Professional Practice Program Area

Cabinet on Nursing Education
Minutes of 8.30.2012

To Do/Dates/Assignments
Pending: Invitation to Holly Mercer/Joy Ingwerson re: student placement
Obtain a map of acute care facilities in Oregon.
Invite Mary Rita Hurley (OCN) and the Student Max leader to attend a CONE meeting.
ONA’s meeting schedule for the year: will be handed out at October meeting.
Send out Just Culture articles to Cabinet.
Upcoming meetings: October 25, 2012; November 29, 2012; February 14, 2013; March 21, 2013; May 2, 2013; July 27, 2013; Time: 9am – 1pm
Pending business: 1) review "So You Want to Become a Nurse…” packet; 2) set goals for 2012-2013.

Present: Beverly Epeneter, Basilia Basin, Pat Bellamy, Jan Killen (phone) and Kay Carnegie

ONA Staff: Sue Davidson, ONA Professional Services Program Area

I. Agenda was adopted as presented.

II. Minutes (7.18.2012)
Corrections re: Bev, Jan, Kay will be done and resent
Query: will there be a conference in place of convention?

III. Networking
A. Jan: 5 days out of 8 she is in Cath Lab wearing a lead apron; will be going to North Dakota to visit.
B. Pat: Foot injury, travelled to east coast visiting relatives; great experience, haven't been there for 18 years, rough flight coming home. Wonderful trip. Is working on a Food Day Project. Having a fund raiser for Obama.
C. Basilia: OHSU has been notified of magnet status. Celebrations to come. The Magnet surveyors especially liked the safe patient mobilization project. ANCC is thinking of making Safe Patient Handling as a standard. Is working on house renovation. First year of her doctoral program at OHSU has ended and she has passed.
D. Beverly: even though it was tough all 56 summer students successfully got through 15 credits in the summer block; it was tough; had two days of vacation,
and started again in the second semester. Highest ever number of men in the group. Dean search is continuing. Have heard that there are more dean openings (60-70) but she is sticking to their goal of finding someone who is the right fit for Linfield.

E. Kay: Went to NCSBN (Dallas, TX), found it interesting to hear about different boards. Will go to NLN in September in Anaheim. In other states, hearing that there are schools paying hospitals for student clinical slots.

F. Jan has had some experience with community health care workers in Trillium. These are health care workers who ask questions of patients, but make no decisions before an RN reviews the findings. In this setting, more RN's are being hired to facilitate this process. The Cabinet, ONA (Susan King), other Cabinets are interested in learning more about how this "new" health care worker is being used as coordinated care organizations are forming.

G. Sue reported that two nursing practice consultants have been hired and will be joining ONA staff soon. Both are assigned to areas of community nursing: one, a nurse practitioner will work with nurses in primary care, and temporarily assist Sue to link up to all the acute care units in ONA; the other nurse is a home health/hospice nurse who will cover this area as well as public health.

H. Articles were received by the Cabinet on the topic of Just Culture.

IV. What do we know about the nursing workforce?

A. Kay reported that Peter Buerhas spoke at recent NCSBN annual meeting. When asked when he thought things would turn around in nursing, he believes that it will not occur until 2015 - 2020. Other shifts are occurring in the hospital nursing market where layoffs have occurred, or due to hospital unit census fluctuations, the positions are not full-time. Other arenas for employment include clinics, nursing homes, and schools. Various strategies were discussed to address the needs of newly graduated/registered nurses. Nurses entering the field need to understand they can/may need to practice in a variety of places after graduation. In addition, students should be encouraged to go on in their education.

B. Currently, the OCNE curriculum has one term focused on chronic illness and a term on acute care. In the past, it was the baccalaureate licensed graduate who was the school nurse or community health nurse. OHSU baccalaureate program had community health department, and one of the members of the Cabinet (Basilia) worked in a clinic and did case management.

V. For-profit nursing programs

A. The problem: Does the OSBN use a particular method for student clinical placement as a decision variable? The OSBN decision making (approval) of nursing programs has an impact on all nursing programs. Clinical requirements vary between programs with some requiring, and others not requiring the clinical. At Linfield, the last course these students take is at the same time as traditional students.
1. There are two RN to BSN programs in the state; however, there are other RN to BSN programs that are online. There are changing dynamics affecting the clinical setting itself e.g., reduced patient census, fluctuating patient census; fluctuating nurse availability to precept.

2. Baccalaureate programs have diversified their clinical sites so that – in addition to acute care – students may be in long-term care, public health departments, corrections, schools, Perry Center, Drug and ETOH Centers, to name a few.

