



Advisory Group on Nursing Education

Meeting Minutes February 1, 2018 10:00 a.m.

Members Attending: Patricia Sharpnack, Board President and Advisory Group Chair; Cheryl Boyd; Tiffany Kennerk; Patricia Schrull; Crystal Goods; Sandra Walker; Juanita Reese Kline; Sandra Harris; Sheryl Feeney; Christina Devlin

Members Absent: Jacqueline Shrock; Judi Spath; Melissa Bennett; Connie Bowler

Staff Attending: Lisa Emrich; Lisa Hashemian; Kristie Oles; Chantelle Sunderman

Guests Attending: 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

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

Approval of October 2, 2017, Minutes

Chair Sharpnack confirmed members have reviewed the October 2, 2017, meeting minutes. Sandra Walker moved to approve the minutes and Cheryl Boyd seconded. Tiffany Kennerk, Christina Devlin, Crystal Goods, Sandra Harris and Sheryl Feeney abstained. Voting members unanimously approved the minutes as submitted.

Preceptor: Minimum Qualifications

P. Sharpnack summarized the information provided and the discussion of the last meeting concerning minimum qualifications for preceptors. Specifically, the reduction of the nurse's practice experience from the current two-year requirement. Another tool or model may be used to identify a nurse's readiness to serve as a student's preceptor. Information collected through a survey of other nursing boards reflected that some boards do not require a minimum practice experience though they do consider other qualifying factors.

Lisa Emrich stated she participated in a recent National Council State Board of Nursing conference call during which guest speaker Kathy Lasater explained her work regarding nursing clinical judgment and correlation to amount of practice experience. L. Emrich stated she thought the call's discussion and materials were applicable to the Advisory Group's review of preceptor qualifications and included the materials for today's meeting. The requested preceptor competencies document sent by Kim Shipits from University Hospitals is also included.

S. Walker stated that she stands by the comments she made at the previous meeting. The workforce is experiencing an exodus of nurses from bedside positions that increases practice

partners' burden of providing preceptors for nursing students. As a result of the preceptor shortage, her program makes the precepted experience available only to select higher-performing students who academically compete for those spots. Educators should recognize the added pressure on practice partners. The Board does not require programs to offer a precepted experience for students. Programs are charged with providing nursing education that is consistent with Board rules and prepares students for entry into practice. She expressed concern that national patient outcomes are not improving and she fears that reducing nursing education regulations, including the current minimum preceptor qualifications, will lead to negative outcomes. She uses preceptors that meet the current minimum qualifications when they are available, and recommends that all variables pertaining to the precepted experience should be carefully considered prior to making any decisions.

P. Sharpnack emphasized the importance and value of the precepted nursing education experience, and expressed concern with programs' inability to offer the opportunity based on lack of available, qualified preceptors under the current Rule. There is no information that indicates states with more stringent preceptor qualifications have higher outcomes. It is not the time in practice but the overall quality of the preceptor that drives a positive educational experience for students

Patricia Schrull asked whether the Board could regulate a competency-based model for preceptor qualifications. L. Emrich responded that it is possible to draft a regulation where the program would be responsible for determining the qualifications of individual preceptors based on the course clinical objectives. There is no intent to add more regulation for programs. The Board's rules regulate the minimum qualifications of administrators, faculty, teaching assistants and preceptors; programs may certainly exceed the minimum requirements.

Cheryl. Boyd stated that at Nationwide Children's Hospital, certain programs have varied requirements above the minimum qualifications, ranging from specific academic degrees, certifications, specialization in practice, and past experience as a preceptor.

L. Emrich stated that the Lasater article suggested nurses with a significant number of years of experience may not be the best preceptors because their nursing actions are intuitive and therefore are not likely to talk a student through a specific patient care learning situation. C. Boyd agreed and stated that nurses with fewer years in practice, and who choose to precept, have a higher passion, interest, and drive to teach clinically. T. Kennerk agreed and stated that, within her facility, after eighteen months of experience, new nurses are usually seeking additional responsibilities, and she has found they are ready, willing and capable of precepting newly hired nurses. They would be good student preceptors because of their ability to assist the students with the common entry to practice issues.

K. Oles stated that current rule requires teaching assistants, who often serve as clinical instructors to have two-years practice experience. She questioned the difference between reducing the requirements for preceptors and the requirements for teaching assistants supervising students in a clinical setting.

