



Ohio Board of Nursing

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Advisory Group on Nursing Education

Meeting Minutes October 19, 2017, 10:00 a.m.

Members Attending: Patricia Sharpnack, Board President and Advisory Group Chair; Cheryl Boyd; Connie Bowler; Sandra Walker; Melissa Bennett; Barbara Tassell; Juanita Reese Kline; Patricia Schrull; Mary (Connie) Constance Stopper; Greg Lockhart (arrived at 10:20 a.m.)

Members Absent: Jacqueline Schrock; Victoria Wright; Judith Spath

Staff Attending: Lisa Emrich; Kristie Oles; Lisa Hashemian; Anita DiPasquale; Chantelle Coles-Neal

Guests Attending: Kim Schippits, University Hospitals; Tracey Motter, Kent State University College of Nursing; Austin Vannatta, Capital University; Judy Rudokas, Galen College of Nursing; Donna Glankler, Mount St. Joseph University

Call to Order and Welcome

Patricia Sharpnack, Chair, called the meeting to order at 10:00 a.m. and welcomed those in attendance. Advisory Group members introduced themselves.

Announcements

Chair Sharpnack reminded members that reimbursement forms must be returned to the Board within thirty days of the meeting to be processed.

Approval of June 8, 2017, Minutes

Chair Sharpnack confirmed members have reviewed the June 8, 2017, meeting minutes. Sandra Walker noted misspelling of "Sandra." The minutes as corrected were approved by consensus.

Preceptor: Minimum Qualifications

Chair Sharpnack requested that Kim Schippits, Director of Nursing Education at University Hospitals Health Systems, and Tracey Motter, Associate Dean at Kent State University College of Nursing, provide practice partner input regarding the preceptor qualifications specified in Chapter 4723-5, OAC.

K. Schippits asked the Advisory Group to reconsider that two years of nursing practice experience is needed for nurses to qualify as preceptors. She stated research does not support a correlation between two years of nursing experience and demonstrated competency. The Affordable Care Act and a changing healthcare environment have created more opportunities for nurses to move to positions other than bedside care. This has caused a more rapid turnover of nurses within hospitals and a shortage of nurses who have two years experience in practice. Northeast Ohio is also seeing experienced

nurses moving to other geographic areas. Twenty-one percent of University Hospital personnel who left cited relocation as the primary reason. It is estimated that by 2020, Ohio will have a shortage of 3,500 nurses. To meet both the pre-license nursing education and employer need for nurse preceptors, she recommended revising the administrative rules to require twelve months of practice and competency qualifiers.

Tracey Motter provided a brief history on the current preceptor model in nursing education. It has been used to bridge the gap between education and practice, provide an opportunity for the student to develop nursing skills, including effective communication, and build student self-confidence. Education programs increase their capacity when precepted practicum experiences are available; however, some programs eliminated the preceptor model from the curricula due to the lack of available preceptors. Because of the circumstances explained by K. Schippits, programs are learning that the experienced nurses employed by the clinical agency/practice partner are being used by clinical sites to precept their new nurse employees. T. Motter suggested the required nursing practice experience be 12-18 months with the use of competency evaluations completed by faculty at the time the preceptor is identified.

Barbara Tassell stated she believes nursing programs and institutions in northwest Ohio would agree with the recommendation. She read a research assessment that determined 1,200 senior students enrolled in thirteen nursing education programs throughout northwest Ohio and southeast Michigan needed a precepted practicum placement each year. The data does not include practical nursing students or newly licensed nurses who the employers place with nurse preceptors. She noted that health care institutions place experienced nurses with newly licensed nurse employees, rather than assigning them to students.

Cheryl Boyd stated that Nationwide Children's Hospital offers an elective preceptor course to nurse employees, and have unit-based competency evaluations. Affiliated nursing education programs request between twenty and forty preceptors per semester, but the hospital can only accommodate ten to fifteen. Most of their nurse employees use the hospital's tuition reimbursement program to continue their education to become nurse practitioners and move to different positions where they do not serve as preceptors.

Sandra Walker stated that about seven years ago the Central Ohio Technical College adjusted their program because their clinical partners were not able to provide the number of preceptors needed. Program administrators need to be sensitive to the changing needs of their clinical partners and consider changing the preceptor model as a whole, and not just the practice experience, or eliminating the precepted practicums. Programs could be effective by providing supervised clinical groups at the senior level with carefully selected instructors in lieu of using preceptors.

S. Walker stated that associate degree program administrators have expressed concern that a nurse could be a preceptor for students with only one year of clinical experience. S. Walker cited Patricia Benner's nursing theory, which states that there are five levels of proficiency from novice to expert. A preceptor model that reduces the practice experience to one year could add pressure to an already stressed novice nurse.

