Cabinet on Education  
May 16, 2013

**To Do**

<table>
<thead>
<tr>
<th>Present to the OSBN re: students, programs and clinical site density as soon as ready.</th>
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<tr>
<td>Student Max: Have someone come and talk about this; talk with Mary Rita, other staff, Paula Gubrud.</td>
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<td>Sue: Insert ONA/CONE recommendations for nursing program review into the original OSBN document, send out for approval.</td>
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<td>Sue: Contact Joy Ingwerson re: our intention to present.</td>
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<td>Sue: Find out how Florence Hardesty is doing.</td>
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<td>Link Patricia Bellamy to the Government Relationship Cabinet to talk about health implications of coal transport in the Columbia Gorge. <em>(DONE)</em></td>
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<tr>
<td>Obtain more information about faculty and FIPSE grant on care coordination.</td>
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<td>Next meeting is July 25, 2013; 9-12 noon.</td>
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Present: Beverly Epeneter, Patricia Bellamy, Jan Killen, Basilia Basin
Unable to attend: Kay Carnegie, Connie Miyao
ONA staff: Sue Davidson, Tara Gregory

I. Introduction

A. Minutes of 2.28.2013 were reviewed and corrected; they will be revised and sent out in keeping with corrections.

1. Correction: Patricia Bellamy (not Pat).
2. The March 21st meeting was cancelled, and the May 2 CONE meeting changed to today’s date: May 16, 2013.
3. Addition: Add Paula Gubrud to the guest list.
4. Edit the minutes of the 2/28/2013 meeting so they are coherent.

B. Agenda was adopted with addition of OSBN issues.

C. Pending visitors: connect with Mary Rita to attend the next meeting.

D. Networking

* Patricia is taking geology; still working on the coal issue; has signed on to the health issues related to Columbia Gorge coal trains; hearings have been held and many people are working on this; most are against. Patricia wants to develop an Action Report (ONA) to be presented at the next HOD. The coal coalition needs to get an environmental impact study.
Sue recommended she contact Cabinet on Health Policy to obtain the name of the chair, and meet with that Cabinet to prepare a resolution for the next ONA HOD. Each train loses 500-2000 pounds of coal dust plus diesel fumes, so the issue is not insignificant. Surfactant sprays on the coal have been given as the answer to the problem of coal dust, but the big question is whether there are other solutions? The answer is "no" because no one knows the impact of surfactant. There needs to be significant research to see if surfactant is safe.

* Jan Killen: Has been working on alteration in teaching methods.

* Beverly Epeneter reports that Linfield SON finally has found a new Dean who will arrive in August; her name is Mary Cozy, and she comes from Lourdes University in the Midwest. Her nickname is Mallie. Since the last CONE meeting, two FT faculty have resigned, another person and others will work PT, so search for more faculty is on-going. Linfield students graduate the last weekend of May. There have been issues within the SON related to security since twice there has been a man in the building attempting to enter the faculty's offices. This week, students are beginning to lighten their spirits, job possibilities are better with the VA, and Newberg Hospital having open positions. A residency program at Legacy is also available and they are expecting more students in it. Beverly has a new granddaughter, named Lauren Elizabeth (the first).

* Basilia Basin: still lots to do in her program; her son was not accepted to a nursing program this year, but will instead begin a baccalaureate in science/biology, and then come back to nursing later.

* Tara: has been the NPC covering the OSBN; HB 2902 (NP Parity) is still alive, with many amendments (16) from various groups and legislators, primarily OMA pushing back. However, ONA is hopeful. At OSBN, Tara is chair of subcommittee on telehealth and telenursing. Members and others (OHSU) are endorsing the position that the license of the nurse belongs in the state of residence, thus not requiring an additional license in the state where he/she is talking with a patient. A reference proposal related to this issue has been sent forward and accepted for presentation to the ANA annual "house of delegates" (has a new name now) for consideration. IV sedation paper has been updated, the SANE policy has been rewritten. The policy on nurse's ability to accept orders has become complicated and needs further clarification. NPO is working on a "Student Max-like" mechanism for matching preceptors and NP students, and they are talking about clinical residencies for DNP students; University of Carolina has a position statement which has the residency focus on clinical hours, versus capstone projects. ANA's reference proposal r/to our position that the nursing license resides in the state where the nurse practices. Sounds like an easy position but is more complex. For example, 2 states do not have nurse practice acts. PAs do not have any guidelines for practice because they operate on delegated authority of the MD. Reason: each MD wants to train them, the PA evolves and becomes more proficient and
consistent with that MD's practice. This is a very old model. It is not education.

* Do RN's accept orders from a PA? Yes, only if they have contact information re confirmation with the supervising physician if there are questions or concerns.

