



Advisory Group on Nursing Education

Meeting Minutes

June 14, 2018, 10:00 a.m.

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

Members Absent: Judith Spath; Jacqueline Schrock

Staff Attending: Lisa Emrich; Lisa Hashemian, Anita DiPasquale; Kristie Oles; Chantelle Sunderman

Guests Attending: Jane Mahowald, OLN and OAC; Carol Drennen, OAC; Judy Kreye, Walsh University; Linda Council, NDC; Nancy Cichra, VA; Christina Kline VA; Mary Kutchin, Kent State University; Kim Schippits, UH; Melissa Kline, Metro Health

Call to Order and Welcome

Patricia Sharpnack, Chair, called the meeting to order at 10:02 a.m. and welcomed members and guests. Advisory Group members introduced themselves.

Announcements

Chair P. Sharpnack reminded everyone that reimbursement forms must be returned to the Board within 30 days of the meeting to be processed.

Approval of February 2018, Minutes

Chair P. Sharpnack confirmed that members reviewed the February 2018 meeting minutes. The minutes were approved by consensus with Melissa Bennett and Connie Bowler abstaining.

Competency-based Education

Carol Drennen and Jane Mahowald of the Ohio Action Coalition (Action Coalition), presented information regarding competency-based education. The Action Coalition sent a letter to the Board in November 2016 addressing competency-based curricula and the parameters established in Rule 4723-5-13, OAC, Curriculum for a registered

nurse program. C. Drennen stated that the Action Coalition is not seeking a Rule change, but is explaining the competency-based education model.

Jane Mahowald discussed the Action Coalition's competency-based education model and implementation. The initial focus was to increase the number of baccalaureate prepared nurses in Ohio's workforce and to address this primarily through articulation models. This work progressed to the drafting of the Ohio competency-based model by the Action Coalition's RN to BSN work group that was subsequently adopted by the Action Coalition. She stated that Western Governors University (WGU) has successfully used the competency-based education model. She anticipates the number of institutions that use this model will increase. WGU has implemented this model mostly in its post-licensure programs, but it has pre-licensure nursing education programs in California, Florida, Utah, Texas and Indiana. She said many post-licensure programs have moved to competency-based education and accept competencies based on previous education, similar to LPN to RN programs. In addition, continuing education has changed from objectives to outcomes. She provided the definition of competency-based education according to the National Education Progression in Nursing (NEPIN):

A model of education that is entirely self-paced and requires the learner to 'demonstrate' their competence through assessments rather than requiring 'seat time' for acquiring credit toward a degree. Learner driven, self-paced learning means learners can progress at their own pace and build on competencies they have already acquired through their career. There is no minimum time requirement for course completion. The model may be referred to as "time variable". The focus is on achieving the required competencies. True competency based models have no fixed course completion times and often do not require alignment with a traditional academic calendar.

C. Drennen provided a national overview of competency-based education and stated the chancellor and governor have endorsed competency-based education for K-12 and higher education. She said competency-based education is supported at a state and national level. She read the November 2017 Secretary's proposal from the US Department of Education:

Meeting this challenge requires starting early in a student's education. Each American student is unique and enters school with a distinct set of strengths and challenges. Each student learns and grows at his or her own pace and in his or her own way; therefore, states, districts, schools, institutions of higher education, and other local providers must help every student build upon his or her unique strengths and address his or her unique challenges.

Competency-based learning is one possible approach to improve student outcomes and prepare students for careers. Under this approach, instead of equating seat time with learning—assuming all students need the same amount of time to learn material—students can work at their own pace and progress as they demonstrate mastery of content.

C. Drennen stated that competency-based education enables students to have a stronger understanding of content to accelerate, versus the risk of being unchallenged

academically and decreasing their engagement in education. Students who struggle with content can progress at their individual pace, giving them opportunity to grasp the content. She noted that this concept is not new; education programs currently use competency-based examinations to determine if a student may be given credit for a general education course by "testing out."