P. Sharpnack responded that the role of the teaching assistant is significantly different than that of a preceptor. The preceptor is the nurse employed by the clinical setting, directly responsible for his/her patients. Students are integrated into this practice in the role of the nurse, who guides students through their thought processes in their practice.

Discussion ensued regarding the multiple clinical experience models utilized in nursing education programs and the importance of communication between the program faculty and preceptors.

P. Sharpnack stated that many practice partners welcome students to a precepted clinical experience to identify possible future employees. The experience is opportunity for new hire prospects to become socialized to the facility's work environment.

Tiffany Kennerk agreed, stating that she depends on their local nursing education program to supply new nurses to her hospital, and the majority of her staff were precepted as students there. Having students in a preceptor experience is added value to the organization. However, there is a finite number of available nurses that have two years of experience and she fears turning students away, as she indeed views them as possible future employees. Many nurses are available and willing to precept but they often have less than two years of practice experience.

L. Emrich stated that after contacting the Ohio Organization of Nurse Executives (OONE) regarding its members' perspective of two years of practice to meet minimum preceptor qualifications, the OONE Board of Directors extended an invitation to discuss the topic during their regularly scheduled meeting. L. Emrich will attend on February 8, 2018, gather information and report back.

The Advisory Group concluded that the information gathered from OONE and reviewing previous materials and articles would assist in determining a recommendation to the Board regarding the current two years of practice experience as one of the minimum preceptor qualifications.

Legislative Updates

L. Emrich summarized recent enacted New York law requiring all new RNs to obtain a baccalaureate degree within ten years of initial licensure. The history of "BSN in 10," and North Dakota's experience in requiring BSN for initial licensure that was later reversed were discussed. All agreed that employer hiring policies supporting BSN and higher education, the work of the Ohio Action Coalition, dual enrollment, articulation agreements, all support seamless academic progression without lessening the availability of qualified experienced registered nurses to the public.

C. Boyd stated that in 2012, Nationwide Children's Hospital implemented a requirement that all newly hired RNs with an associate degree must progress to a baccalaureate degree within five years of hire as a condition of their continued employment. Many RNs did fulfill the requirement; however, they also experienced a high turnover rate. She stated that it is not a system that would work for all employers or settings, especially those in rural settings.

S. Walked expressed her appreciation that the Ohio Nurse Practice Act does not mandate a BSN as a requirement for licensure or to maintain licensure. Associate Degree prepared RNs are valued and needed throughout the state. The idea of asking an experienced Associate Degree RN to stop practicing, or to require a BSN for licensure would place a burden on especially smaller hospitals and rural areas.

RN and APRN Workforce Data

The RN and APRN Workforce Data Reports for 2017 were reviewed and discussed. It was noted that fifty-two percent of RNs responding were not planning to obtain a BSN or higher nursing degree. Discussion ensued regarding advanced practice registered nurses struggling to obtain work in a competitive market.

L. Emrich stated that the raw data is available on the Board's website and that there was a request to include in future APRN Workforce Reports the number and type of national certifications held by APRNs.

Ohio Department of Higher Education: Admission of Military Veterans Position Statements

L. Emrich stated that as a result of a meeting convened in May 2017 by the Ohio Department of Higher Education (ODHE)'s Military and Apprenticeship Initiatives, representatives of associate degree and baccalaureate degree programs worked to identify some common elements of program admission requirements that may be satisfied by specific military training/education. S. Walker attended as an associate degree program representative and was a contributor to the resulting documents. The goal of the ODHE Military and Apprenticeship Initiative is to decrease unnecessary licensure barriers for veterans and military personnel. The Board has an existing Rule requiring nursing education programs to have a policy regarding the review of military training to determine credit for the nursing education program.

S. Walker stated that the resulting document developed jointly by the Ohio Council of Associate Degree Education Administrators and ODHE articulates and provides guidance on removing barriers for military veterans who seek admission to nursing education programs. The Ohio Council of ADN Education Administrators (OCADNEA) approved the position statement in October 2017. A similar document was developed by the Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Programs, and she understands it is slated for review by that organization.

L. Emrich added the Board was asked by the ODHE to review, consider and comment on the position statements. She notified ODHE of a needed correction to the Administrative Rule cited within each document. The Advisory Group by consensus recommended the following statement in support:

"The Ohio Board of Nursing has not established pre-admission requirements for nursing education program applicants, and is supportive of eliminating barriers to military applicants as set forth in the Position Statement."

2018 Meeting Dates

The scheduled meetings are June 14, 2018, and October 11, 2018.

Adjourn

Having no further business, the meeting was adjourned at 11:02 a.m.