II. Density of Educational Programs

A. Handouts: Map of programs and health systems, RNs and NPs by county, and active licenses by employment setting was reviewed. Continued work on this concept and the supporting data will be made by Tara and Sue Davidson.

B. Educational issues

* Buying out clinical spaces 1-2 years ahead of the program starting;
* Site availability: currently, LPNs are having clinical in extended care; some programs have been banned from some facilities in Oregon;
* Some proprietary programs require student to pay all of tuition up front.

C. The approach, as planned, is to present the density information and the re-written program review document to the OSBN at their next meeting. Given what is known about more new nursing programs entering the state, the group’s recommendation to the OSBN would be to delay programs until it is clear that they will have adequate facilities in which to provide clinical experiences.

D. Recommendations to OSBN for Pre-Licensure

1. Revise language on the document to emphasize completion vs approval;
2. Remove use of the word "approval", replace with the word "completed" or "completion";
3. The density map needs to add a column reflective of the number of potential preceptors in any given area.

E. Why would the BON approve more ADN programs when the IOM/FON recommendation is 80% of nurses be baccalaureate prepared by 2020? Provide the OSBN with the IOM/FON recommendations to consider and apply.

State-level buy in seems to be occurring. For example, Legacy is reported to be moving toward more baccalaureate nurses, the health care industry is seeking baccalaureate, and many positions indicate baccalaureate preferred. The job market for nurses is changing toward preference for BSN graduates.

III. Cabinet Goals

A. Environmental scan. It is unclear whether the number of faculty positions is increasing, what is clear is that many faculty are retiring and finding replacements is difficult. The graduates of various nursing programs, especially those with the ADN preparation, need to have particular competencies which
may or may not be achieved under the present nursing curricula in the state. The current educational system has been geared toward preparation to practice in acute care; the number of schools of nursing who have reconfigured their curricula toward community based nursing care is unknown for the whole state, but it is known that some (OHSU) have begun to offer content in care coordination. Another variable is that the anticipated wave of faculty retirements is beginning to be seen, but there is no data about whether the current number of faculty can or are being replaced without long searches. The consequences of these changes are multifaceted, but it may be that new graduates will have to relocate to get positions with requirements for experience in ambulatory care. This represents a shift for faculty and for students. It may need that students will be required to get experiences outside of the acute care setting; agencies will change requirements for positions. One way for this to occur is to work with Oregon Student Nurses Association in setting up experiences. However, while this is positive, it does not cover changes in content being taught within courses in the current curriculums across the state. Some schools of nursing are already weaving community based experiences into their curricula, e.g., Linfield student experience in New Seasons.

Current projects in curricula to shift knowledge from acute to community care are illustrated in the work of Ruth Tedesky and Lana Raye Matthers (OHSU) transitional care curriculum, FIPSE grant (Jan Matthews) 1 day event.

B. Goals of the Cabinet on Education for 2013 - 2015

* Participate in OSBN Division 21 revisions to meet the changing needs of nursing curricula due to health care reform;

* Create an Action Report for ONA related to changes in nursing education related to nursing practice under health care reform;

* Create and participate in a collaborative related to change in nursing education curricula and health care reform;

* Support the Oregon Nursing Leadership Collaborative educational Initiatives related to the Institute of Medicine/Future of Nursing recommendation re 80% of nurses have the baccalaureate degree by 2020.

IV. ONA Continuing Education Application Review Program (CEARP)

A. The ONA CEARP program review process was reviewed by the Cabinet. No changes were made to the design and process used by the Cabinet.

B. The Cabinet on Education approved the CEARP program and complimented ONA on its commitment to approve continuing nursing education for nurses in Oregon.
V. OSBN Search for Executive Director

A. An OSBN employee, Margaret Semple has been appointed as Interim Director for up to 2 years. It is not clear if the recruitment effort has been suspended or if it will continue.

B. This decision of the OSBN has been reached because of the 10 applications, only two were registered nurses, the others being individuals with business experience. Additionally, there were problems with the initial review process with the OSBN BOD not seeing applicant folders until after they have been reviewed and some dropped. Still, despite this, there were few RN applications. The OSBN recommended to DAS that they change the salary range to $73,000 - $110,000 with the middle of this range is higher. The recruitment process is still being looked at, but there has been no announcement to date about re-opening the search.

VI. Next meeting: July 25, 2013; 9 - 12 noon, ONA Headquarters.

VII. Next agenda items:

* Filling open slots on the Cabinet.

Note: Since Patricia Bellamy's term is ended, by assent of the Cabinet, she will be placed in an Emeritus Position on the Cabinet.

The meeting adjourned at 12:00 noon.

Respectfully submitted, Sue B. Davidson, PhD, RN, CNS; Assistant Executive Director, Nursing Practice, Education and Research Program Area.