



Nursing and Allied Health Advisory Committee Minutes

June 2, 2009

3:30 pm – 5:45 pm

COMMITTEE MEMBERS PRESENT:

Industry Representatives:

John Coldsmith-CNO PMHD, Judy Hamilton-Dir. Education, ECRMC

IVC Nursing. Faculty:

Rick Fitzsimmons-4th sem., Rosalba Jepson-2nd sem., Donna Davis-2nd sem., Petra Coronado-clinical/tutor, Jack Williams-Simulations & Pharm.

IVC Representatives:

Tina Aguirre-Assoc. Dean, Stella Woo-Nursing Counselor, Laura Hartsock-Admin Secretary

COMMITTEE MEMBERS ABSENT:

Industry Representatives:

Public Health, Home Health, Calif. Dept of Rehab & Corrections, Clinics

IVC Nursing. Faculty:

Diedre Pollock-4th sem., Al Meek-3rd sem., Celeste Armenta-3rd sem., Marylynn Carlson-1st sem., Jean Stroud-1st sem., Sue Higgins-VN, Craig Luoma-VN, Aida Valadez-CNA., Reyna Saldana-CNA

Allied Health Faculty:

Rick Goldsberry-EMT-P, Enola Berker-MA, Lidia Trejo-MA, Simon Marquez-Pharm. Tech.

A. CALL TO ORDER

Tina Aguirre, Chair called the meeting to order at 3:35pm. All were welcomed to the meeting and attendees were asked to review and consider the minutes of November 5, 2008 for approval. Donna Davis motioned for the approval and members unanimously approved.

Action: none

B. REPORTS AND BUSINESS DESIGNATED FOR THIS MEETING

Outcome of RN Consultant Visit – January 2009

IVC utilized the services of an outside nursing consultant, Sandra DeBella, who reviewed curriculum, reports, pass rates, and other documents. In January she provided a report to the faculty and the staff. Tina offered the PowerPoint from the meeting to any interested attendees. There was a discussion on the topics covered by the consultant. The consultant wanted to see more interactive methodologies and less lecture, liked the simulations, and asked the faculty to remember to 'teach to the top not to the bottom'. Judy said this has been the underlined question –'where's the bar'. Tina reported that since the consultant was here, faculty are moving forward with changes in their classes. Rick stated he has moved from nearly 100% lecture to about 40% lecture and the rest being interactive. He is waiting to see if the results are better than last



semester. Jack tightened up the criteria for the pharmacology course and there was a proposal before the BRN Board to increase pharmacology by 1 unit, and split the three units between first and second semesters. This spring there were some amendments to the student handbook (a binding contract with students) and a complete revision will be implemented in fall 2009. The consultant also wanted to see we are doing more on evidenced based practice and use of the nurse theorist, but felt the curriculum and faculty are sound. Judy felt 'she rang the bell' with less lecture and more evidence based practice.

Action 1:

*Both facilities would like a meeting with IVC faculty to plan for fall clinical rotations. The facilities would like to enhance the clinical rotations and to help the students meet the curricular needs in different ways. If the facilities knew what the **unit** foci were for each semester and the week/day/time and number of students would be practicing specific skill sets, the facilities could plan for that experience by aligning their staff or arranging for a focused rotation on one unit. For example, if assessments are one of the skills, plan for students to do all assessments on the unit, or if IV and Foleys are the skills needed, plan for one day to work in pre-operative or endoscopy areas.*

Action 2:

Laura Hartsock to work with RN & VN Nursing Faculty to gather all skill checklists and if possible to arrange for a meeting with ECRMC and PMHD education department or CNOs. When supplying the skills sets, it is important to include how each set builds on another for that semester or the following.

Current Nursing NCLEX Pass Rates

Tina reported the RN December 2008 class currently has an estimated 64% pass rate as some have not yet taken the test. It was also noted, that some of the prior semester graduates did not take the NCLEX for more than 6 months – and failed. It was explained that the pass rates are based on an aggregate of all first time takers and are now at 59%. The BRN Board has been in contact with IVC regarding these results.

Judy said when you look at the simple numbers for the costs to orient students compared to cost to bring out-of-town nurses with experience; it comes to about the same. Rick suggested the hospitals look at their transcripts at the time of hire, look at previous years and current standing to learn more about the new graduate. Judy added the physicians are upset about the quality of nursing. Rick said students need to move from basic care to more awareness of all the patient needs and we have to move in that direction or remain

There was a discussion regarding the various NCLEX preparations; i.e. Kaplan, Virtual ATI, etc. Rick said as with any review, it as good as what you put into it. Judy concurred and felt Kaplan sometimes just wants money. It is a more tradition program and students do not do well with just lecturing or just self-guided preparation according to Rick. Kaplan did not play out from the last class they conducted. Jack noted that ATI divides areas and makes students look at these areas. Judy asked if it would it be a good idea or possible to steer students into the ATI pathway. Virtual ATI will send weekly emails on student activity to whoever funds the package. Attendees agreed that the facilities no longer hiring RNIPs has been a big fear factor for students. A mini phone



survey showed that students are doing self-study and study sessions planned by hospitals, not ATI. Tina reminded attendees that if the student does not pass, ATI will stay with the student until they pass, but the student must do the work.