3. Other health occupations, e.g., EMT, paramedic, certified medical assistants, also need clinical placement.

4. Questions
   a. In what ways does the Board’s review process and/or decisions help or hinder student placement?
   b. Does the Board have a bias toward approval of programs, and thus inadvertently helped to create the contracting number of clinical placement sites for nursing students in programs across the state?
   c. Are there processes or models that could be used/developed to understand the "limit" of a given geographical area has in terms of accommodating students?
   d. Should the Board monitor the total number of students in a particular area of the state? Are there Board-related processes that could be used to strengthen student placement, in addition to Student Max?
   e. Does the Oregon Center for Nursing have a role in this issue?

5. Action
   a. Joy Ingwerson will be invited to the next Cabinet meeting.
   b. The nursing public in the state should not "tell" the Board what to do, but it is acceptable to identify thoughts or concerns in the open mike session of a board meeting.
   c. ONA will ask the Oregon Center for Nursing if they have done any kind of "mapping" related to student "density" in a geographical area of the state. Additionally, Oregon Association of Hospitals and Health Systems has information on the number of beds, average daily census, and facilities being used by students.
   d. Mary Rita Hurley and the Student Max lead in the Oregon Center for Nursing will be asked to attend an upcoming meeting.

VI. Update on certification (based on 2011 Action of the ONA House of Delegates)

A. Problem: The issue is that some individuals, e.g., employers, labor representatives, legislators, others, have suggested that mandatory continuing education for nurses is needed in Oregon.
B. Sue described the continued competency model ONA developed in the early 2000's.

1. The Cabinet was reminded that in 2000, ONA rescinded its House of Delegate action in support of mandatory CE. An alternate model was developed by ONA in which employers, the professional association, schools of nursing, and the individual nurse were linked in continuing competency model to assure the public that nurses in practice with the public were competent. Despite ONA's forward thinking work, the OSBN declined action, and other partners were uninterested in pursuing this model. However, since 2000, ONA has continued to oppose mandatory CE for lack of an evidence base to support it, and has urged its membership to "continuously engage in learning" in keeping with the 2010 IOM report on nursing.

2. There are other impediments to Oregon pursuing mandatory continuing education and one may be that the OSBN would have to seek legislative approval for it.

VII. Just Culture: recent articles on this topic will be mailed out to Cabinet members.

VIII. Meeting dates for the coming year were set. The plan is to move away from meetings on Thursdays; days will vary, time will be 9 a.m. – 1 p.m.

Time: 9 a.m. – 1 p.m.
Room TBA, ONA headquarters

IX. Presentation: "Doomed? Exploring perspectives of new graduates taking their first RN position in long-term care." Joan Caley, speaker (Powerpoint sent by email)

Summary: The current RN vacancy rate for new grads is 5.3%; turnover is 23%, and retention is difficult. Only 2% of new nursing graduates pursue opportunities in long-term care (LTC). In 2012, chair of a LTC leadership group in OCN offered a course with the purpose of understanding this. It was found that a) there is stigma associated with working on LTC, b) new grads are not encouraged to practice there, c) new grads have pre-existing beliefs about elders, ageism, career ending (dead end), and d) not wanting to work with this population due to lack of skills and technology, lack of training and instructors. A project was funded by University of Portland in which focus groups and phone interviews were conducted with new graduates, nursing faculty, managers and others.

Themes from interview transcripts were identified: a) clinical practice issues b) sense of doom for the rest of the career, doing "second best", c) education barriers, "you don't need to do critical thinking when you practice in LTC", d) societal perceptions, e.g., "the first job frames the career", and e) salary disparities. These themes were heard from colleagues, co-workers and from faculty. The project validated perceptions, and the group is considering doing another survey re: entry to SON and leaving SON. The limitations of this project are that focus groups can result in "group think", and there were fewer ADN students who participated. Meanwhile, LTC has become more selective re:
nurses, new ideas are emerging, e.g., six of seven nursing homes could partner together for orientation and for DNS training. A Gerontology convergence course is being considered. The goal is that every SON in OR will have at least one LTC experience for students. In addition, some faculty (Chemeketa) who previously worked in LTC, have converted the SON clinical experiences.

Future planning:

1. Address SON faculty biases;
2. Convergence Group to share innovation;
3. Suggested that Joan talk with the OCAP group. OR is innovative in education, OCNE, DEUs.
4. Summit on LTC which includes nursing faculty; need at least one faculty champion who can advocate about this.

The meeting adjourned 1 p.m.

Respectfully submitted,
Sue B. Davidson, PhD, RN, CNS; AED: Professional Services