Challenges for implementing competency-based education within higher education include how to address financial aid standards because credit hours are not relevant in this model. WGU solved this by implementing a six-month term with "competency units" rather than standardized credit hours. Credit hours were developed years ago to measure faculty workload and were not intended to measure student learning or to dictate time spent in a course. Competencies are measured through well-defined assessments of laboratory, didactic, and clinical work. Sandra Walker agreed that the current higher education time and credit financial aide models would need to be addressed.

The Advisory Group discussed CCNE's accreditation of WGU and questioned how the University determines and reports its graduation rates and expected graduation dates as required by CCNE.

Tiffany Kennerk stated she completed her post-licensure BSN, MSN, and MBA through WGU and described her experience. A program mentor is assigned to each student for the program to provide guidance and assistance through scheduled mandatory interactions. Mentor permission is required to move forward beyond the initial competency units, and the mentor may reduce the required mentor interactions depending on success and progression. If a student is permitted to accelerate through content, the student may begin work for the next term. The entire program is accessible to students at any time. Competency assessments include examinations, the preparation of videos, PowerPoint presentations, group projects, etc. She was not required to complete a nursing clinical practice component for her RN-BSN program, but she did complete an extensive 90-hour practicum.

Christina Devlin stated technical schools are under the authority of the Ohio Department of Education, use clock hours instead of credit hours, and are not permitted to teach distant learning courses. The Ohio Department of Education requires information about the number of hours a student is physically in a classroom.

The Advisory Group compared competency-based education with the methods used by Excelsior College, which is a pre-license RN program approved by the New York Board of Nursing. Juanita Reese Kline stated she worked for Excelsior College for a number of years and stated that Excelsior's curriculum is not truly competency-based but includes competency assessments, which she believes the competency assessment made her a better educator.

Discussion ensued regarding business and medical professional education that use a competency-based model. C. Drennen stated she understands the Board's

administrative rule requirement for a minimum length of time for the teaching of a curriculum. Implementing a competency-based education model where students could progress at their individual pace would be easier without the requirement, but she believes such as model could fit within the current rule. A rule change would not be necessary at this time but she suggested that it could be reviewed in the future. She believes competency-based education will produce a higher number of quality nurses and increase the retention of students in education programs. J. Mahowald stated that the changes being made to the NCLEX examination to assess application of clinical judgment also supports the competency-based education model.

Chair P. Sharpnack thanked the guests for their thoughtful presentation and information.

Preceptor: minimum qualifications

Kim Schippits, University Hospitals Health Systems and Mary Kutchin, Kent State University, provided additional information to the Advisory Group in support of reducing the requirement of two years of nursing practice to serve as a preceptor.

K. Schippits summarized the results of a survey of academic centers in Ohio that reflect their considerations when selecting a preceptor. The sample group was small but verified the shortage of available nurse preceptors who had at least two-years of practice experience. An additional survey was distributed to practice partners regarding preceptors. That survey is still active and will be forwarded to the Board when the results are available. Nursing student preceptorships are integral to nursing education and future nursing employment; precepted experiences are essential to bridge the gap between education and practice. However, University Hospitals Health Systems, like other hospitals, is challenged with a high turnover rate of bedside nurses due to other nursing career opportunities. She also referenced the article included in the meeting materials that addresses state boards of nursing practice requirements for preceptors. Many boards do not require a minimum of two years practice.

Mary Kutchin, Kent State University, stated that nursing education faculty oversee the preceptor's clinical instruction of the student and work in collaboration to provide students and patients a safe and informative clinical experience. She said precepted clinical experiences are utilized and recommended internationally.

