



Advisory Group on Nursing Education

Meeting Minutes February 7, 2019

Members Attending: Patricia Sharpnack, Board President and Advisory Group Chair; Tiffany Kennerk; Patricia Schrull; Christina Devlin; Barbara Ratliff; Crystal Goods; Camden Seal; Cynthia Wilkins; Sandra Harris; Melissa Bennett; Sheryl Feeney; Connie Bowler; Andrea Scurria

Members Absent: None

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

Guests Attending: Carol Pehotsky, Cleveland Clinic

Call to Order and Welcome

Patricia Sharpnack, Chair, called the meeting of the Board's Advisory Group on Nursing Education to order at 10:00 a.m. and welcomed members and guests. Advisory Group Members introduced themselves.

Review and Approval of the June 14, 2018, Advisory Group Meeting Minutes

The minutes were unanimously approved after making corrections as follows: Page 5 sixth paragraph insert the phrase "who took the NCLEX within six months of program completion" at the end of the first sentence that begins with "Due to the effective date..." On Page six in fourth paragraph, change "M. Bennet said ODHE staff previously asked her to replicate..." to "There was discussion that ODHE staff previously asked an educator to replicate..." Cynthia Wilkins, Camden Seal and Barbara Ratliff abstained.

RN program minimum period for teaching curriculum

Lisa Emrich summarized the previous meeting's discussion regarding the minimum amount of time over which a curriculum for registered nursing education programs may be taught. The presenters, who spoke to competency-based curricula in nursing education, did not request a rule change, though L. Emrich asked if any additional follow up was needed. All agreed that further information was not needed at this time.

Curriculum Content in Perioperative Nursing:

Chair Sharpnack introduced Carol Pehotsky, Associate Chief Nursing Officer, Surgical Services, Cleveland Clinical Health System. C. Pehotsky stated that sixty-five percent of perioperative nurses nationwide will be eligible to retire by 2022. In northeast Ohio, and specifically within the Cleveland Clinic system, approximately thirty percent of perioperative nurses are presently eligible to retire and an additional thirty percent will be eligible within five years. This means these nursing employment opportunities are available to new nursing graduates. Although there is recognition that much of today's health care is increasingly provided in patient's homes,

perioperative nursing care will continue to be delivered within a surgical facility or hospital with whom nursing programs may partner. To improve nursing students' exposure to perioperative nursing, she believes hospitals and clinical partners should provide students a more robust and engaging clinical experience, beyond that of the current and usual observation-only activities provided within the perioperative area. The clinical experience should promote competency expectations that include a commitment to patient safety. She encouraged programs to offer students a senior practicum experience or nurse associate clinical experience externships with a perioperative track.

The Advisory Group discussed opportunities to increase students' exposure to perioperative nursing. Connie Bowler suggested perioperative nurses visiting a program's simulation lab to provide students a more hands-on initial experience. Camden Seal said programs would benefit from a perioperative nursing webinar or interactive presentation. Chair Sharpnack stated that nursing programs continue to see a decrease in available clinical sites as patient length of stay decreases. She agrees with practice partners proactively engaging students, and providing clinical experiences in perioperative nursing. Current law does not prohibit perioperative nursing from being taught. Education programs and practice partners may apply current coursework and studies to a perioperative setting.

Tom. Dilling asked for clarification on the difference and benefit of an individual becoming a nurse within a perioperative setting versus a surgical technologist, noting that about every two years a bill is introduced seeking state regulation by licensure of surgical technologists. C. Pehotsky said a shortage of surgical technologists exists too; the ratio within the Cleveland Clinic System is about seventy percent registered nurses to thirty percent surgical technologists. A nurse in a perioperative setting can take on a larger role by scrubbing, circulating and documenting patient care, where a surgical technologist may only scrub. She stated the Cleveland Clinic requires its surgical technologists to have passed the Certified Surgical Technologist (CST) exam to ensure competency. The Cleveland Clinic has also partnered with local nursing programs to assist surgical technologists to advance to RN licensure.

Christine Delvin discussed the utilization of licensed practical nurses in the role of the surgical technologist, and integrating perioperative nursing education into the LPN curriculum, including clinical experiences, to provide early exposure and career path opportunity. The Group discussed competency verification of LPNs, and military education and training in surgical technology.

C. Pehotsky thanked Chair Sharpnack and the Advisory Group for the opportunity to discuss perioperative nursing.

November 2018 meeting ODHE: Ohio Values Veterans

T. Dilling attended the meeting held by the Ohio Department of Higher Education, regarding the application of military credit to nursing education. The meeting discussion focused on micro-credentialing. T. Dilling and L. Emrich summarized past meetings that addressed nursing education programs granting credit for military training and bundling groups of courses that may be transferred, versus reviewing each course individually.

Recommended Chapter 4723-5, OAC, revision: 2019 review

The Advisory Group reviewed staff recommended revisions to Chapter 4723-5, OAC, and agreed with the revisions as follows:

- **Rule 4723-5-01, OAC** Define the term “program completion” to be synonymous with degree conferral and graduation. The rationale for the change is to prohibit a program from withholding an individual’s completion letter yet confer the nursing academic degree.
- **Rule 4723-5-04, OAC** Delete paragraph (B)(4) that requires the Board to propose to withdraw its approval as it is inconsistent with statute. Paragraph (B)(3) appropriately gives the Board discretion to take action. The rationale for the change is to make it consistent with statute.

Summary of 2018 Education Program Annual Reports

The Advisory Group reviewed the *Summary of Annual Reports* and noted that few programs are substituting 100% of OB and Pediatric clinical with moderate or high fidelity simulation. L. Emrich stated that the summary report and data are available on the Board’s website.

Response to November 2018 NCSBN NCLEX Regional Workshop

L. Emrich stated that the 2018 NCSBN NCLEX Regional Workshop was again well received . The Board will continue to host the workshop annually in November.

June 13, 2019 Education Program Workshop

The Board's next Nursing Education Program Workshop will be held June 13, 2019, at the same venue, Ohio Department of Transportation Auditorium. Registration will open in May and staff encourage all interested participants to register. The Workshop will include information and updates from various Board units, including Licensure.

Other

The Advisory Group briefly discussed clinical partners and whether they may in the future begin charging education programs for clinical experience access.

Remaining 2019 meeting dates: Meetings for 2019 are scheduled for June 6 and October 3.

Adjournment: The meeting adjourned at 11:06 a.m.