K. Schippits stated she respectfully disagrees because precepted practicums offer nursing students a rich and immersed learning experience, and acculturation into the

nursing profession. She reiterated her recommendation to preserve the precepted clinical experience and adjust the requirements for preceptors to meet the increased demand. P. Sharpnack added that research suggests that students from programs with a precepted practicum tend to transition into practice more quickly and decrease orientation costs.

Lisa Emrich stated the Board recently surveyed other state boards of nursing about their regulations for nurse preceptors. Thirty-two boards responded to the survey to date. Of those, sixteen boards do not establish a minimum time in practice. She reviewed the comments provided in the survey. For example, some boards issue permits for nurses to serve as preceptors, certain boards allow the nursing education program to establish minimum requirements for nurses used as preceptors, and some recognize employer-provided preceptor courses.

The members discussed that a nursing program could choose to exceed the minimum qualifications established in the administrative rules and/or require a competency evaluation of the nurse preceptor. The idea of a standard, high-quality preceptor course being required was discussed but the members concluded that it would create a burden for rural programs and be difficult to monitor.

The members agreed to review the preceptor qualifications. Staff will distribute the survey results when finalized, the preceptor competencies document provided by K. Schippits, and other information in advance of the next Advisory Group meeting. Chair Sharpnack asked everyone to be prepared to discuss and present a recommendation regarding minimum preceptor qualifications at the February Advisory Group meeting.

Nursing Program Curriculum: Minimum Length

L. Emrich stated the Ohio Action Coalition previously requested the Board remove the two-year minimum length of time for a registered nursing program curriculum, citing the increased use of competency-based curriculum models. The Advisory Group agreed by general consensus that at this time it would not recommend this as a rule change because they do not believe there is enough research or data about this type of curriculum. Board staff suggested this topic for a National Council of State Boards of Nursing (NCSBN) 2018 Education Network conference, and it was accepted.

New Rule Implementation: Clinical and Lab hours

L. Emrich requested comments regarding implementation of Rule 4723-5-19(F), OAC, effective April 1, 2017. The Board guidance document states that the "actual" clinical and laboratory hours provided within the course should be consistent among all students, however program administrators are reporting there are potential variances among clinical groups where students in one clinical group may participate in more or less actual clinical experience hours than another clinical group within the same course because of circumstances that cannot be controlled. For example, without notice a clinical site may deny student access due to an unscheduled survey of the facility. If this occurs, the program does not want to reduce the clinical hours for all students in the course when only a few students are impacted. It was noted that the rule allows for reporting of variable clinical and laboratory experiences for clinical groups within the same course. The guidance document will be updated to clarify this provision.

Military Training and Academic Credit: September 21, 2017 Meeting

S. Walker summarized the Ohio Department of Higher Education meeting held in September to address nursing programs granting credit for military training. It was generally agreed that nursing program pre-requisites may be met with military training in nursing assistant education, CPR certification and certain other pre-admission testing.

L. Emrich noted the Nurse Practice Act was amended to recognize the Community College of the Air Force (CCAF) associate degree for PNs as an education program so individuals who complete the program are eligible to take the NCLEX-PN examination. This was accomplished through cooperative work with Chief Master Sergeant Kandi Hughes, Medical Group Superintendent at the Ohio Air National Guard 121st Air Refueling Wing in Columbus, and Danny Eakins, Military and Veterans Policy Director for the Ohio Department of Veterans Affairs, who the Board recognized at the July 2017 meeting.

Next Generation NCLEX (NGN); Regional Workshop Registration Update

Chantelle Coles-Neal reported the NCLEX Regional Workshop that includes a presentation on the NGN will be held November 1, 2017, at the Riffe Center. Registration is at capacity with about twenty programs on the waiting list.

Education Program Workshop: December 1, 2017

C. Coles-Neal reported the fall Education Program Workshop is December 1, 2017, at the Ohio Department of Transportation (ODOT), 1980 W. Broad Street, Columbus. Registration will open at the end of October or early November. The spring workshop is tentatively scheduled in June 2018.

Legislative Updates – No legislative report was given.

Update: Implementation of eLicense 3.0 and HB 216

The Timeline/Plan outlining communications and activities regarding renewal, licensing, and implementation of HB 216 was distributed. Over ninety percent of the RN renewals have been completed at this time.

Advisory Group Application

L. Emrich stated that the application for 2018 Advisory Groups, information, and a list open positions are posted on the Board website. Applications will be accepted through October 31, 2017.

Other

It was noted this is the last meeting for Barbara Tassell, Connie Stopper, and Greg Lockhart. Chair Sharpnack thanked them for their contributions.

B. Tassell asked for clarification regarding the preceptor qualification form. Staff provided information about the program verifying preceptor qualifications in accordance with Chapter 4723-5, OAC.

2018 Meeting Dates

The following 2018 dates were agree upon: February 1, June 14, and October 11.

Adjourn

Having no further business, the meeting was adjourned at 11:57 a.m.