L. Emrich discussed her attendance of the Ohio Organization of Nurse Executives (OONE) February 2018 meeting. OONE members provided feedback and comments regarding minimum qualifications of preceptors. Nurses with one-year experience may be better qualified to precept than nurses with two or more years of experience. Organizations select nurse preceptors who are competent, skilled, articulate, demonstrate the organization's values, and show interest in precepting nursing students. Hospitals are seeing an increase in requests for clinical placement of students on second and third shifts, which have a higher number of newly employed nurses. Overall, OONE members agreed that the qualities of the individual nurse preceptor are more important than the number of years in nursing practice.

Chair P. Sharpnack stated she was informed that the Cleveland Clinic has experienced similar issues with selecting preceptors. She fears preceptors are selected simply based on meeting the two-year requirement versus being a good fit.

L. Emrich stated that some states leave the responsibility of defining preceptor qualifications to the education programs. C. Devlin suggested a competency model for preceptor qualifications. Crystal Goods recommended establishing a minimum time in practice within a specific unit.

S. Walker reiterated the need to be considerate of nursing programs' practice partners and avoid adding to their burdens when making a recommendation. She suggested removing "for at least two years" from current Rules 4723-5-10(A)(5)(b) and 4723-5-11(A)(5)(b), OAC, which would leave the "demonstrated competence" in place. The Advisory Group discussed concerns about removing a required minimum time in practice; however, C. Boyd stated that education programs could implement more stringent requirements. The Advisory Group agreed by consensus to recommend revising Rules 4723-5-10(A)(5)(b) and 4723-5-11(A)(5)(b), OAC, by removing from each the words "for at least two years."

Chair P. Sharpnack thanked the guests for their attendance and for providing the additional information.

2017 NCLEX Pass Rates

L. Emrich summarized the NCLEX Pass Rate Report in relation to the implementation of revised Rule 4723-5-23, OAC, on April 1, 2017. The administrative rule now limits the calculation of program pass rates to first time test candidates who took the NCLEX within six months of program completion. The national average and 95% of the national average remains the same and is based on all first-time test candidates.

Due to the effective date of the rule, program NCLEX pass rates first quarter was calculated based on all first-time candidates, and the second, third and fourth quarters of 2017 included only first-time candidates. When calendar year 2018 pass rates are determined, the entire year will be based on first time candidates who attempted the NCLEX within six months of program completion. She noted that overall Ohio's average pass rates have been trending upward.

The Advisory Group discussed programs whose pass rates have continued to be below the 95% of national average benchmark for longer than four years. The NCLEX pass rates pertain to success at first attempts of the NCLEX and do not include individuals who may pass the exam on subsequent attempts. It was acknowledged that other factors about an education program must be taken into consideration; a program's pass rate cannot be used as the sole indicator of quality.

Education Program Annual Report Survey

L. Emrich stated that the Annual Report Survey was distributed June 8th and is online for programs to complete. The Survey must be submitted no later than July 31, 2018.

June 15, 2018 Education Program Workshop

The Board's Nursing Education Program Workshop will be held June 15, 2018, at the Ohio Department of Transportation. Currently, 150 individuals representing about 80 programs are registered. The fall workshop is schedule for December 6, 2018 at the same location.

Ohio Department of Higher Education: Military/Veterans

S. Walker summarized a May 21, 2018, meeting convened by the Ohio Department of Higher Education (ODHE) to address nursing programs granting credit for military training. She said the current challenge is defining a statewide bridge course with multiple military backgrounds that differ by sector.

L. Emrich added that ODHE discussed its work with nursing programs to identify how to streamline courses to improve the transfer of course credit among post-licensure nursing education institutions. M. Bennett said ODHE staff previously asked her to replicate her program's LPN to RN advanced placement model for military training and education.

Advisory Group Application Period

L. Emrich reviewed the terms of current Advisory Group members. The Board will publish an Advisory Group application and the open positions on its website in October, and the Board will review and make appointments at its November 2018 meeting.

Remaining 2018 Meeting Dates

October 4, 2018

Adjourn

The meeting adjourned at 11:56 a.m.