Action:

Laura Hartsock and Rebecca Agundez to supply additional information on Virtual ATI to the hospitals and other hiring entities.

Outcome of BRN Nursing Education Consultant/Continuing Accreditation Visit – May 2009

Kay Weinkam came for the new 1-day visit at the end of May. She did not give an exit report, nor has a written report come in the email. While here, she spoke with student representatives from every semester, nearly all the faculty, and to the President and Vice-President. Topics covered were relatively broad.

Action:

Tina will contact the BRN Nursing Education Consultant if there is not response by the end of the week. NOTE: After a phone message – no written report as of June 10, 2009.

On-Line Evaluations: Class, Clinical, Program, Facilities and Graduate

The program evaluations have been converted to an electronic format. The students are required to evaluate their classroom courses and their clinical rotation sites. In addition, at the end program they are to look back and evaluate the program. The facilities are asked to complete an evaluation and their new hires that attended IVC in the last 6 months and in the last 12 months should complete an evaluation also. This is how the Nursing Programs learn what is right and what can be improved. These are annual requirements and the aggregated results will be shared with the Advisory Committee.

Action:

Laura Hartsock to email all facilities the links to the 'facilities evaluation'. Laura to also determine if an email of the electronic evaluations can be forwarded by the facilities to individuals or to a computer lab in a facility for their new hires to access.

Selections for Fall 2009

Tina reported there was a limited number of applicants selected for the fall session. This was done for several reasons including the California budget cut, the potential decrease in grant funding, and because of the current pass rate status. The number of re-entries will also be limited for the same reasons and the Selection Committee felt those students who had a chance and cannot progress should not prohibit another student from the position. The committee members were in agreements and felt the number of slots should be decreased as the need for nurses locally has tapered down due to the California financial crisis.

Action: none

Laura Hartsock to email all facilities the links to the 'facilities evaluation'. Laura to also determine if an email of the electronic evaluations can be forwarded by the facilities to individuals or to a computer lab in a facility for their new hires to access.



Allied Health Programs

Tina asked if industry had any needs in the areas of allied health; i.e. C.N.A, Medical Assistant, Pharmacy Technician, and Emergency Medical Services. Neither hospital reported a need that they were aware, but other entities not present at the time may have needs. A grant was submitted this week for funds to support an allied health coordinator for all programs and a counselor to assist with some of the identified high-risk indicators. A recent survey showed 75% had high stress, 70% were depressed, 40% had dropped or were having course difficulty due to personal problems, 12% admitted to having had thoughts of suicide, and 9% reported abuse was present within their immediate family. Evidence links lower grade point averages with such indicators. IF the grant is secured, it may have a positive effect on students.

Action: Consider moving allied health to its own committee, date and time

Facility Reports

Dress code: The facilities requested IVC continue to work on maintaining the dress code and reported some students still do not pick up their assignments dress appropriately. They also expressed pinning/graduation ceremonies are perceived as more professional when the graduates are dressed in uniform. They suggested only those following the dress code be allowed to participate in the pinning ceremony to eliminate those with less than professional dress.

LVN placement: One facility requested the LVN cohort be split between both facilities to permit the accommodation of the students and to enhance their clinical experience. In addition, they would like to see a detailed schedule by month, week, day, and time when each semester will be at their facility. Again, they requested a copy of the skills checklist that correlated with the semester and the activities.

Required elements and competencies: Judy reminded attendees that Point of Care testing requires annual competency check offs. This was done in February with all students, so the incoming first semester class will have to complete the same skill check-off or not be allowed do any of those procedures during their rotation. It was suggested to keep the waived test check-off in spring and add to the fall the mandatory authorization or declination of the influenza vaccinations, check for CPR, etc. to the orientation process with a copy of the forms to be given to the facilities as mandated by law.

Dress codes: Representatives from both facilities asked about the current dress code for graduation and in clinical assignments. Current policies were reviewed and the representative were asked to report whenever they see students inappropriately dressed.

Evidence Based Practice Conference: Those who were able to attend the May conference on EBP were very impressed and want to the conference expand. Students should be encouraged to join with the facilities to work on projects such as National Patient Safety Goals with the BSN students.

IVC Faculty: Asked for assistance in finding current and effective videos on SBAR and Fit Testing processes. IVC offered the use of the S.T.O.P. Disruptive Behavior continuing education CEU program.



Action: Jack Williams to follow up with Judy on SBAR videos. Tina to follow up with Judy on Kimberly Clark contact for Fit Testing information with goal of fit testing to be done on campus in fall 2009.

C. UNFINISHED AND NEW BUSINESS

None at this time.

D. ANNOUNCEMENTS AND ADJOURNMENT

ECRMC announcements: The new externship program will be rolling out in the summer. There are several new physicians; orthopedic and pediatric. They are working on a nurse leadership series. There will be a new OR nursing director.

Action: *IVC instructors can ask for someone that in the leadership series to be a guest speaker for the nursing courses and to help with current hot topics that may need to be added to curriculum*

Simulation lab at Pioneers: John Coldsmith reported that in the near future, PMHD will be opening a simulation lab for teaching and validating clinical skills and how to respond to events. He will be contacting Jack Williams for some input.

E. NEXT MEETING

Options for fall

3rd Monday of the month in the morning or afternoon?

Last Friday of the month after 12:00?