLEX**

**A. Quarterly Reports Fourth Quarter 2007**

Randolph addressed the committee stating that these are the end of the year quarterly reports for NCLEX. Fourth quarter is always the lowest. Many programs did well considering the RN passing standard was raised in April; however, programs did see a decrease in scores. International Institute of the Americas is eligible for a Notice of Deficiency because of the low RN pass rate. The program has not met the passing requirement for 2 years. Randolph met with program director, Dr. Sue Roe. Roe feels that the trend is increasing for the passing standard, but it remains below 70%. International Institute of the Americas has had 65 candidates; 35 passed 30 failed for an overall pass rate of 53.85%, the last quarter being 66.67%. University of Phoenix is currently under a Notice of Deficiency. Most of those students completed the nursing program some time ago. Rio Salado College is now under the Maricopa district. The district has not gone under 75%. Rio Salado filed a plan with the Board for increasing NCLEX pass rates. This is the first year of data for Apollo College. The Apollo trends are increasing and are now at 66%. Apollo College submitted an application for full approval which was subsequently withdrawn in the wake of low pass rates.

**B. Trends**

This agenda item was covered under Agenda Item 7A.

**8. BOARD and MEMBER UPDATES**

Randolph opened by stating that the review of clinical nurse specialist portfolios projects has been completed. There was an 80% pass rate with 2 submissions and a person requesting a third submission of one project which the Board granted. The Board adopted the committee's recommendation for full approval for Coconino Community College which was to extend provisional approval and issue a Notice of Deficiency. A CNA program complaint against Metro Tech High School was dismissed. Chamberlain College filed a response to the Notice of Deficiency regarding faculty offices. An investigative report on a CNA program was dismissed because the complaint was remedied.

The Board looked at CNA/Medication Technician test item review report. Each year the Board invites local nurses involved in CNA education to look at exam items. This year the test advisory panel adopted over 100 items for the CNA exam, 50 items for the Medication Technician exam, and made some changes on the CNA skills exam consistent with current practice.

**9. DEBRIEFING ON TODAY'S MEETING**

Malloch officially welcomed Dr. Judi Crume and Ms. Carol Mangold to the Education Advisory Committee.

Members appreciated input from the students in the audience. Members feel the committee is starting to outline ways to address the clinical placement issue; enjoyed the clinical placement discussion, noting that the debate was crucial, and that it was an excellent opportunity for critical thinking; liked that the literature distributed was relevant to committee discussions; will be looking into best practice for nursing education; and requested the agenda note how to approach the agenda items.

**10. CALL TO THE PUBLIC**

Student members and public comments were recorded under agenda item 3A.

**11. FUTURE MEETING TOPICS/DATES**

Next Meeting: Friday, April 18, 2008, 9:30 a.m.

**12. ADJOURNMENT**

There being no further business Woulard adjourned the meeting at 2:34 p.m.

**MINUTES SUBMITTED/APPROVED BY:**



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Signature