

**MINUTES**

**UTAH  
EDUCATION COMMITTEE  
BOARD OF NURSING**

**November 12, 2009**

**Room 474 – 4<sup>th</sup> Floor – 7:30 a.m.  
Heber Wells Building  
Salt Lake City, UT 84111**

**CONVENED:** 1:00 p.m.

**ADJOURNED:** 4:08 p.m.

**Bureau Manager:**

Laura Poe

**Secretary:**

Shirlene Kimball

**Conducting:**

Diane Forster-Burke

**Committee Members Present:**

Diane Forster-Burke

Peggy Brown

Mary Williams

Gigi Marshall

Pam Rice

**Guests:**

Heather Huber, Student, Weber State

Kathy Potter, Fortis College

Mary Joe Jones, St. Mark's Hospital

Kevin Allred, Mountain Star Health

Connie Carpenter, Univ. So NV – So. Jordan Campus

Mable Smith, Univ. S. Nevada- South Jordan Campus

Linda Petersen, Ameritech College

Julie Aiken, Ameritech College

Alan Pearson, Southern Utah University

Jan Jones-Schenk, Western Governor's University

Carolyn Lewis, Western Governor's University

Gerrie Barnett, University of Utah

Amber Epling, Snow College

Debra Edmunds, MATC

Lisa Moon, BATC

Beth Cole, BYU

**TOPICS FOR DISCUSSION**

**DECISIONS AND RECOMMENDATIONS**

**ADMINISTRATIVE BUSINESS:**

October 8, 2009 Education Committee  
minutes:

Approved as written. All Board members in favor.

**NEW BUSINESS:**

Review NCLEX pass rates for  
Provisionally approved programs:

Review NCLEX quarterly pass rates for all  
Utah programs:

Debra Edmunds, written report  
Mountainland ATC:

Traci Hardell, written report  
Stevens-Henager:

Site visit report on University of Southern  
Nevada – South Jordan Campus:

Reviewed.

Committee members reviewed the NCLEX quarterly pass rates for all Utah programs. Committee members requested that Kimball Johnson, nursing program director from the College of Eastern Utah meet with the Board next month to discuss the program's continued low pass rate. A letter will be sent to Utah Valley State College and Westminster College concerning their low pass rates and request a plan of action.

Reviewed.

Reviewed. Ms. Poe indicated Ms. Hardell will need to continue to report monthly until the program is off provisional approval. Ms. Hardell will also need to provide a list of students by cohort. Committee members would like to continue to monitor pass rates.

Dr. Williams reported all faculty members have appropriate credentials and experience. However, it appears that faculty members are located in Nevada. Dr. Smith stated that a majority of faculty members live in Nevada and are housed for the block of time they will be teaching. All faculty members are licensed in Utah. Gigi Marshall reported she has been hired to work for the University of Southern Nevada – South Jordan Campus and will no longer be at Provo College.

Ms. Carpenter stated they will not know until November 15, 2009 whether or not their students will be placed according to the clinical contracts. She indicated clinicals do not begin until March 2010 and if all clinical slots that have been promised are available, the program will have adequate clinical slots. It was suggested the program provide the Committee with an update regarding clinical slots and the number of students accepted to begin the program at the January Committee meeting. Dr. Williams made a Motion to grant provisional approval to the University of Southern Nevada- - South Jordan Campus with an update at the January Board meeting

regarding clinical sites and the number of students beginning the program. Ms. Rice seconded the Motion. Ms. Marshall abstained. All other Committee members in favor.

Ameritech College written report:

Report reviewed.

Report on Site Visit to Fortis College:

Dr. Williams reported on the site visit to Fortis College. Kathy Potter, Fortis College was present. Dr. Williams indicated Fortis College will admit 24 students, four times a year (every 12 weeks). They are awaiting approval from the ACCSC accrediting body. They have an articulation agreement with Kaplan University and Grand Canyon College. Clinical contracts were presented with a good variety of clinical sites. The program is advertising for faculty positions. Ms. Potter stated they are waiting for the Boards approval before hiring more faculty members. Ms. Potter reported they currently have one full time faculty member and two part time faculty members. Dr. Williams reported on the admission criteria and indicated that the facility is adequate. The only concern was that faculty member spaces are open and there is concern regarding the lack of privacy. Ms. Potter stated there are several rooms where faculty members can speak with students in private. Ms. Potter stated they would like to start prerequisite courses in January and nursing courses in July. Dr. Williams made a Motion to give provisional approval of the nursing program at Fortis College pending receipt of ACCSC recognition and approve of the school to offer a nursing program. Ms. Brown seconded the Motion. All Committee members in favor.

Mountain Star Healthcare,  
nurse residency program:

Mary Joe Jones, St. Marks Hospital and Kevin Allred, vice president Human Resources Mountain Star Healthcare met with the Committee to discuss their proposed nurse residency program. Ms. Jones indicated the purpose of the program is to provide Mountain Star Hospitals with the ability to hire new RN graduates into a structured program after they have completed educational requirements and are waiting to take the NCLEX exam. Committee members reviewed the proposal. Ms. Forster-Burke stated the description of the program looks standard; however, pointed out that Utah does not recognize the term

“graduate nurse.” Ms. Jones stated they would use the term “residency extern student” instead of graduate nurse and Committee members indicated this would be acceptable. Committee members questioned the section of the proposal that states the nurse residency program offers the opportunity to provide indirect patient care. Ms. Jones stated this would be direct patient care under the direct supervision of a licensed RN. Committee members also questioned what is meant by the section that states if the employee fails to pass the NCLEX exam after three attempts, the employee will be terminated from the CNA or LPN position. Ms. Jones stated an individual would be hired as a CNA or LPN based on credentials and then apply to the residency program. Upon graduation, the person would be moved to the residency program. If the employee fails the first NCLEX-RN exam, then the person would be terminated from the residency program and return to the previous CNA or LPN position. If the individual fails the NCLEX-RN exam three times, then the person is terminated from the facility.

Ms. Jones indicated they are ready to proceed with the program as soon as the Board grants approval. She indicated the number of students varies by hospital, possibility 5 to 25 slots. She stated this does not affect the number of clinical slots offered to the nursing education programs.

Ms. Jones stated the 150 hours of orientation includes didactic hours and core clinical testing. All new graduates employed at Mountain Star will need to be accepted into the residency program. The orientation includes communication and assimilation into the culture to make sure the new graduate feels they have a safe place to go if necessary and the ability to meet to discuss issue. Ms. Marshall made a Motion to approve the program with the clarifications. Dr. Williams seconded the Motion. All Committee members in favor.

#### Innovations in Nursing:

Ms. Poe stated that over the last 3-4 years there has been an increase in nursing programs and nursing students. Since the student population has double, there is concern regarding the lack of clinical sites.

Ms. Poe also expressed concern that Utah's pass rate on the NCLEX-RN examination has dropped below the national average for the past two years. Ms. Poe reported that some of this is due to the new programs; however, well established programs are also struggling with both issues.

Ms. Poe reported that NCSBN established a task force in 2007 to research and study innovations in nursing. A copy of the model rule developed by NCSBN was presented to Committee members for review. Ms. Poe reported NCSBN has looked at simulation and what the states are doing regarding the lack of clinical sites. Ms. Poe reported most states are silent on the number or percentage of hours allowed in simulation. It is not clear if these states allow additional hours in simulation or if they are substituting simulation for clinical hours. Ms. Poe indicated Texas and California have been instructed by their Legislature to look at innovations.

Ms. Poe indicated the discussion today is to get a feel for how programs are using innovations currently and brainstorm how to use innovations in the future. She indicated we also need to determine how the current standards in the Nurse Practice Act Rule affect those innovations and to determine the best way to turn the low NCLEX-RN pass rate trend around.

Ms. Carpenter, University of Southern Nevada indicated that the Nevada program uses an eight hour clinical simulation at the beginning of each rotation which helps students feel more comfortable in the clinical setting. She indicated they have developed their own simulation that is specific to an area. Ms. Huber, Weber State nursing student indicated that even with clinicals, it is not a given that the student will receive clinical experience in every area because it is not known what types of clinical experiences are available on the floor at the time the student is there. The simulation lab may be the only opportunity to obtain certain skills or to experience a certain type of patient such as an OB patient.

Dr. Williams stated if we look to simulation, we need to look at the quality. The scenarios have to be well

developed and as close to the situation as possible. Outcomes need to be reviewed. The correct simulation requires tremendous effort. Dr. Williams stated simulation will not replace actual clinicals, but could be a bridge. Dr. Lewis, Western Governors University, stated if a student is going to clinicals just to obtain the hours and is only observing, the student may not be learning. However, if an interactive simulation is done correctly, the hands on hours would be more valuable. Ms. Marshall stated her concern with simulation is the personal interaction with a living breathing human being.

Lisa Moon, Bridgerland ATC, stated her program uses some simulation and it can be a great experience. However, she stated that their experience with the virtual reality computer program is that it is not a good learning experience. Gerrie Barnett, University of Utah, stated the University has been doing simulation for years at different levels. She stated the 25% is a bit stringent, it could go higher, however, faculty needs to be well trained with the simulation, there needs to be appropriate equipment and a debriefing completed. Jan Jones-Schenk, Western Governors University, stated she believes simulation has a huge place in education by effectively preparing the student in all areas. She reported Western Governors University has conducted a lot of research on simulation and their program uses simulation differently than most programs. Ms. Jones-Schenk indicated the rule of no more than 25% creates a significant barrier. She stated she understands the intent for the percentage and understands the importance of direct hands on experience, but the numbers get in the way. There are some studies that indicated that up to 50% clinical simulation is acceptable, especially in areas where it is difficult to find clinical hours. Ms. Moon indicated that high fidelity simulation is instructor intensive and some state funded programs may not be able to afford high fidelity simulation. Julie Aiken, Ameritech College, stated if they could use high fidelity simulation when clinical sites can not be found, it would provide more flexibility for the programs.

One suggestion was the development of a centralized

simulation center where all schools or facilities could send students to improve the clinical competent. The concern expressed was that some programs may not be financially able to provide their students with the simulation time and other programs that can afford the time would dominate the center. Ms. Jones-Schenk stated that in Texas, schools work together by region to seek grant money to dedicate to finding resources for their programs.

Concern was also expressed regarding clinical sites that are no longer accepting a large number of students. Students are being sent off in different directions and the instructor becomes fragmented. There are also some institutions that will not allow the clinical instructor to do clinical skill on the patients. Debra Edmunds, Mountainland ATC, stated she is concerned about the group of nurses who are burned out from taking students. She stated there are nurses out there who want to teach and take a student nurse, but just for one shift. She stated she would like to take advantage of this option.

Ms. Poe questioned which is better, virtual simulation or observation. Observation would be where the student stands in a corner, versus hands on in a lab with manikin and simulation. Gerrie Barnett, University of Utah, stated it depends on the person in the room explaining the concept and what is going on in the room. It is not helpful if no one explains what is happening during an observational experience. However, observation may have its place if it is planned observation.

Ms. Poe stated the NCSBN model rule language allows or creates a process where an approved program could apply for a waiver to offer an innovation in education, submit a detailed plan, identify the part of the rule they are requesting a waiver for, provide outcomes, and how the outcomes will be measured. The language provides a process by which a program can come and ask for a waiver instead of the board coming up with ways to change the rules. Ms. Poe questioned if those present would be in support of the idea of the Education Committee working on draft rules for innovative nursing

programs following the NCSBN model language. Those present indicated they feel it would be a good idea. Dr. Lewis questioned if it would only be approved for those programs with full approval, and what about those programs not fully approved or applying for approval. Ms. Poe indicated criteria could be established that outline how those programs meeting the criteria could be approved. The only groups prohibited would be those on probation, or those provisionally approved not nationally accredited. Ms. Jones-Schenk stated to be provisionally approved a program must meet the standards in Rule. How would a program with creative innovations achieve provisional approval? Ms. Poe indicated that would be one of the issues the Education Committee would have to address.

Ms. Poe indicated if the Board receives a number of proposals and they all mention the same rule as being a barrier, then the rule could be amended and the barrier removed. Dr. Williams stated we need to be cautious, there is already a problem with students not being able to pass the NCLEX examination and this could jeopardize that issue even more. We need to be flexible, but we need to move carefully. Dr. Williams stated the rules are put in place to protect the public/students. We don't want a program to come and say this rule is not working and we need to change the standards. Beth Cole, BYU, stated she feels keeping a standard protects the patient, the nurse and maintains objectivity and knowledge. Gerrie Barnett, University of Utah, stated she agrees and nursing education programs need to produce safe, competent and knowledgeable practitioners.

The discussion then focused on the declining pass rate on the NCLEX-RN exam. Dr. Lewis questioned if the drop was because of the change in the testing format. Ms. Poe stated the decline occurred after the exam format changed, but if that were a factor, the national pass rate should also have experienced a decline. Ron Pierce, SUU, stated that personal accountability of the student/graduate has gone down and that may also be a reason for the low pass rates.

Committee members thanked those attending the

discussion for their participation.

Break at 3:40 p.m.  
Reconvened at 3:50 p.m.

Everest College site visit:

A site visit will be scheduled for December 16, 2009 at 9:00 a.m. Ms. Forster-Burke, Ms. Rice and Ms. Brown will be available for the site visit.

Ms. Poe, follow up:

Ms. Poe provided a draft of rule language that includes the NCSBN model language for innovations in nursing education. The November 10, 2009 draft will be discussed at the next Committee meeting.

Dr. Williams indicated the Board has worked hard to get where we are, we need some flexibility, but need to be prudent and not open the door for poor quality in the education programs. Ms. Poe stated we should be able to identify poor quality, but if it is a good proposal, then the education program should be allowed to pilot the innovative approach to educating students.

*Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.*

December 10, 2009  
Date Approved

(ss) Diane Forster-Burke  
Diane Forster-Burke, Chair, Education Committee, Board of  
Nursing

December 10, 2009  
Date Approved

(ss) Noel Taxin  
Bureau Manager, Division of Occupational & Professional  
Licensing